The Role of Informal Online Social Support In Facilitating Long-Term Weight Management: An Online Longitudinal Phenomenological Study

A Thesis submitted to the University of Manchester for the degree of Doctor of Philosophy in the Faculty of Humanities

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Zemin Chen

Manchester Business School
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Abstract

The University of Manchester | Zemin Chen | Doctor of Philosophy | 2014
The Role of Informal Online Social Support In Facilitating Long-Term Weight Management: An Online Longitudinal Phenomenological Study

The term ‘epidemic’ is often used to describe the obesity phenomenon and indicate that overweight or obesity is a worldwide phenomenon. While the prevalence of overweight and obesity has been increasing, reviews on overweight and obesity studies indicate a clear need for further effectiveness studies of innovative and cost-effective strategies to improve the long-term outcomes of weight loss and weight maintenance programmes in large populations.

Current weight loss interventions, while successful in the short term, are often not cost effective enough to deliver on a large scale because they are labour and time intensive. Most importantly, they do not cover large populations. Despite some individual successful weight loss in these interventions programmes, individuals still need to self-manage their weight following intervention. It is unrealistic to expect health professionals and clinicians to provide timely and long-term ongoing support for 2.1 billions overweight and obesity populations around the world (OECD Health Statics, 2014).

Therefore, the solutions for weight control may be more effective if grounded within the online community, that is, design long-term solutions that build and draw on social capital to support weight maintenance and are scaled to cope with large populations. Understanding the individual weight loss experiences through informal online social support and utilising the advantages of computer-mediated communication (CMC) can be a timely and cost-effective way to help people self-manage their weight.

A three-month online longitudinal phenomenological interview of 17 informants recruited from an online community forum was applied to explore the weight loss experiences with assistance of informal online social support. Four weight loss threads selected by the informants during their weight loss process were also interpreted to map out the key roles of informal online social support and the interaction process that takes place in an online community forum.

This research describes the lived experiences of individuals’ self-help weight loss process and maps out the critical moments and differential experiences involved in the Stages of Change (SoC) to explain the individual differences during different weight loss stages. This research also identifies the interrelationships of Processes of Change (PoC) for facilitating behaviour change. The findings of this research contribute to demonstrate the interaction process between community members and the process of providing and receiving social support at different individual members’ weight loss stages, which helped them to continue to lose weight or maintain their weight. The informal online social support could meet different self-help weight loss individual’s needs during different weight loss stages, which is difficult to be provided by the healthcare providers. The findings also contribute to social marketing as a way of offering a cost-effective and efficient way to assist the self-help individual to self-manage their weight in the long term. It may also be a viable way of addressing the issues of costs and labour intensity found in the current weight loss interventions that want to serve large populations.
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## Glossary of Terms

<table>
<thead>
<tr>
<th>Terms</th>
<th>Definition</th>
</tr>
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<tbody>
<tr>
<td>Transtheoretical Model (TTM)</td>
<td>TTM defines the relationship between specific cognitive behavioural and motivational mechanisms and health behaviours.</td>
</tr>
<tr>
<td>Process of Change (PoC)</td>
<td>PoC is a major construct of the TTM that enables us to understand the behaviour change process. Change processes are covert and overt activities and experiences that individuals engage in when they attempt to modify problem behaviors.</td>
</tr>
<tr>
<td>Stages of Change (SoC)</td>
<td>This stage-based approach recognises individual differences and offers a mechanism for tailoring behaviour change interventions based on such individual differences.</td>
</tr>
<tr>
<td>Computer-mediated communication (CMC)</td>
<td>CMC systems, in a variety of forms, have become integral to the initiation, development, and maintenance of interpersonal relationships.</td>
</tr>
<tr>
<td>Social support</td>
<td>Social support is a social network’s provision of psychological and material resources intended to benefit an individual’s ability to cope with stress.</td>
</tr>
<tr>
<td>Informal social support</td>
<td>Nonprofessional support provided by friends, relatives, co-workers, and acquaintances.</td>
</tr>
<tr>
<td>Formal support</td>
<td>Formal supports often are government or private agencies or organizations set up to assist people (e.g., doctors, teachers, therapists, insurance or financial agencies).</td>
</tr>
<tr>
<td>Strong ties</td>
<td>Strong ties are maintained through more frequent and more emotionally intense communications. Weak ties are maintained among family members and friends.</td>
</tr>
<tr>
<td>Weak ties</td>
<td>Weak ties are maintained through less frequent and less emotionally intense communication, in relationships that do not require or encourage sharing of confidences or establishment of strong reciprocities. Weak ties are maintained among extended family members, co-workers not central to an individual's task domain, and everyday acquaintances made in connection with work, social activities, and mutual friendships.</td>
</tr>
</tbody>
</table>
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Chapter 1: Introduction

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1.1 Current Weight Loss Interventions
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Health problems caused by overweight and obesity are increasing, thus putting pressure on healthcare systems around the world. For example, there were 0.9 million prescription items dispensed for the treatment of obesity in the UK (Health and Social Care Information Centre, Lifestyles Statics, 2013). The term ‘epidemic’ also implies that obesity is a characteristic of populations, not just individuals (Flegal, 1999). Obesity is defined as a disease by the World Health Organisation (WHO) because it is associated with many other health problems, such as cardiovascular disease (CVD), hypertension, Type 2 diabetes and dyslipidaemia (World Health Organization, 2000). The extent of a personal weight problem and obesity thus represent a growing threat to the health of populations, not just in specific countries, but worldwide. Contributing to this problem further, about one-fifth of the one billion overweight or obese population in the world are Chinese (Wu, 2006). Wu (2006: 362) notes that “The once lean giant has a weight problem that is increasing rapidly.”

The rapid social and economic is transforming China, with enormous implication to its population and economy. China has the second-largest number of obese people in the world behind only the United States, more than a fifth of China’s adults population is overweight due to changing dietary and physical exercise patterns (Popkin, 2008). Health has become the number one concern of the China’s population, according to a survey of 101,000 households in 5,000 communities (Fan, 2008). The problems of the Chinese healthcare system recognised by both the government and the people, a saying appears frequently in Chinese media: “It's too difficult to see a doctor, and too expensive to seek health care” (Hu et al., 2008: 1846). In China, although government insurance schemes have been expanded, the coverage provided through these programmes is still very limited, in terms of both the service benefit package and the
financial protection provided (Hu et al., 2008). In China, the fear people are facing it is not the treatment is not available, but the price is too high to pay for. For people who are facing life-threatening or chronic diseases, massive treatment bills that at best, have sent them or their families digging deep into their savings, or at worst, bankrupting them completely (Popkin, 2008). The rise of overweight and obesity are creating new challenges for the Chinese healthcare system as well as the individuals because overweight and obesity are major causes of co-morbidities including cardiovascular disease, Type 2 diabetes, hypertension, and dyslipidaemia, various cancers and other health problems (World Health Organization, 2000). French and Crabble (2008: 173) describe overweight and obese as part of China’s predictable ‘healthcare time bomb’. Therefore, it becomes important to explore informal online social support, which may offer a timely, ongoing, and cost effective way for more people to self-manage their weight over the long term because “keeping healthy in China is literally keeping wealthy” (French and Crabble, 2008: 176). It could also relief the healthcare pressure of the China’s health care system.

1.1 Current Weight Loss Interventions

Currently, lifestyle interventions or a combination of diet and exercise are the two most commonly studied approaches used for addressing weight loss and weight maintenance in both offline and Internet-based programmes (Jain, 2005). Other treatment programmes can include educational therapy, incentives for attending weight loss programmes and involve family members or health professionals in the treatment programmes (McTigue et al., 2003). However, systematic reviews of obesity treatment and prevention suggest that the current weight loss interventions are both time and labour intensive, and also often incur considerable cost (Jain, 2005). For example, health problem associated with overweight or obese cost the National Health Service
(NHS) more than £5 billion every year (Department of Health, 2013). This combination of issues suggests that the current interventions, while successful in the short term, are unlikely to be truly cost effective over time to deliver on the scale needed for the size of the current obesity problem. These interventions highly depend on professional support (Leventhal et al., 2008) and include most often time limitations and typically do not address large population groups (Jain, 2005).

A social marketing educational intervention that has gained widespread popularity as a means of understanding and promoting health behaviour change is the *Transtheoretical Model (TTM)* (Wilson and Schlam, 2004). Social marketing interventions based on *TTM* have demonstrated the effectiveness for weight management interventions (Sarkin et al., 2001; Johnson et al., 2008). However, these interventions have also largely concentrated on individual treatments where only a limited number of participants benefit in terms of weight loss. Thus, they have a limited impact on the obesity epidemic in the broader population. Nonetheless, *TTM* offers a useful model for social marketing applications to help populations better understand behaviour change and has been used as a positive framework to locate people’s weight loss experiences within the broader literature in this research.

Online interventions, that is, interventions offered and conducted through the Internet, advance the capabilities for more widespread interventions, but many of the criticisms outlined above regarding the *TTM* interventions still do apply. First, these online *TTM* interventions are still individually tailored programmes (Cugelman et al., 2011). Second, and most importantly, following these interventions, individuals will need to self-manage their weight and rely on themselves to maintain any weight loss they achieved. It is unrealistic to expect health professionals and clinicians to provide enough timely and/or ongoing support to such individuals when dealing with large populations. Thus, it is important to explore informal online social support as an addendum to the online interventions as that kind of support may offer a beneficial and timely as well as an ongoing, and very cost effective way for people to self-manage their weight. It will help them meet the necessarily long-term commitment needed for their weight management when there is no longer any formal weight loss intervention available. The problem, however, is how to design long-term solutions that build and draw on social
capital to support weight maintenance and cope with the large numbers of people currently affected.

A review of the completed studies in the field (e.g., Jain, 2005; Leventhal et al., 2008) indicates a clear need for effectiveness studies of innovative and cost-effective strategies to improve long-term outcomes of weight loss and follow-up weight maintenance programmes in large populations. In addition, Andreasen (1995: 23) stresses that “good social marketers are not so blinded by the desirability of their goal that they neglect to see that, from the consumer’s perspective.” It is important for a programme to start with a clear understanding where the individual is currently rather than thinking that the individual is somehow wrong for not wanting to change (Andreasen, 1995).

While, for example, formal TTM intervention studies focus on measuring the outcomes or effectiveness of intervention programmes, these individuals’ experiences may be neglected, an aspect that can play a significant role in the success or non-success of the behaviour change process. Significantly for this current research, social marketing studies suggest that community-directed interventions are far more likely to be successful than are those interventions planned and directed by outsiders (Bryant et al., 2000). Given the advantages of reaching large numbers of people and doing so cost effectively, could this property of community-directed interventions be mirrored in online communities? That question is the topic of the current research effort.

1.2 The Potentials of Computer-mediated Communication (CMC)

Eysenbach et al. (2004) acknowledged the relatively untapped resource of virtual communities as promising both mental health and social support interventions. While offline social networks are limited in providing social support due to time and geographical limitations, CMC creates a new opportunity to access social support through online community forums. These forums allow individuals with health-related concerns to engage in supportive communication with community members who have similar problems whenever and wherever they want and especially the support that they
may not be able to gain through their strong ties network of family and close friends (Wright and Bell, 2003; Eysenbach et al., 2004; Coulson et al., 2007; Hwang et al., 2009) (online community can be seen as ‘weak ties’ network).

Moreover, increasing attention has been paid to virtual healthcare communities because the increasingly widespread usage of the Internet has become a health resource. Some of the previous studies provide content analysis of actual exchanges that took place between members of online support groups, demonstrating that the supportive statements made in CMC are similar to those made by support group members in face-to-face interactions (Glasgow et al., 2002). Ongoing empirical studies also demonstrate the positive influences of online social support of health and health-related behaviours by analysing the types of social support present in the online communities (Leimeister et al., 2008; Coulson et al., 2007; Fox et al., 2005; Malik and Coulson, 2008; Hwang et al., 2009).

However, the influence or roles of online social support on the behaviour change process is less clear, nor is it clear how online social support can map into the successful interventions that are using the TTM and its central concepts. Considering the potential of CMC and the characteristics of anonymity in them and the absence of time and geographical limitations (Finn, 1999; Finfgeld, 2000; Leimeister, 2008), it becomes important to explore the nature of informal online social support more closely, as it may indeed offer a timely, ongoing, and cost effective way for more people to self-manage their weight over the long term. The informal online social support may positively complement the limitations of current weight loss interventions and hence be potentially beneficial. Thus, it is important to explore how informal online social support works outside of a formal intervention programme and also examine the nature of and result of such interactions between online community members during their weight loss process. This new knowledge can be applied to help design social marketing interventions for changing or helping maintain health behaviour in large populations in a more cost effective and successful manner.
1.3 Research Objectives

This research takes a different perspective from other formal TTM intervention studies, which normally focused on measuring the outcomes or the effectiveness of the interventions. Since this research is not a formal intervention study, the focus is on the mechanisms of informal social support that exist within the weight loss process, and understanding how individuals experience the weight loss process is the primary interest of the work. This focus differentiates this research from other TTM intervention studies. The goal of this research, therefore, is to explore how different individuals experience and maintain weight loss in the context of informal online social support. Instead of offering specific hypotheses or research questions, three guiding aims are set out that allow the research to explore the individual experience of weight loss without either pre-defining or bounding any emergent insights. These aims thus are to:

1. Explore self-help weight loss individuals’ experiences during the weight loss process with a focus on the natural discussion of these experiences and how the insights gained might inform our understanding of existing theoretical descriptions.
2. Explore how individuals describe whether informal online social support works to enhance or facilitate the weight loss process.
3. Explicate the differential experiences during the weight loss process, which may help to explain why some individuals succeed while others do not.

1.4 Organisation of the Remainder of the Thesis

Chapter 2 explores literature in three main areas, namely, the Transtheoretical Model (TTM), social support, and computer-mediated communication (CMC). First, it offers a review of the TTM literature for an overview of TTM, most importantly addressing the limitations of the TTM. This examination is followed by a review of the current social support literature, which provides a foundation to use to understand the online social support. Finally, the potential of CMC, online support communities and health-related research are reviewed with a gap in the online social support literature also highlighted, the primary reason for exploring the roles of informal social support.
In Chapter 3, the methodological approaches known as phenomenology and existential phenomenology are discussed to consider why the existential phenomenological approach was applied for this empirical research. This chapter also explores the research design and the explication process and presents the procedures for doing translation and back-translation. Finally, the researcher’s individual methodological reflection on doing online longitudinal phenomenological interviews is offered.

Chapter 4, Chapter 5 and Chapter 6 present the findings of the online longitudinal phenomenological interviews and the ‘analysis’ of the selected weight loss threads. The differential experiences embedded within informal online social support experiences during the weight loss process as described by the informants are presented. The interactional social support process between online community members is also described in this chapter.

Chapter 7 discusses the global themes that emerge from the descriptions of informants’ weight loss experiences. SoC, PoC, and the multiple roles of informal online social support are also discussed. The differential experiences of the informants are highlighted in this chapter to demonstrate the important insights that individual experiences can bring to our understanding of the TTM. The roles of informal online social support, as they emerge from the informants’ experiences are presented to demonstrate how informal online social support can facilitate behaviour change in specific SoC and PoC.

Chapter 8 presents the conclusions of this research. The theoretical contributions to the TTM and online social support literatures are offered. In addition, the methodological contributions to the online longitudinal phenomenological interviews and interpretation of the online threads applying the phenomenological approach are also included. Implications for practice are also presented in this chapter. The chapter concludes with a discussion of the study’s limitations and future research opportunities.
Chapter 2 Literature Review

Figure 2 Map of Chapter 2- Literature Review Chapter

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Chapter 7: Discussion

Chapter 8: Conclusion
2.1 Introduction

The limitations of current weight loss interventions and social marketing interventions based on the TTM were highlighted in Section 1.1. Although social marketers have realised the potential of online interventions, these programmes still focus on the individual. Hence, the main limitations of the current weight loss and TTM interventions is that they are not cost effective and have largely concentrated on individual treatments where only a limited number of participants can benefit in terms of weight loss. Thus they have only a limited impact on the obesity epidemic for the wider public.

In addition, for many, weight loss and weight maintenance are part of a complex and long-term, ongoing process that requires lifelong management (Seal, 2007). Without adequate social support, it is unlikely that weight loss and weight maintenance intervention programmes can be successful in the long-term (Verheijden et al., 2005; Seal, 2007). There is a clear need for an effectiveness study of innovative and cost-effective strategies to improve the long-term outcomes of weight loss and weight maintenance programmes in the larger population.

Therefore, the aim of this chapter is to review the literature related to the behaviour change process and online social support. This chapter highlights a number of gaps present in the existing literature and the knowledge of TTM interventions and the potential as well as the features of online support groups that may perhaps help more individuals self-manage their weight over the long-term without ongoing professional support.

This chapter has three main sections. The first section (2.2) reviews the TTM and its limitations; the second section (2.3) introduces the social support concepts that form a basis for exploring online social support; the third section (2.4) explores the potential of CMC and the importance and value of online support groups.
2.2 The Transtheoretical Model (TTM)

In terms of behaviour change intervention, TTM (Prochaska and Diclemente, 1983) has received widespread approval in terms of changing health-related behaviours (Adams and White, 2005; Seal, 2007). Indeed, stage-based interventions are more effective than non-staged interventions for health behaviour change (Ashworth, 1997). TTM defines the relationship between specific cognitive behavioural and motivational mechanisms and health behaviours (Prochaska and Diclemente, 1983). This stage-based approach recognises individual differences and offers a mechanism for tailoring behaviour change interventions based on such individual differences. “TTM uses stages to integrate processes and principles of change across major theories of intervention—hence, the name Transtheoretical” (Prochaska, 2011:25). The model has been validated by Prochaska and his colleagues as a useful model for changing twelve types of behaviour, including smoking cessation and weight control (Prochaska et al., 2009).

Empirical studies have demonstrated the effectiveness of applying TTM to regular moderate exercise in overweight people as well as for multiple behaviour intervention for better weight management (Sarkin et al., 2001; Johnson et al., 2008). TTM also offers a theoretical guideline to the design, assessment of an individual’s stage of readiness, implementation, and evaluation of weight management programmes (Prochaska et al., 1998; Seal, 2006). As such, it offers this study a useful model for social marketing applications used to understand behaviour change.

2.2.1 An overview of the Transtheoretical model

As shown in Table 2-1, TTM has four constructs: Stages of Change (SoC), Processes of Change (PoC), decisional-balance, and self-efficacy. Table 2-1 offers a description of each construct found in the TTM literature (DiClemente, 2006; Redding et al., 2000). A brief overview of each construct is then presented in the three sections that follow
<table>
<thead>
<tr>
<th>The Construct</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Stages of Change</em></td>
<td></td>
</tr>
<tr>
<td>Precontemplation</td>
<td>No intention to take action within the next 6 months</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Intends to take action within the next 6 months</td>
</tr>
<tr>
<td>Preparation</td>
<td>Intends to take action within the next 30 days and has taken some behavioural steps in this direction</td>
</tr>
<tr>
<td>Action</td>
<td>Has changed overt behaviour for less than 6 months</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Has changed overt behaviour for more than 6 months</td>
</tr>
<tr>
<td><em>Decisional Balance</em></td>
<td></td>
</tr>
<tr>
<td>Pros</td>
<td>The benefits of changing</td>
</tr>
<tr>
<td>Cons</td>
<td>The costs of changing</td>
</tr>
<tr>
<td><em>Self-efficacy</em></td>
<td></td>
</tr>
<tr>
<td>Confidence</td>
<td>Confidence that one can engage in the healthy behaviour across different challenging situations</td>
</tr>
<tr>
<td>Temptation</td>
<td>Temptation to engage in the unhealthy behaviour across different challenging situations</td>
</tr>
<tr>
<td><em>Processes of Change</em></td>
<td></td>
</tr>
<tr>
<td>Consciousness Raising</td>
<td>Finding and learning new facts, ideas, and tips that support the healthy behaviour changes</td>
</tr>
<tr>
<td>Dramatic Relief</td>
<td>Experiencing the negative emotions (fear, anxiety, worry) that go along with unhealthy behavioural risks</td>
</tr>
<tr>
<td>Self-reevaluation</td>
<td>Realising that the behaviour change is an important part of one’s identity as a person</td>
</tr>
<tr>
<td>Environmental Reevaluation</td>
<td>Realising the negative impact of the unhealthy behaviour or the positive impact of the healthy behaviour, on one’s proximal social and/or physical environment</td>
</tr>
<tr>
<td>Social Liberation</td>
<td>Realising that social norms are changing in the direction of supporting the healthy behaviour change</td>
</tr>
<tr>
<td>Self-liberation</td>
<td>Making a firm commitment to change</td>
</tr>
<tr>
<td>Stimulus Control</td>
<td>Removing reminders or cues for engaging in the unhealthy behaviour and/or adding cues or reminders to engage in the healthy behaviour</td>
</tr>
<tr>
<td>Counterconditioning</td>
<td>Substitution of healthier alternative behaviours and/or cognitions for the unhealthy behaviour</td>
</tr>
<tr>
<td>Reinforcement Management</td>
<td>Increasing the rewards for the positive behaviour change and/or decreasing the rewards for the unhealthy behaviour</td>
</tr>
<tr>
<td>Helping Relationships</td>
<td>Seeking and using social support for healthy behaviour change</td>
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Table 2-1. Transtheoretical model constructs (adapted from Redding et al., 2000: 186)
2.2.1.1 An overview of Stage of Change

There are five stages in SoC and ten processes included in PoC (Prochaska and Diclemente, 1983). The SoC (Prochaska and Diclemente, 1983) defines the relationships between specific cognitive behavioural and motivational mechanisms and health behaviours. The SoC has been widely used to assess an individual’s stage of change in health promotion programmes and then providing that individual with relevant stage-based intervention (Povey et al., 1999). One of the important reasons that SoC has appeal is that it categorises individuals into different stages based on their progression through the change process, which is easy to apply and also understand (Tucker et al., 2001). Some of the research has found that the quantitative categorisation of the SoC is problematic, as discussed in Section 2.2.2.2 (Bandura, 1997; Weinstein et al., 1998; Povey et al., 1999). Five stages have been identified in the smoking cessation research:

- **Precontemplation (no intention to take action within the next 6 months),**
- **Contemplation (intends to take action within the next 6 months),**
- **Preparation (intends to take action within 30 days),**
- **Action (have changed for overt behaviour for less than 6 months) and**
- **Maintenance (have change for overt behaviour for more than 6 months).**

Movement through these stages is not necessarily linear, moving directly from the Precontemplation stage to the Maintenance stage. The typical successful behavioural change process is actually a spiral pattern in which the individual may relapse to the previous stage and also cycling the stages before progressing to the Maintenance stage (Joseph et al., 2001).

2.2.1.2 Self-efficacy and decisional balance

In addition to SoC and PoC, two other important constructs have been studied consistently in the TTM research, namely, **decisional balance** and self-efficacy. (DiClemente, 2006) calls these constructs ‘markers of change’ through the different stages while in the process of change to address addictive behaviours.

**Decisional balance** identifies the relationship between the pros and cons for change (Janis and Mann, 1977) and has its roots in the decision-making theory conceptualised
by Janis and Mann (1977) in the ‘decisional balance sheet’, which compares the potential gains (pros) and losses (cons) regarding change. In the TTM research, decisional balance is an important marker of movement in the early stages of the TTM before the individuals actually take any action to change (DiClemente, 1993, 2006; Fava et al., 1995; Prochaska et al., 2009). These pros and cons will vary, depending on which stage the individual is in at the time.

**Self-efficacy** is another important construct in the TTM, and it describes an individual’s confidence to perform a specific behaviour (Bandura 1978; 1982; 1993). *Self-efficacy* is the centre of the psychologist Albert Bandura’s *social cognitive theory* (Bandura 1997). According to Bandura (1993: 118), *self-efficacy* beliefs determine how individuals “*feel, think, motivate themselves, and behave.*” People with strong confidence in their ability to approach difficult tasks would view those tasks as challenges to take on rather than threats to keep away. Bandura (1997) expresses the important role of *self-efficacy* in predicting an individual’s performance in a specific behaviour and whether that individual will or will not persist in performing that behaviour.

### 2.2.1.3 An overview of the Processes of Change

*PoC* is the most complex construct in the TTM. These *PoC* are experiential behavioural activities that help individuals to progress through the *SoC*. According to (DiClemente 2006),“ *the processes are the engines that create and sustain the transitions through the stages and facilitate successful completion of the stage tasks.*” *PoC* also provide useful guidance for intervention programmes to help design treatments that will help individuals move from one stage to another (Prochaska, 2011). These processes are assumed to be common to the self-change behaviour or common in the formal intervention programmes (Sutton, 1996). There are ten processes included in the *PoC* as shown in Table 2-1.

*Consciousness raising* is a process that involves gaining information to increase awarenesses about and healthy behaviour, which are part of fundamental process to move toward behaviour change (DiClemente, 2006). Application of the *consciousness
raising process marks the successful movement from the *Precontemplation* stage to the *Contemplation* stage.

*Dramatic relief* is the process whereby the individual experiences emotional reactions that include feeling fear, anxiety, or worry about the status quo or the new behaviour. Thus, individuals often become motivated to make the change to healthy behaviour when their emotions are aroused by either external or internal stimuli (DiClemente, 2006; Prochaska et al., 2009; Rossi et al., 1994).

*Self-reevaluation* is the process whereby individuals realise and then evaluate how the status quo conflicts with their personal values and also recognise that healthy behaviour is important to who they are and who they now want to be. Employment of this *self-reevaluation* process marks the successful movement from the *Contemplation* stage to the *Preparation* stage. Individuals are often guided to evaluate themselves and consider how the status quo affects their lives in formal intervention programmes, again critical to implementing successful behaviour change.

*Environmental reevaluation* is the process of consistently evaluating how the status quo or the new behaviour positively or negatively affects others and the environment (DiClemente, 1993, 2006; Moore, 2005). For example, individuals may consider the effect of smoking on others. However, for some health behaviours like weight loss, the *environmental reevaluation* process may not be very relevant to them in terms of how being overweight affects other people.

*Social liberation* focuses on increasing the alternatives and social opportunities that the external environment and the situations offers to help individuals, especially those individuals who are relatively deprived or oppressed, to start a new behaviour (Moore, 2005; Prochaska, 2001). During this process, the individual realises that the healthy behaviour is welcome or more supportive within the society.

*Self-liberation* is a process that involves believing in one’s ability to change and then making choices and commitments to take part in that new behaviour (DiClemente 2006; Pierce et al., 1998; Rossi et al., 1994). This process acknowledges that the individual is taking on the responsibility and also believing in their ability to make the change. That choice is closely related to Bandura’s *self-efficacy* theory (Bandura, 1978). One of the famous examples of this theory is the fashionable New Year’s Eve resolution.
Stimulus control involves removing or avoiding the stimuli that trigger the unhealthy behaviour. It also consists of adding reminders so as to encourage the healthy behaviour (DiClemente, 2006; Moore, 2005; Rossi et al., 1994). During this process, individuals try to remove tempting cues from their living environment. For example, during the weight loss process, individuals remove junk food and high-fat foods from the refrigerator to avoid unhealthy eating behaviour. Avoiding occasional events or gatherings that may trigger the unhealthy behaviour is also very important during this process.

Counterconditioning involves substituting a new healthier alternative in response to a stimulus about the unhealthy behaviour (DiClemente, 2006). Some common examples are relaxation techniques to cope with stress, nicotine replacement for cigarette smoking, and substituting low-fat foods for high-fat foods to lose weight.

Reinforcement management involves increasing rewards for a positive behaviour change and reducing rewards for any unhealthy behaviour (DiClemente, 2006). These rewards do not have to be tangible rewards. The individuals value positive encouragements and reinforcement either from themselves or others or group recognition to sustain the changed behaviour (Chan et al., 2009; Tejero et al., 1997).

Helping relationships involves seeking and receiving support from others, that may include families, friends, and colleagues who can help with the positive behaviour change (DiClemente, 2006). Helping relationships include caring, trust, openness, and acceptance, as well as support for healthy behaviour change (Nash et al., 2010). Helping relationships and social support are often viewed as playing an important role to help people progress through the different TTM processes (Keller et al., 2006). Although helping relationships is the name of this process, it is believed that it also represents the existence and use of social support that facilitates positive health behaviour change.

2.2.2 A critical evaluation of the Transtheoretical model

TTM has become one of the most frequently used models for behaviour change and received widespread approval for changing health-related behaviours (Brug et al.,
2005). Studies also have compared stage-based interventions to non-staged interventions (interventions that do not categorise the individuals into different stages) to investigate the effectiveness of TTM (Ashworth, 1997). TTM (Prochaska and Diclemente, 1983) is a model that indicates the relationships between specific cognitive behavioural and motivational mechanisms as well as with health behaviours. A critical evaluation of this model is presented in Sections 2.2.2.1, 2.2.2.2, and 2.2.2.3.

2.2.2.1 Advantages of the Transtheoretical model

Joseph et al. (2001) reviewed this model critically and summarised five advantages of TTM in terms of its widespread application and popularity. These five advantages are “extended scope, broadened time perspective, matching, multidimensional outcomes, and heuristic value” (Joseph et al., 2001:160).

Extended scope refers to the transformation of the SoC concept, which does not just focus on the individuals making the behaviour change (Action stage) and thus is different from other behaviour change models. It also includes those individuals who are not even thinking about making changes (Precontemplation stage) or are not ready to make changes (Contemplation stage).

A broadened time perspective refers to individuals who are moving through a series of stages when modifying behaviour. The individual is treated differently at each stage. Matching refers to the model that is working as a continuous process, which then makes TTM work more effectively than traditional interventions because matching places the emphasis on different processes that are more relevant to different SoC so to meet individual needs (Velicer et al., 1998). This model also serves as guidance for the practitioner so as to understand the individual’s behaviour change process and the individual can tailor the approach to motivate the needed behaviour change.

Multidimensional outcomes refers to the focus of this model, which is not only evaluating the behaviour change, but also using other two markers of change, namely, self-efficacy (an individual’s confidence about making change) and decisional balance (examines the pros and cons of change) to identify the individual’s readiness to make a change (DiClemente, 2006).
Finally, Joseph et al. (2001) acknowledge that TTM has *heuristic value* because of the simplicity of applying that model. TTM also provides a visual framework, which facilitates “the incorporation of motivation enhancement and behavioural change concepts in professional education” (Joseph et al., 2001: 161). However, concerns have been raised about the validity of the stage assessment (Littell and Girvin, 2002), reviewed in Section 2.2.2.2

### 2.2.2.2 Limitations of the Stages of Change

Despite the TTM having gained widespread popularity and being applied in different fields of behavioural research, several studies have clarify its limitations to pursue further development and research (Littell and Girvin, 2002; Logie-MacIver et al., 2012; Povey et al., 1999; Weinstein et al., 1998). These criticisms mainly focus on the SoC because it is the central ‘organising construct’ of the TTM (Littell and Girvin, 2002).

First, although Joseph et al. (2001) do acknowledge that TTM has *heuristic value*, some researchers have raised concern regarding the validity of the TTM and mainly focused on the stage assessments and categorisation. Some research has also found that the quantitative categorisation of the SoC to be problematic (Bandura, 1997; Weinstein et al., 1998; Povey et al., 1999). Bandura (1997) and Sutton (2001) criticised the stage assessments and its validity to health behaviour change. The SoC model applies mainly quantitative methods to categorise people into groups by self-reported methods (Prochaska et al., 2009). Since Prochaska and Diclemente (1992) defined the foreseeable future as a period of 6 months for an individual to make behaviour changes in the SoC, a time-related technique is very often applied to classify individuals into different stage groups (Povey et al., 1999). Figure 2-1 shows the process of categorising the overweight or obese individuals into different stages in actual practice by applying this time-related technique. For example, the individual is asked whether or not he or she wants to lose weight to start the SoC assessment. If an individual’s answer is ‘No’, no further questions will be asked, but the individual will be simply categorised into the Precontemplation stage. Andreasen (1995) emphasises that it is important for social
marketers to understand why consumers do not want to change, so as to help them actually make the decision to change.

Furthermore, previous literature suggests that people in one stage will have ‘qualitatively’ different attributes from those in another (Bandura, 1997; Joseph et al., 2001; Weinstein et al., 1998). Simply applying the quantitative self-reported methods to assess an individual’s SoC, then categorising that individual into different stage groups based on how long they have spent in involving in a particular activity, cannot provide a sufficient enough understanding of the individual’s behaviour change experience (Whitelaw et al., 2000). The retrospective literature has claimed that applying certain time points (for example, 30 days or 6 months) to distinguish stages is somewhat arbitrary because any changes in these points would change the stages the individuals are in at the time (Povey et al., 1999; Weinstein et al., 1998). Sutton (1996) claims that it is very artificial to categorise individuals into different stages according to certain time-points, as doing so is more of a ‘pseudo-stage’ than the true stage. It is also argued that the attributes that define stages are usually internal to each individual for example, beliefs, plans and attributions, so it is difficult to apply a purely quantitative approach to measure such attributes (Weinstein et al., 1998).
In addition, the measurement of stage may be inaccurate because the individual cannot always respond to the questions correctly, resulting in mismatching of stage-based interventions (Brug et al., 2005; Glanz et al., 2008). For example, Herzog and Blagg (2007) argue that the self-reported staging algorithms may not accurately capture the respondents’ future intentions in a smoking cessation study. Herzog and Blagg (2007) expanded the answers ‘YES’ or ‘NO’ to ‘Don’t know/Undecided’ about the intention to quit smoking with 30 days or 6 months in their study. Over 30% of the respondents chose the new option ‘Don’t know/Undecided’, which indicated that as respondents, they might have been thinking about quitting smoking, but not within this particular 30 day or 6 month timeframe. Adams and White (2005) also critiqued the application of SoC to complex health behaviours, such as physical activity, because people could mismatch the stages they are actually in through self-assessment. For example, some studies showed that some people think they are following the recommendations to modify their diets for complex behaviours, such as low-fat intake or doing physical exercise, but actually do not meet these recommendations (Bogers et al., 2004; Brug et al., 2005; Lechner et al., 1998; Povey et al., 1999). As a result, people in the
Precontemplation or Contemplation stage may be mistreated as though they are in the Action or Maintenance stage. Finally, self-reported quantitative categorisation can be difficult for identifying the differences for the individual entering the Contemplation stage for the first time and the individual with a longer history of numerous attempts to lose weight, and thus is now in the Contemplation stage once again (Tucker et al., 2001). Each individual’s previous weight loss experiences, memories and knowledge cannot be erased and thus do influence the weight loss behaviour even when they are in the same stage again.

The second criticism regarding this model is oversimplifying behaviour change process because the model does not consider the “individual characteristics and life contexts surrounding behaviour change (e.g. personal history, co-morbidities, socioeconomic status (SES), and social context)” (Joseph et al., 2001:185). Joseph et al. (2001) and Brug et al. (2005) criticise the manner in which the TTM is comprehensive in some ways but not in others. For one thing, “TTM fails to acknowledge that individuals bring with them a personal history that can have a powerful impact on the outcome of any professionally assisted or self-change programme” (Joseph et al., 2001:173). Taking weight loss as an example, the individuals with personal weight loss history would have different experiences when starting their weight loss from those individuals who do not have any weight loss history. An individual’s previous weight loss experiences will influence their behaviour when starting weight loss again. The personal weight loss history may not predict success or failure of that behaviour change, but it is an important factor to take into account in a comprehensive model because it affects the individual’s behaviour during the process of change (Joseph et al., 2001). Therefore, it is important to treat individuals with personal weight loss history differently from individuals with no weight loss history in weight loss intervention programmes.

In addition, TTM also fails to acknowledge the complex social and environmental factors of everyday living that affect the behaviour change process (Ruyter and Scholl, 1998). Behaviour change processes are part of each individual’s everyday life and cannot be ignored because they will affect an individual’s potential to change and may halt the change (Joseph et al., 2001). Although previous research has addressed this issue by applying quantitative methodologies to explore it (Bandura, 1978; Fishbein and Ajzen, 1975), it is not enough just to study the complex social and environmental
factors that influence an individual’s behaviour change processes (Logie-MacIver et al., 2012). Joseph et al. (2001) also comment that the alternatives and the options for some people to change behaviour are often limited by both social and cultural forces. Although the PoC helps the individuals to progress through the SoC, these individuals are less likely or unlikely to achieve long-term behaviour change if they are less likely or find it impossible to access the resources they can use due to either social or cultural forces (Joseph et al., 2001).

Despite TTM including social liberation as one of the PoC, social context is more than the social liberation process included in this model. For example, weight loss behaviour is different from other problem behaviours like smoking, as it is difficult for the individual to join or seek assistance from advocacy organisations in China. In the developed cities in China, the local governments try to promote healthy life styles via the media, but it is hard to find advocacy organisations that offer assistance to those who want to lose weight by themselves. The external environment does not actually allow social liberation in China. Another example is the dining culture in China, which is another force to hinder individual behaviour change. In a Chinese meal, each individual diner is given his or her own bowl while the accompanying dishes are served in communal plates (or bowls) and shared by everyone sitting at the table. Therefore, some people may find it difficult to control their diets because they may not be able to choose for themselves the healthy alternatives when dining with others in the process known as counterconditioning.

Finally, the original TTM was developed and tested through smoking cessations and other addictive research and then claimed that it was also applicable to other health behaviours (DiClemente, 1993). It was validated by Prochaska and his colleagues as a useful model to change twelve types of behaviour, including smoking cessation and weight control (Prochaska et al., 2009). However, some research has criticised this application to certain behaviours, such as dietary behaviours, physical activities, and substance abuse treatment (Adams and White, 2005; Glanz et al., 2008; Sutton, 2001). Povey et al. (1999) argued that the stage-based activity promotion is not effective for three reasons.
First of all, exercise behaviour is different from smoking cessation, which is a complex behaviour where several different behaviours are involved. However, the stage-based exercise intervention promotion mainly treats the individual within a single stage rather than looking at several different stages for what activities are involved. Povey et al. (1999) also argue that there may be fundamental problems because the differences between dietary change behaviour and addictive behaviours that the model was developed for originally. Secondly, the self-reported categorisation of an individual’s stage of exercise change cannot accurately identify that individual’s actual stage of activity change, which may result in mismatching the individuals to the wrong stages as discussed previously here.

Finally, the TTM focuses on helping the individual progress from one stage to another to achieve behaviour change. However, Adams and White (2005) also argue that stage progression does not necessarily mean behaviour change because positive stage progression is not always directly associated with increasing the level of exercise. They point out that point, especially when moving from the Precontemplation stage to the Contemplation stage and also moving from the Action stage to the Maintenance stage.

2.2.2.3 Limitations of the Processes of Change

PoC is the most complicated construct of the TTM. Previous research (Di Noia and Thompson, 2012; DiClemente and Prochaska, 1982; Petrocelli, 2002; Rossi et al., 2009; Tejero et al., 1997) applied mostly quantitative methodology to predict behaviour change and which processes have stronger associations with specific behaviours based on PoC. The associations of PoC with specific SoC is partially based on a self-reported smoking cessation study of individuals who either attempted to quit smoking by themselves or through therapy (Prochaska et al., 1982). Although the findings of both groups indicated that smokers in the early stages of smoking cessation applied more cognitive and emotional processes, such as dramatic relief, and applied more behavioural processes, such as stimulus control in the later stages, Wilson and Schlamp (2004) argue that the participants’ self-reports on which processes they used in specific
stages did not necessarily indicate that those specific processes were the most effective for the given stages.

In addition, in the TTM literature, the way that TTM is associated with the processes within the stages is always that the cognitive or emotional processes precede the behavioural processes (DiClemente, 1993, 2006; Redding et al., 2000). However, Wilson and Schlam (2004) argued that this circumstance is not always the case, and it has been well documented in psychology studies that behaviour change may occur first, which then produces cognitive change. Accordingly, individuals may need to use the cognitive processes as well when they progress to the Action stage.

Finally, the TTM literature suggests that the helping relationships process is a behavioural process, which is important in helping the individual in the Action stage and also the Maintenance stage. However, Wilson and Schlam (2004) believe this focus is problematic for two reasons. For one thing, they argue that the helping relationships is more than a behavioural processes because “it can have a direct impact on the patient’s emotional and cognitive functioning beyond simply serving as a supportive social context” (Wilson and Schlam, 2004:366). For another, empirical studies have demonstrated the importance of a good helping relationship throughout the course of treatment, it is not just important in the Action and Maintenance stages as documented in the TTM literature (Barber et al., 2009; Wilson and Schlam, 2004).

Although TTM does acknowledge social support in the helping relationships process, the mechanism of social support and how that social support works to enhance or facilitate the behaviour change process is not yet well understood in the context of TTM. Exploring social support is critical to achieving long-term weight loss because without adequate social support, it is unlikely that weight loss and weight maintenance intervention programmes will be successful in the long term (Verheijden et al., 2005; Seal, 2007). In this sense, the social support literature is reviewed in the next section (2.3) and discusses long-term large scale interventions and the impact of social support as that support relates to health, in this case the issue of weight management.
2.3 Social Support

Decades of social support studies have related social support to positive health outcomes and show that social support plays a prominent role in achieving and maintaining health behaviour change. It is also highlighted that social support is a relatively accessible resource that can be integrated into intervention programmes (Friedland and McColl, 1987), thus offering a potentially cost-effective approach to the health behaviour change process. Retrospective studies on social support indicate that social networks formed by informal helpers, such as family members, neighbours, and friends, have a great impact on psychological adjustment for community residents by providing direct and indirect assistances (Gottlieb, 1978).

Of most interest here is that social support is shown to facilitate weight control (Wing et al., 1999; Verheijden et al., 2005) as social networking influence does motivate individuals to initiate and sustain activities that help their weight loss (Keller et al., 2006). As such, it is important to understand social support in the community context to inform long-term large scale weight loss interventions. Further, TTM includes helping relationships as one of the ten processes of change, thus acknowledging the importance of social support in the health behaviour change process (Wagner et al., 2004). Exploring the relationship between social support and TTM helps one to understand how it complements the implementation of the TTM to achieve long-term weight loss.

2.3.1 Social support and the Transtheoretical model (TTM)

TTM acknowledges the importance of social support in health behaviour change by including the helping relationships process in the PoC (Wagner et al., 2004). Helping relationships and social support are often viewed as playing an important role in helping people to progress through the different TTM processes (Keller et al., 2006). Although helping relationships has been used to name this process, it is believed that it actually represents the existence and use of social support that facilitates the health behaviour change (Wagner et al., 2004). For example, in smoking cessation intervention studies, the self-reported questionnaire included statements like ‘I have someone I can count on when I’m having problems with smoking’ for the helping relationships process. Wagner et al. (2004) argued that this kind of smoking-specific helping
relationships may be useful for smoking cessation, but it does not address the broader phenomenon of social support. Empirical study on the relationships between social support and TTM shows that social support significantly and positively related to process use, having a trend toward increasing social support when advancing in stages (Wagner et al., 2004).

Although these results show that there was a trend toward increasing social support when in the advancing stages, it does not mean that social support does not relate to other SoC because empirical studies have also demonstrated the importance of a good helping relationship throughout the course of treatment. That relationship is not just important in the Action and Maintenance stages as documented in the TTM literature (Barber et al., 2009; Wilson and Schlam, 2004). Still, the retrospective research only shows the positive relationship between social support and the TTM, and not how exactly social support works in the TTM from the individual’s perspective. That aspect remains unanswered and is explored in this current research so as to understand how it complements the implementation of the TTM. However, to explore how social support works in the TTM, it is also important to review the important concepts of such social support.

2.3.2 The definition of social support

Social support refers to “a social network’s provision of psychological and material resources intended to benefit an individual’s ability to cope with stress.” (Cohen, 2004:676). Social support is defined as “the exchange of verbal and non-verbal messages conveying emotion, information, or referral, to help reduce one’s uncertainty or stress” (Walther and Boyd, 2002:154). House (1981) categorised the functions of social support into four types, namely, instrumental support, emotional support, informational support, and appraisal support. Further, core social support concepts, measures, and models have been developed (Barrera, 1986) that do form a basis for analysing and understanding social support.

The concept of social support has been studied extensively for decades from both a research and a theoretical perspective. More than 30 social support definitions are found in the existing literature, suggesting that the definition of social support is not fully clear
(Williams et al., 2004); yet it is more than a case where the term has been misapplied in many studies. Hupcey (1998:1231) commented, “social support is a multi-faceted concept that has been difficult to conceptualise, define and measure.” Here Hupcey identifies the key point, namely, that social support is multi-faceted. He goes further to state that the concept is “fuzzy” because “almost anything that infers a social interaction may be considered social support. Social support researchers have consistently ignored the complexity of the concept and have measured the variable in a simplistic manner” (Hupcey, 1998:1231).

Many researchers and theoreticians have argued that social support is multifaceted, and its definitions are too restrictive and inadequate (Hupcey, 1998). Vaux (1988:28) highlights that issue, saying “... no single and simple definition of social support will prove adequate because social support loved, esteemed and valued, and/or that he/she belongs to is metaconstruct.” However, he also suggests that three constructs of social support should definitely be measured, and they are support networks, supportive behaviours and a subjective appraisal of support (Vaux, 1988).

Other theoreticians like Cohen (1992) tend to agree with Vaux in that the definitions of social support should not be used, but are rather intended to measure the constructs of social support. He suggests that social networks, perceived support, and supportive behaviours should be measured, and they are similar to Vaux’s three constructs (Hupcey, 1998). Cobb (1976:300) defines social support as “information leading the subject to believe that he is cared for and loved, esteemed, and a member of a network with mutual obligations.” Cobb’s definition is more specific about the types of support provided by others, as Hupcey (1998) also points out.

In the research on understanding social support in everyday life, Albrecht and Adelman (1987:19) define social support as “verbal and nonverbal communication between recipients and providers that reduces uncertainty about the situation, the self, the other, or the relationship, and functions to enhance a perception of personal control in one’s life experience.” Using this definition, social support is more about reducing uncertainty about certain life situations to enhance the control over those life events through communication. However, this definition is limited by reducing uncertainty because it may exclude communications that also provide support, but do not reduce uncertainty. A more recent and comprehensive definition of social support is offered by
Thoits (2010:S46) in the stress and health research where social support is referred to as “emotional, informational, or practical assistance from significant others, such as family members, friends, or co-workers; support actually may be received from others or simply perceived to be available when needed.” This definition is more specific about what types of social support are provided and who can offer these different kinds of support.

Williams et al. (2004) critically reviewed 30 social support definitions in the literature to improve future research, intervention, and practice. They concluded that “researchers used qualitative methods and defined social support for the contexts they studied, avoiding generalisations to other contexts. We contend that a qualitative and contextualised approach is the most effective way to develop a definition of social support that can be used in research, intervention, and practice.” (Williams et al., 2004:958)

### 2.3.3 Social relationships

Even though the concept of social support has been applied to online communities, it is still important to understand their social relationships, as these may provide a foundation for the interaction of social support and the actual processes of change. Hierarchical relationships exist between *social integration, social networks* and *social support* as shown in Figure 2-2. Each of these social constructs promotes health through different mechanisms (Cohen, 2004).
Social integration refers to “the structural density of an individual’s social network, the quantity and quality of relationships, the number and kinds of social roles an individual perform, and the frequency of interaction” (Mirowsky and Ross, 2003:213). The foundation of social integration studies is rooted in Durkheim’s (1951) study on suicide based in sociology. In this research, he discovered that people are more likely to commit suicide when they have fewer social ties and smaller social networks than will people who have more social ties and larger social networks. The concept of social integration is developed and measured further by other researchers in other fields, especially in stress, health, and social relationships studies (Cobb, 1976; Cohen and Wills, 1985; Cohen, 2004; House et al., 1985, 1988; Mirowsky and Ross, 2003; Thoits, 2010).

According to House et al. (1988: 302), social integration refers to “the existence or quantity of socialities or relationships.” Therefore, social integration is a fundamental pre-requisite for the availability of social support, which indicates that those individuals who are more socially integrated are also more likely to receive support. Berkman et al. (2000) indicated that social integration can refer to community level, while social
support mainly refers to the individual or the group level. They also highlight that a well-integrated community refers to well developed relationships between people in that community (Berkman et al., 2000). In a study of social relationships and health, social integration also refers to the individual’s actual involvement in the social community instead of only measuring the community (Cohen, 2004).

Social networks are defined as a “set of personal contacts through which the individual maintains his social identity and receives emotional support, material aid, services, information, and new social contacts” (Walker et al., 1977:35). Social networks is another construct that closely relates to social support, considering much of the actual supportive communication is received and provided via social networks (Mattson and Hall, 2011). The social support literature indicates that social networks refer to the presence and nature of social ties between people, while social support refers to the functions that may or may not be provided by these networks and connections (Israel and Rounds, 1987; Marcomx et al., 1990).

The effects of social networks on health have been studied extensively, and these prior studies demonstrate the important effects of social networks on health (e.g. Berkman et al., 2000; Cohen, 2004). Ell (1984:134) also highlights the point that “lack of social ties with others has been shown to be an important risk factor in psychological well-being, illness, and even death.” Before the emergence of online communities and other forms of computer-mediated communication (CMC), the people who were able to provide support in the social networks normally were family members, relatives, friends, and colleagues. Since they came from the strong ties social networks, presumably, the frequency of support they were able to provide was higher than that from weak ties social networks (Mattson and Hall, 2011). However, sometimes an individual’s social networks may not be large enough to meet one’s needs. With the development of CMC, further research has found that social networks can expand to the online setting, wherein people can receive support from even weak tie networks (Section 2.4.2).

Social support explores the functionality of the social relationship in two areas: Cognitive aspects and behavioural aspects (Turner, 1992; Keeling et al., 1996). The cognitive aspects refer to the perceived availability of support when needed, which may or may not exist (Keeling et al., 1996; Schreurs and de Ridder, 1997). It is the
perception many individuals have that they will get support if they need it. The behavioural aspects refer to the actual support provided to individuals in various forms, as reviewed in the next section (2.3.4). The support provided or received is according to each individual’s particular needs (Vaux, 1992).

2.3.4 Types of social support

House (1981) categorised the functions of social support as four types: Instrumental support, emotional support, informational support, and appraisal support. Meanwhile, Schaefer et al. (1981) categorised the functions of social support as five types: Emotional support, esteem support, network support, information support and tangible support. Both categorisations share some common support elements, namely, emotional support, informational support and tangible support. Although House (1981) used instrumental support instead of tangible support, both do refer to the same element, namely, that social support encompasses direct and concrete support. Appraisal support and esteem support are also very similar in the way they bolster an individual’s confidence and self-esteem to be able to cope with difficult situations.

Network support is actually quite different from other types of social support because it refers to the support available to individuals that measures their social integration. Although different types of social support are discussed separately in the social support-related literature, some of types overlap in practice, which causes problems when measuring the types of social support (Cohen and Wills, 1985; House et al., 1985). As an important aspect of social support and the most relevant to this research, four types of social support, emotional support, informational support, tangible support, and network support, are reviewed here. Of these four types of social support, emotional support and informational support are the most common and important types of social support found in the online community.

Emotional support is support through communication that satisfies the individual’s emotional or affective needs, only vaguely described in the literature (Mattson and Hall, 2011). It is support that makes individuals feel that they are cared for and it is also the provision of “empathy, caring, love and trusts” (House, 1981:24). “Emotional support includes intimacy and attachment, reassurance, and being able to confide in and rely on
another--all of which contribute to the feeling that one is loved or cared about, or even that one is a member of the group, not a stranger” (Schaefer et al., 1981:385). House (1981) highlighted emotional support as the most important type of social support in his typology. However, some researchers argued that sometimes it is difficult to distinguish emotional support from informational support because when people are providing feedback, information and advice through informational support, that communication can be emotionally laden which then makes it difficult to measure (Tardy, 1985). The examples of emotional support expressions include ‘I know how you feel’ or ‘I understand how much you are suffering.’ These kinds of expressions are not directly intended to solve problems, but rather to conform to each individual’s emotional needs.

Informational support is the communication that provides needed or useful information that helps the individual make decisions or to better understand one’s health condition (Mattson and Hall, 2011). Schaefer et al. (1981) define informational support as the provision of information and advice. Informational support is important for helping patients to understand their illnesses better and also understanding the different treatment options available to them to reduce the uncertainty of the illnesses and the stress they are facing. Although House (1981) tries to distinguish that information that is intended to solve problems from information and help individuals to evaluate their situations, which he calls appraisal support, other researchers do not tend to differentiate that information (Cutrona and Russell, 1990).

With the development of the Internet, the online health community offers a new opportunity for patients to provide and gain support from others for their health conditions. Indeed, informational support has become one of the most important and popular types of support found on the Internet health community (Coulson et al., 2007; Hwang et al., 2010; Malik and Coulson, 2008; Rodham et al., 2009; Wright, 2002).

Tangible support, which also refers to instrumental support is very easy to differentiate from other types of social support because it provides tangible goods or services to individuals directly by others (House, 1981). This delivery involves a wide range of support. Examples are providing reading materials or actions to individuals facing challenging health conditions or making a meal for an individual who is sick (Mattson and Hall, 2011). Since online communication is more often occurring without physical contact, tangible support is not a common type of support in the health community.
However, it is possible that some online community members do send reading materials or other documents using the Internet.

*Network support* refers to “*communication that affirms individuals’ belonging to a network or reminds them of support available from the network.*” (Mattson and Hall, 2011:186) Different types of support may be provided to the individual in a network, but the concept of network support emphasises the availability of social support provided in a network (Cutrona and Russell, 1990). In some of the research, network support is also called *appraisal support*, which refers to the availability of people to talk to each individual’s problem. For example, there is the expression, “*I know someone who I see or talk to often with whom I would feel perfectly comfortable talking about any problems I might have budgeting my time between school and social life*” (Nestmann and Hurrelmann, 1994:160).

Although social support has had great impact on health, and empirical studies have shown the positive relationships between social support and the *TTM*, offline social support still has its limitations in terms of reaching large populations. It is the premise of this research, however, that the solutions to tackle obesity may be more effective and scaleable for coping with large numbers of people that are affected if these solutions are well grounded within the online community. Researchers are increasingly paying attention to virtual healthcare communities because of the widespread usage of the Internet as a health resource. They are finding positive influences of online social support and identifying new functions of social support in the online communities (Malik and Coulson, 2008; Hwang et al., 2009). Therefore, Section 2.4 reviews the literature on *CMC*.

**2.4 Computer-Mediated Communication (CMC)**

The Internet is one of a range of health information sources available to the general public. Previous research has indicated that seeking information about one’s health is one of the key coping strategies and psychosocial adjustment to illness (Lambert and Loiselle, 2007). The motivation of seeking for health information is because of the *information need* (Wilson, 1997). In Wilson’s (Wilson, 1981:8) *information seeking*
behaviour model, three sets of ‘barriers’ to information seeking behaviour were shown including: ‘personal barriers’, ‘social or role related barriers’ and ‘environmental barriers.’ With the development of Internet, the advantages of CMC reduce the barriers to information seeking behaviour. The advantages of CMC include anonymity, no time and geographical limitations (Finn, 1999). CMC creates a new opportunity to access online health information through online community forums and allow individuals with health-related concerns to engage in supportive communication with community members with similar problems. That is important communication that they may not be able to gain in their offline social networks (Wright and Bell, 2003; Hwang et al., 2009). People can interact and exchange information, share knowledge, experiences and encouragement online without physical contact within these social networks. It is also an advantage for those consumers with disabilities who may find face-to-face interactions difficult to do on a regular basis (Warren, 2006). Content analysis of actual exchanges between members of online support groups shows that CMC supportive statements are also similar to those in face-to-face interactions (Glasgow et al., 2002).

Despite the high level of usage of online communities, there is still no robust evidence regarding the effects of ‘pure’ peer-to-peer online social support groups (Warren, 2006). However, methods that combine structured interventions with observations/self reports of social processes have been extensively studied in terms of focusing on specific health problems. The research is increasing in terms of exploring the potential benefits of online communities’ helping individuals to self-manage their chronic diseases (Stockdale, 2008). Parallel research indicates that individuals with a chronic disease will access online communities for emotional and informational support, which also encourages lifestyle changes and increase self-efficacy in self-managing those chronic diseases (McArthur et al., 2006; Stockdale, 2008). However, there are very limited studies founded on exploring informal online social support via the value of online communities in the context of weight management. This research can play an important role in helping individuals in the future to self-manage their weight over the long term.
2.4.1 Computer-mediated communication and online community

CMC is described as “the process by which people create, exchange, and perceive information using networked telecommunications systems that facilitate encoding, transmitting, and decoding messages” (December, 1996:23). This definition of CMC focuses more on the technological aspects. In terms of the social aspects of CMC, Jones (1995: 16) described by saying, “CMC, of course, is not just a tool; it is at once technology, medium, and engine of social relations. It not only structures social relations, it is the space within which the relations occur and the tool that individuals use to enter that space.” There are different forms of CMC, but the current research only focuses on online community forums. Online community or virtual community terms are used interchangeably to refer to groups of people interacting via the Internet (Stockdale, 2008).

Community is commonly defined as “a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings” (MacQueen et al., 2001:1929). While there are many definitions of community, Anderson (1983) has reveals three core components or markers of community in a review of sociology literature. The first and the most important element of community is consciousness of kind. “Consciousness of kind is shared consciousness, a way of thinking about things that is more than shared attitudes or perceived similarity. It is a shared knowing of belong” (Muniz and O’Guinn, 2001: 413). The second element of community is rituals and traditions. According to Muniz and O’Guinn (2011: 413), “rituals and traditions perpetuate the community’s shared history, culture, and consciousness.” The third element of community is a sense of moral responsibilities, which refers to a sense of duty or obligation to the community itself as well as the individual community member (Anderson, 1983; Muniz and O’Guinn, 2001).

Traditionally, people share knowledge, values, and goals in a community, which has traditionally been limited by geographical location (Lee and Lee, 2010). With the development of the Internet in the mid-1990’s, community as usually defined does no longer existed in the physical world; it also existed in the virtual world and indeed an opportunity for people from different geographical locations and different backgrounds with common interests and beliefs to interact online (Lee and Lee, 2010).
Virtual community and online community are today used interchangeably in the literature. Owston (1998:60) defines an online community as “a group of people who regularly interact online and share common goals, ideas and values.” From a technological perspective, the terms, online community or virtual community are seen as social networks that were formed or facilitated through social media (Wellman, 1999). Rheingold (2000:5) also explains “virtual communities are social aggregations that emerge from the Net when enough people carry on those public discussions long enough, with sufficient human feeling, to form webs of personal relationships.” Online community as a concept has been studied in different disciplines from different perspectives, and each discipline has its own definition. For example, online communities have been studies for over a decade as a source of ideas and inspiration for new product development and also as platforms for the consumers to interact with other community members for specific brands (Kozinets et al., 2008; Laroche et al., 2012). Since it is not efficient and easy to maintain one-to-one relationship with the customers, brand communities were introduced as a solution to serve customers (Laroche et al., 2012). According to Muniz and O’Guinn (2001: 413), a brand community is a “specialised, non-geographically bound community, based on a structured set of social relations among admirers of a brand.” Similar to people who go to online health communities, consumers have their own motivations for joining brand communities. Another important feature is that members in both online social support forums and brand communities are interacting through weak ties support networks (Brown et al., 2007).

2.4.2 Importance and the role of ‘weak ties’

Compared to the strong ties networks in traditional community settings, CMC provides a platform for individuals to assess weak ties support networks. Granovetter (1983) highlights that aspect, saying that weak ties relationships are seen as not those with close friends or family members, but rather with the people we meet or communicate with on a daily basis. According to Pickering and King (1995: 480), “weak ties are maintained through less frequent and less emotionally intense communication, in relationships that do not require or encourage sharing of confidences or establishment of strong reciprocities. Weak ties are maintained among extended family members, co-
workers not central to an individual's task domain, and everyday acquaintances made in connection with work, social activities, and mutual friendships.” With the development of the Internet, the research has found that weak ties relationships can expand to individuals that we do not ‘know’ (in the sense that we have ever met them face to face) but do have the same health concerns and experiences; such as members of health-related online communities or other social networking groups (e.g. Coulson et al., 2007; Malik and Coulson, 2008; Wright, 2002).

However, not all weak ties relationships are useful. The weak-tie studies suggest that the usefulness of these weak ties networks depend on the number and diversity of ties in a network and the resources of the help providers (Constant et al., 1996). Studies of weak ties support in organisational settings do point out two main reasons why weak ties are useful (Constant et al., 1996).

First, Granovetter (1983) argues that people in strong-tie relationships are common in many respects. Similar people know similar things, and therefore, people may not be able to access the information or resources they need. People in a weak ties network can come from different backgrounds, so they may be able to provide unfamiliar information. Second, the relationship is related to network size. Feldman (1987) argues that weak ties networks have more potential helpers than strong ties network, which increases the possibility to gain help from that type of network. Some people do argue that this higher possibility to gain help does not necessary mean that the correct information is delivered (Constant et al., 1996).

In the online health-related, community context, many studies have discussed why people prefer weak ties support networks and their potential benefits and support (e.g. Walther and Boyd, 2002; Wright et al., 2003). Wright et al. (2010) offered four reasons that why people prefer weak ties support networks when facing health problems, which suggested there were some differences from the arguments offered in the organisational studies. First, Adelman et al. (1987) pointed out that a weak ties support group could offer diverse points of view and information that might not be available in a strong ties network, an argument that is similar to Granovetter (1983)’s arguments. People can access the information that relates to their health conditions from weak ties support networks and interact with other people who are facing the same challenging health
conditions. This contact helps them manage the uncertainty of their health conditions (Wright et al., 2010).

Secondly, individuals may feel more comfortable sharing their problems, especially certain health conditions that carry social stigmas, with people from weak ties networks because they are less likely to be judged (Wright et al., 2010). Thirdly, weak ties support is more likely to provide ‘objective’ and ‘disimpassioned’ feedback regarding health conditions than will strong ties support because the weak ties networks have less emotional attachment to the people (Adelman et al., 1987). Finally, people have an obligation to support their families and the people they love when they are facing health problems, but may feel the burden providing that support, which can cause conflict (Adelman et al., 1987; Chesler and Barbarin, 1984). In contrast, a weak ties network has fewer role obligations, so that the people who receive support have less of an expectation and the people who provide support do not feel overburdened and thus stressed (Adelman et al., 1987).

2.4.3 The features of online social support groups

The characteristics of CMC include anonymity, absence of time, and geographical limitations compared to face-to-face interaction (Finn, 1999; Finfgeld, 2000; Coulson et al., 2007). The characteristics of CMC that attract people to seek support online has the potential to tackle the obesity epidemic because it covers larger populations without geographical limitations. These characteristics of CMC allow individuals to access the online communities at the most convenient time for them without geographical barriers. Since there is no time restriction, the online support community also allows its members to consider the content they are going to post online and post it at their own pace (Coulson et al., 2007). More importantly, it allows members to seek support whenever and wherever they need it, which is important for self-help weight loss individuals because timely support is critical to prevent relapsing. In addition, the anonymity of these online support groups increases the possibilities for self-disclosure regarding more embarrassing topics as well as for taboo subjects with less fear of embarrassment or judgment compared to face-to-face communication (White and Dorman, 2001; Coulson
et al., 2007). Prior studies also have identified other features of computer-mediated support group, including similarity, empathy, and experiential knowledge (Wright and Bell, 2003; Ziebland et al., 2004; Coulson et al., 2007). Other features of CMC support groups have been developed from these three main features.

The online social support forum is also considered as a community according to the three core components or markers of community revealed by Anderson (1983), which already discussed in section 2.4.1. The online social support forum also shares the similar features of brand communities.

The first feature of any CMC support group is similarity, which closely relates to the advantages of weak ties support groups already discussed in Section 2.4.2 and the most important elements of community consciousness of kind. People go to certain online communities because they find they have common interests or concerns on health or even specific illnesses. Examples are cancer online communities, online infertility support groups, online weight loss communities, and HIV online communities (e.g. Coulson et al., 2007; Hwang et al., 2010; Malik and Coulson, 2008; Ziebland, 2004).

Previous research has found that when patients are first diagnosed with a life threatening illness like cancer, they are full of fear and have a lot of uncertainty about their illness (Coulson et al., 2007). They thus go to the online support groups to compare their conditions with other patients like themselves and reduce the fear of uncertainty and feel a sense of personal control over their own condition (Malik and Coulson, 2008; Wright, 2002; Wright et al., 2010). Wright et al. (2010:609) highlights this point, as “by interacting with a wider network of individuals experiencing similar problems, assessments can be made about how one is coping with a problem compared to others, which further helps to reduce uncertainty and anxiety.”

The second feature of CMC support groups is empathy. Previous studies have demonstrated the important role of empathy in health-related online social support groups (Preece, 1999; Preece and Ghozati, 2001; Wright et al., 2003). According to Preece (1999:65), “empathy is the ability to identify with and understand another’s situation, feelings and motives. Communicating understanding, sympathy and love requires empathy.” It is difficult for people in strong ties networks to understand how much an individual is suffering, both physically and psychologically, because they do not have similar experiences. However, when people do have similar health conditions
and experiences, they will naturally have strong empathy for each other because of their common experiences.

Studies have indicated that empathy comes from experiences, even though part of empathy may come from listening or understanding the experiences of others (Comfort, 1984). Empathy is not only an important feature in health-related communities that focus on specific illness, but also in online support groups like a weight loss online community. The members discuss, share common goals, struggles and experiences and create empathy between each other in an online weight loss community because of their common experiences and understanding (Hwang et al., 2010).

The third feature of CMC support groups is experiential knowledge, which is a similar feature to brand communities. By sharing meaningful consumption experiences and the knowledge of the products, members strengthen interpersonal ties and enhance mutual appreciation for the product and the brand (McAlexander et al., 2002). Study has found that although patients are given information and diagnoses by health specialists regarding their illness, they still want to clarify the information they receive from these professionals and learn more about their illness from others with the same illness (McMullan, 2006). The value of experiential knowledge is first studied in face-to-face support groups, which emphasises the truths learned from personal experience with a specific phenomenon (Borkman, 1976). This also reflects the value of experiential knowledge in online support groups; the online community member learns from others’ personal experiences of coping with a certain illness, and this knowledge cannot be provided by health professionals.

Through getting other members’ personal descriptions of dealing with an illness, patients know more about what to expect, for example, the side effects of certain medicines or treatments. This knowledge is very important, as it helps patients overcome their fears of uncertainty and anxiety (Coulson et al., 2007). Health professionals and clinicians can only offer suggestions for treatments, but they do not normally experience the actual treatment processes (Wright and Bell, 2003). By accessing these online communities, individuals not only get timely support from community members, but also share their own experiences because they have similar goals or health conditions to those of others. In a recent research on experiential knowledge on a parents’ online community forum, Hine (2012: 15) highlighted that
“personal experience was evaluated on a par with, and often favoured over, formal scientific knowledge.” Experiential knowledge also helps parents make decisions regarding their children’s health (McMullan, 2006). In the weight loss online community research, it was also found that community members value experiential knowledge, as it helps them to make decisions on choosing diets, exercise, as well as how to overcome different weight loss barriers (Hwang et al., 2010).

Although many of these studies have demonstrated the perceived advantages of CMC support groups, the perceived disadvantages of CMC should also be taken into consideration, as these can be barriers for individuals when they access these online support groups. Prior research has identified several perceived disadvantages or negative effects of online communities, including the credibility of the information shared in the online support groups, trust, negative outcomes of treatments, emotional reaction to success stories, and the difficulty of forming long-term virtual relationships (Wright and Bell, 2003; Malik and Coulson, 2008; Leimeister, 2008).

As highlighted in Section 1.1, the main limitations of the current weight loss interventions and TTM interventions is that they are time and labour intensive, not to mention their cost and have largely concentrated on individual treatments where only a limited number of informants benefit in terms of weight loss. They thus have had a limited impact on the obesity epidemic in the wider public. The characteristics of CMC allow the individuals to assess support without time and geographical limitations, and this advantage has the potential to tackle the obesity epidemic by reaching large populations. The usefulness of weak ties and the features of online support groups allow individuals to access timely and ongoing support, which can be a potentially cost-effective way for more individuals to self-manage their weight issues without formal interventions.

2.4.4 Online brand community and types of online community participation

To explore informal online social support and the interactions between online community members fully, it is important to review the literature that has introduced the types of virtual community members, as the precise typology of virtual community
members determines the relationships in online communities. In most of the online community studies, online community members were categorised as either lurkers (people who only read the online threads without interacting with others) or contributors. However, Valck (2005) argued that this kind of categorisation is too simple to be theoretically useful. Kozinets (1999; 2010:33) distinguished four types of online community members, namely, tourist, mingler, devotee and insider, based on “the centrality of the identification and expertise with the core activity of the community, and relations with other community members.”

A Tourist has weak social ties to the group and is only interested in the activity itself (in this study, weight loss) and also offers relatively weak ability and skills (Kozinets, 1999; 2010). In this sense, tourists mainly read the threads they are interested in without interacting with other online community members or giving support to other members. It is difficult to identify tourists through reading the online threads because they hardly interact with other members through these threads.

A Mingler has strong social ties with many members, but like the tourist, is only interested in the central consumption activity (Kozinets, 1999; 2010). Therefore, in the context of weight loss, minglers actively interact with other members in those certain weight loss threads in which they are interested. It is possible to identify minglers in the online communities because they will post in the online communities.

A Devotee is opposite to the mingler, who has relatively weaker social ties with the online community but maintains strong interests in and enthusiasm for the consumption activity in the community, and also a strong ability and rich knowledge of the activity (Kozinets, 1999; 2010). Thus, in the context of weight loss, devotees are able to contribute to the online communities and provide support to other members, but they may not be willing to do so.

An Insider has strong ties to the online community as well as being knowledgeable about the consumption activity (Kozinets, 1999; 2010). Accordingly, insiders are valuable to the online community because they are able and also willing to contribute to the online community and provide support to other members in it.

Kozinets (2002:66) stresses the importance of both devotee and insider as data sources because previous studies have indicated that “devoted, enthusiastic, actively involved,
and sophisticated user segments are represented in online communities by insiders and devotees. The participations of devotee and insider can be observed through their online postings. However, it is difficult to observe the participation of tourists, although we can learn about them through other means, for example, online interviews. The type of individual member who belongs may change over time as that member gains social capital with the group and cultural capital through the core consumption activities in which the member is engaged (Kozinets, 2010). The classification of online community members, however, does help organise different members’ experiences when presenting the interpretation of the results of online weight loss threads in Section 6.2.

### 2.5 Summary

This chapter explored the research literature in three main areas: TTM, social support and CMC. The TTM literature clearly shows that TTM has been widely applied for changing people’s behaviour in different disciplines. Despite its widespread application and popularity, however, researchers have criticised the limitations of TTM in terms of conceptual and methodological issues (Joseph et al., 2001), which still require future studies to develop a qualitative SoC categorisation and explore the environmental and social factors that are involved in the behaviour change process.

Hence, although TTM has acknowledged the importance of social support in the PoC, the impact of social support on the behaviour change process has not yet been properly addressed. It is important to identify how theories of social support do work in the TTM, particularly in the context of online support that is grounded in the individual weight loss experience. As the literature on CMC, ‘weak ties’, and online social support strongly suggest, informal online social support can offer a timely and cost effective inclusion in TTM weight management interventions, and thus have a greater impact on the obesity epidemic.

Retrospective studies on social support and CMC provide a solid foundation to explore the potential of utilising online social support to enhance or facilitate TTM weight management interventions. The characteristics of CMC allow individuals to access support without time and geographical limitations, which has the potential of tackling the obesity epidemic more successfully by covering large populations. The features of
these online support groups allows their online community members to access timely and ongoing support without professional support and may be a cost-effective way for self-help individuals to self-manage their weight in the long term.

The next chapter builds on this literature review, particularly as it relates to the process of exploring the experiences of online community members’ and their self-help weight loss process with the assistance of informal online social support.
Chapter 3 Methodology

Figure 3 Map of Chapter 3- Methodology Chapter

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3.9 Summary
3.1 Introduction

The methodology applied in this research was chosen and developed by carefully considering the need to elaborate on people’s experiences with the weight loss process and the important roles of ‘spontaneous’ and ‘naturalistic’ informal support groups related to the general theme of community forums in the context of weight management. To achieve this goal, qualitative methods were applied including online longitudinal phenomenological interviews and the ‘analysis’ of four selected online weight loss threads. The research adopts an existential phenomenological approach to (1) understand how different people experience weight loss in the context of informal online social support; (2) demonstrate how these experiences inform our understanding of the different pathways to and through behaviour change as they both relate to weight loss; and (3) identify the different roles or influences of informal online social support and the role they may play in the weight loss process.

Sections 3.2 and 3.3 focus on a discussion of phenomenology and existential phenomenology. Section 3.4 explores the research design, while the explicitation processes of the online longitudinal phenomenological interviews and online weight loss threads are presented in Section 3.5 and Section 3.6. Section 3.7 presents the procedures for doing translation and back-translation. Methodological reflections are presented in Section 3.8. Finally, a summary of this chapter is offered in Section 3.9.

3.2 Phenomenology

“For phenomenology, knowledge is messy in that it is neither realist (assuming there is some direct access to reality), nor relativist (assuming that all knowledge is constructed). Phenomenology occupies a position somewhere in between these approaches, which takes on board that knowledge/experiences is always some level of constructed and interpreted although it is for the person ‘real’.” (Peter et al., 2011:10)

Before introducing and examining existential phenomenology, it is important to discuss the nature of phenomenology and its underpinnings, which also informs the existential phenomenological viewpoint. Edumund Husserl (1859-1938) is known as the founder of phenomenology (Moran, 2002). His work was further developed and extended by
Alfred Schutz (1899-1959), and existential phenomenologists, eg: Martine Heidegger (1889-1976), who was a student of Husserl, Jean-Paul Sartre (1905-1980) and Maurice Merleau-Ponty (1908-1961) per (Cope, 2005; Moran, 2002). “Husserl rejected the belief that objects in the external world exist independently and that the information about objects is reliable” (Groenewald, 2004: 4). Husserl was known as a radical philosopher of pure phenomenology and ‘a leader without followers’ and was described as:

“A radical, anti-traditional style of philosophising, which emphasises the attempt to get to the truth of matters, to describe phenomena, in the broadest sense as whatever appears in the manner in which it appears, that is as it manifests itself to consciousness, to the experiencer. As such phenomenology’s first step is to seek to avoid all misconstructions and impositions placed on experience in advance, whether these are drawn from religious or cultural traditions, from everyday common sense, or, indeed, from science itself.” (Moran, 2002:4)

Husserl was particularly interested in finding a way that people could describe their own experiences of a given phenomenon accurately, which involved placing the experiencing subject at centre stage (Smith et al., 2009). In terms of Husserl’s famous motto, ‘go back to the thing themselves’, ‘thing’ refers to the experiential content of consciousness, which he believed are those various obstacles that will get in the way of arriving at certainty and those things outside one’s immediate experience that should be ignored (Cope, 2005; Groenewald, 2004). Although there is considerable criticism about Husserl’s phenomenology, some phenomenologists who aim to understand the lived experience do follow Husserl’s focus on description, which are underlying characteristics of phenomenology that guide phenomenological researchers and their research. These have been identified to include the description of experiences (Section 3.2.1), intentionality of consciousness (Section 3.2.2) and bracketing (Section 3.2.3) (Giorgi, 1997; Smith, 2007).

3.2.1 The description of experiences

Phenomenology is described as “descriptions of things as one experiences them, or of one’s experiences of things.” (Hammond et al., 1991:1) The term phenomenology derives from two Greek words-- phainomenon (appearance) and logos (reason or word) (Pivčević, 1970). Evic and Pivčević (2013:11) explain that “whatever ‘appears’ appears in concrete experiences; there is no ‘unexperienced’ appearing.” As such, the
The aim of phenomenology is the study of the nature of experiencing with the purpose of bringing out their ‘essences’ and underlying ‘reasons’ (Evic and Pivčević, 2013).

Cope (2005) stated that phenomenology rejects the ontological separation between consciousness and matter, reality and appearance, all of which try to separate the inner world of ‘private experience’ from the outer world ‘public objects’ (Hammond et al., 1991). In this sense, in order to get to the ‘facts’ and describe the phenomena in its own terms as accurately as possible, phenomenologists need to refrain from any pre-given frameworks (Groenewald, 2004). However, Moran (2002:15) argued that “the whole point of phenomenology is that we cannot split off the subjective domain from the domain of the natural world as scientific naturalism has done. Subjectivity must be understood as inextricably involved in the process of constituting objectivity.”

3.2.2 Intentionality of consciousness

Intentionality is the central concept found in Husserl’s phenomenology. The key concept behind phenomenological thinking is the intentionality of consciousness (Cope, 2005). Consciousness is the basis of all experiences in terms of Husserl’s phenomenology (Moran, 2002). Intentionality focuses on “the relationship between the process occurring in consciousness and the object of attention for that process” (Smith et al., 2009:13). Giorgi (1997:238) further explains intentionality as:

“Intentionality means that an act of consciousness is always directed to an object that transcends it. Phenomenology is concerned with the phenomena that are given to experiencing individuals, because nothing is possible if one does not take consciousness into account, but all of the givens must be understood in their given modalities, as phenomena, that is, not as real existents. Within phenomenology this is possible because one is concerned with the objects of intuition to which consciousness is necessarily directed, and these objects do not have to have the characteristic of being ‘real’.”

In this sense, the description of experience must always be the experience of something: seeing is seeing something, and remembering is remembering something (Moran, 2002). However, to achieve the phenomenological attitude, it is necessary to ‘go back to the things themselves’, Husserl argued that it is necessary that we ‘put to one side’ all prior scientific, philosophical, cultural, and everyday assumptions and judgments, and even when they are experienced as ‘real’, that characteristic should be suspended, so we are
analysing their phenomenal status only (Giorgi, 2010). This suspending process is known as the phenomenological process of bracketing.

3.2.3 Bracketing

Husserl argued that it is necessary to suspend what he described as the ‘natural attitude’, namely, that we take certain things for granted in order to get to the ‘phenomenological attitude’ (Cope, 2005). Husserl (1931:101) wrote of the natural attitude as follows:

“Through sight, touch, hearing, etc., in the different ways of sensory perception corporeal things...are for me simply there, in a verbal or figurative sense “present,” whether or not I pay them special attention by busying myself with them, considering, thinking, feeling, willing.”

Moran (2002:11) further explained Husserl’s ‘phenomenological method’ of bracketing, elaborating as follows:

“Thus, in considering the nature of our conscious acts, we should not simply assume that the mind is some kind of a container that memories are like picture images, and so on. Nor should we assume any scientific or philosophical hypothesis, for example that conscious events are just brain events. Indeed, in genuine phenomenological viewing, we are not permitted any scientific or philosophical hypotheses. We should attend only to the phenomena in the manner of their being given to us, in their modes of givenness.”

Stewart and Mickunas (1990:27) highlighted the point that Husserl used three different terms ‘reduction’, ‘epoche’ and ‘bracketing’ interchangeably, which all referred to “change in attitude necessary for philosophical inquiry.” Husserl’s idea of bracketing experience was not supposed to change the experience, but rather leave it perfectly as it was, the aim of which thusly was to enhance and focus on its structure of meaning (LeVasseur, 2003). The process that Husserl proposed to use to bracket the ‘natural attitude’ came through a series of ‘reductions’ that requires the bracketing of the existence of the world so on to concentrate on the phenomenon itself. The process involved ‘eidetic reduction’ and ‘transcendental reduction’ (Smith et al., 2009). Husserl believed that it is possible to get to the essential natural of things so that ‘eidetic reduction’ will refer to the techniques that are required to get to the essence (Moran, 2002). ‘Transcendental reduction’ refers to “stand aside from one’s subjective experience and ego, in order to be able to focus on transcendental consciousness.”
Husserlian phenomenology has also been criticised for having a detachment from the world under study as Sokolowski (2000:48) explained:

“When we move into the phenomenological attitude, we become something like detached observers of the passing scene or like spectators at a game. We become onlookers. We contemplate the involvements we have with the world and with things in it, and we contemplate the world in its human involvement. We are no longer simply participants in the world; [instead] we contemplate what it is to be a participant in the world and its manifestations.”

In contrast to Husserlian phenomenology, existential phenomenology has been adopted for consumer research to remove the detached nature of the researcher and thus builds upon their situatedness in the world with the research participants (Cope, 2005).

### 3.3 Existential Phenomenology

“Existential phenomenology seeks to describe experience as it emerges in some context(s) or, to use phenomenological terms, as it is “lived”. The concept of Lebenswelt, or life-world, is one manifestation of existential-phenomenology’s focus on lived experience (Thompson et al., 1989:135).”

The existentialists challenge the transcendental ego results coming from the bracketing proposed by Husserl by highlighting one’s situatedness in the world (Finlay, 2008). Merleau-Ponty (1962:xiv) explains as follows:

“The most important lesson, which the reduction teaches us, is the impossibility of a complete reduction. This is why Husserl is constantly re-examining the possibility of the reduction. If we were absolute mind, the reduction would present no problem. But since, on the contrary, we are in the world, since indeed our reflections are carried out in the temporal flux on to which we are trying to seize...there is no thought which embraces all our thought.”

Heidegger, a student of Husserl, also disagreed with Husserl’s phenomenological reduction. Heidegger emphasised that consciousness could not be separated from ‘being in the world’ (LeVasseur, 2003). Existential phenomenologists still place primacy on the perspectives of the experiencing individuals, and the emphasis on the researcher's conceptual categories are secondary to the informants’ experiential ones. The dialogue set by the informants is not guided by pre-specified questions of the experiences of others (Thompson et al., 1990).

Thompson et al. (1990) discuss the application of existential phenomenology as a method that involves three central concepts, including intentionality, emergent dialogue,
and hermeneutics endeavour and they apply to the research process. Those terms are explained below.

Intentionality places emphasis on “the researcher's conceptual categories are secondary to the participants experiential ones” (Thompson et al., 1990:347). In order to do so, it must be recognised that the ‘lived’ experiences may not always honour the recognised standard of conceptual boundaries, so therefore, each lived experience must be understood in relation to the ‘life-world’ from which it emerged emerges (Thompson et al., 1990).

Emergent dialogue refers to the course of the dialogue being set by the informants. That is, there can be no set of pre-specified questions. The researcher’s questions or comments must be based on the description of the experience that each informant presents. It is never known in advance how the dialogue will proceed.

Hermeneutics endeavour refers to the process of interpreting interview context. Each interview should be interpreted at an idiographic level, and then the researcher should try to identify the common patterns of the context to discover its themes. Thompson et al. (1990:347) stress that “interpretive patterns should be visible and comprehensible to other readers, but there is no requirement that the proposed themes be the only possible interpretation of the transcripts.” Yet the researcher must show precisely where the informants’ description supports the thematic interpretation. In addition, two specific procedures of bracketing are recommended: (1) themes are rendered in emic terms (i.e., those of the informants); and (2) the evolving thematic description is periodically subjected to a critical evaluation by an interpretive group (Thompson et al., 1990:347).

3.4 Applying Existential Phenomenology to Weight Loss

The introduction and the literature review of this thesis argue for the need to focus on weight loss experiences and the role or influence of informal online social support on those experiences.
It is clear that the extant research thus far into weight loss behaviour has been dominated by the application and assessment of structured or semi-structured weight loss intervention programmes. Many of these studies rely on quantitative self-reported methods to assess an individual’s weight loss behaviours and patterns. However, this dissertation argues that such approaches cannot provide a sufficient enough understanding of the individual’s weight loss experience and the experienced behavioural changes. These approaches also oversimplify the weight loss process by not considering the social, emotional, and environmental factors.

This thesis challenges this dominant focus on structured methods and the numerical accounting of behavioural changes by adopting an alternative lens through which to examine the weight loss process. This existential phenomenological lens (Heidegger, 1996) allows us to take a step back from the assumptions of weight loss intervention programmes, that is, simply distilling weight loss into an oversimplified set of defined behavioural changes to the exclusion of context. First, an integral part of existential phenomenology is to bring into focus and challenge our underlying assumptions. Secondly, existential phenomenology allows us to become open to different views, new ideas, and novel concepts. Third, existential phenomenology allows us to view any phenomenon (in this case weight loss) from the holistic perspective of the ‘experience’, which, by its very nature, is complex. We thus focus on the ‘problem of being’ rather than artificially isolating individual behaviours from the full context of change.

TTM was used as a framework to locate weight loss experiences of informants within a wider literature in this research. However, it was applied as a way of understanding and communicating how people experience the whole weight loss process rather than just simply describing the behavioural differences, a different focus than that for other TTM research. In this way, TTM was used as an opening framework rather than as a thematic guide. The phenomenological interview was deemed to be the most suitable methodology over other qualitative methods, as it would achieve the research objectives: ‘it allows for examination of relatively unexplored domains of experiences and enables emergent theory generation” (Cope, 2005:174). Although there are other methods for conducting phenomenological research, Thompson et al. (1989:138) highlighted that the phenomenological interview “is perhaps the most powerful means of attaining an in-depth understanding of another person’s experience.”
The phenomenology method generates ‘naturalistic’ data for ‘thick’ descriptions of the informants’ offline and online weight loss experiences during the weight loss process and expressed in their own words. The rationale of applying a qualitative longitudinal study in such a manner is to explore how individuals’ weight loss experiences change overtime. It enables a mapping out of critical moments and processes involved in change and captures the experiences of ‘transitions’ involved in that change process (Calman et al., 2013). In addition, longitudinal phenomenological interviews can explore the important roles that informal online social support play throughout the weight loss process.

In keeping with this planned focus, the key theory in this area, TTM, is taken as a means of challenging the dominant assumptions. Thompson et al. (1990) stressed that researcher's conceptual categories are secondary to the informants' experiential ones, and thus, the course of the dialogue set by the informants should not be guided by pre-specified questions of the experiences of others. Yet, instead of specific hypotheses, this current effort set forth three guiding aims to explore the individual experience of weight loss without either pre-defining or bounding the emergent insights. These aims were:

1. Explore self-help weight loss individuals’ experiences during the weight loss process with a focus on the natural discussion of these experiences and how the insights gained might inform our understanding of existing theoretical descriptions.
2. Explore whether individuals describe how informal online social support works to enhance or facilitate the weight loss process.
3. Explicate the differential experiences during the weight loss process, which may help to explain why some individuals succeed while others do not.

3.4.1 Study 1: The longitudinal phenomenological interview

This longitudinal phenomenological study follows individuals who self-defined as being in the process of losing weight. The aim was to explore their experiences of the
self-help weight loss process as it naturally occurs with the assistance, or otherwise, of informal online social support.

The longitudinal phenomenological study took place over three months with thirty individuals who had experiences of reading weight loss threads on the *Tianya* online community forum. There is no specific guidance regarding the length of a longitudinal phenomenological study. After pre-screening 832 weight loss threads posted between 01 January 2009, and 31 March 2009, it appeared that online community members normally set short-term goals from 4 weeks to 12 weeks to lose their weight. As such, the longer period of three months, was selected and used to map out the change process. Thompson et al. (1989) provide clear guidance on conducting phenomenological interviews. According to Thompson et al. (1989), the goal of a phenomenological interview is to gain a first-person description of a specific domain of experience, in which the course of dialogue is largely set by the informants. The interviewer should avoid asking ‘why’ questions. The descriptive questions asked by the interviewer should not be pre-determined, but rather evolve from the course of the interchange of dialogue, as such, and the role of the interviewer is to provide a context, where the informants feel free to describe their experiences in detail.

Following this guidance, each informant was contacted every 2 weeks for an interview, lasting from 35 minutes to 80 minutes, via *Tencent QQ*¹, the most common and widely used communication tool in China. For the first interview, the informants were asked to describe their previous and current weight loss experiences, which started with the question ‘Could you tell me something about yourself?’ In the second interviews, each interview started with the question ‘Could you describe your last two weeks of weight loss experiences to me?’ Probing questions were also asked based on the ongoing course of the dialogue.

### 3.4.1.1 Sampling considerations

“Phenomenological research uses sampling, which is idiographic, focusing on the individual or case study in order to understand the full complexity of the individual’s experience. From this

¹ *Tencent QQ*, popularly known as *QQ*, is an instant messaging software service developed by Chinese company, Tencent Holdings Limited. As of 20 March 2014, there are 829.3 million monthly active user accounts.
perspective, there is no attempt to claim an ability to generalize to a specific population, but instead, the findings are relevant from the perspective of the user of the findings” (Bailey, 2007:30).

According to Hycner (1999:156), “the phenomenon dictates the method (not vice-versa) including even the type of participants,” a component that indicates that phenomenological study usually involves identifying and locating those informants who have experienced or are experiencing the phenomenon being explored. Thus, purposive sampling was chosen here to illuminate the self-help weight loss that individuals experience utilising the assistance of informal online social support. Before presenting the process of recruitment, however, it is important to explain the selection of the online community forum first.

In this study, the selection of an online community forum to recruit the informants was based on the criteria suggested by Kozinets (2002:65): (1) a more focused and research-question relevant segment, topic, or group; (2) higher “traffic” of postings; (3) larger numbers of discrete message posters; (4) more detailed or descriptively rich data; and (5) more between-member interactions of the type required by the research question. As such, the Tianya forum (www.tianya.cn) was selected based on these criteria. It is a free general Chinese online community forum based in China. The Tianya forum is one of the largest free online community forums in China, with 8,697,375 registered members as of 31 December 2010. More than 65,000 unique members log on to the website everyday. The Tianya forum also has a specific section for posting weight loss threads, the fundamental requirement for conducting this research.

The sample was based on the purpose of the current research (Schwandt, 2007), and looked for those who “have had experiences relating to the phenomenon to be researched” (Kruger and Stones, 1988: 150). Since this research effort explores individuals’ weight loss experiences with informal online social support, the informants who were selected for this research did have the experience of reading online weight loss threads on online community forums. However, it was not necessary that these informants were losing weight or had lost weight successfully.
3.4.1.2 Recruitment and selection

The administrators of the Tianya online community forum were contacted for permission to post an announcement to recruit informants for the current study. All potential informants were given a full explanation about the nature of the study to make sure that the informants understood this information from the recruitment process through to the announcement. Please refer to Appendix 1 for the details of the posting posted on the forum to appeal for participants. The announcement was posted on the weight-loss-related section from 01 January 2011 to 14 January 2011. Before conducting the data collection, ethical approval was obtained from the internal university ethics committee. This informed consent agreement was explained to the informants and also signed by all the informants before any interviews began. The informed consent was provided in both Chinese and English (referring to Appendix 2 and Appendix 3). The informants’ consent included their being fully informed that their interviews would be used as data for research and they had a right to withdraw at any time without giving a reason. Informants’ right to privacy was protected by a promise of confidentiality and anonymity. All of the interview data were imported into a database only after omitting any personally identifying information. Pseudonyms were used to hide the informants’ true identities.

In total, thirty individuals responded to the posting posted on the Tianya online community forum via private messages on the forum and then consented to participate in the study. There is no specific requirement regarding how many informants should be recruited for a phenomenological research. Some research suggests that two to ten informants are sufficient to reach saturation for a phenomenological study (Creswell, 2012; Groenewald, 2004). However, considering this study was a longitudinal one, and some informants could drop out during the study, thirty informants were recruited. Due to this number of informants, the thirty informants were divided into two groups. All the informants were contacted every two weeks to do an interview. Group 1 was twenty informants and their interviews were conducted from 25 February 2011 to 25 May 2011. In total, eleven informants (Table 3-1) in Group 1 completed three-month interviews (six interviews in total for each informant). Group 2 had ten informants and their interviews were conducted from 9 May 2011 to 10 August 2011. In total, six informants (Table 3-2) from Group 2 completed three-month interviews (six interviews in total for
each informant). As shown in Table 3-1 and Table 3-2, informants did drop out at different points in the interviews. It is difficult to know whether they had stopped losing weight or they were no longer interested in participating in the study. Although attempts were made to contact them via email to arrange interviews, they did not respond and choose a time to continue or provide any reasons for why they did not want to continue.

Table 3-1: Group 1 informants’ completion of interviews

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<th>Pseudonym</th>
<th>Age</th>
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<th>2nd interview</th>
<th>3rd interview</th>
<th>4th interview</th>
<th>5th interview</th>
<th>6th interview</th>
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Table 3-2: Group 2 informants’ completion of interviews

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The interviews from these dropouts were also not interpreted because it was difficult gain a sufficient understanding of how these informants had experienced the weight loss process. They had dropped out at different points of the interview schedule. The honorarium was 200 RMB (equal to about £20) Amazon gift certificate and given to seventeen informants, who completed the three months of interviews.

3.4.1.3 Description of the informants

The characteristics of the informants are presented in Table 3-3. Only female individuals responded to the posting, ages between 21 and 37 years old. All the informants (n=17) reported their peak weights in their lives, so their peak Body Mass Index (BMI) could be calculated. High BMI scores have been consistently associated with the risk of certain co-morbidities, such as cancer, heart disease, diabetes, dyslipidemia, hypertension, and stroke (Chan et al., 2009). There is also an increased risk for co-morbid conditions in Asian populations; therefore, the World Health Organization (WHO, 2002) has established BMI standards for these populations. As Table 4.1 indicates, according to the BMI criteria for Asians (WHO, 2002), only 11.8% (n=2) of the informants had healthy weights (18.5-22.9 kg/m2) with an average risk. 23.5% (n=4) of the informants were overweight (23-24.9 kg/m2) with increased risk. 52.9% (n=9) were obese I with moderate risk. 11.8% (n=2) of the informants were obese II with severe risk.

All the informants were experienced in weight loss previously. They expressed that they had tried to lose weight more than once before, using regimes consisting that were dietary restriction or diet replacements, doing physical exercise, and taking weight loss drugs. Interesting, all the informants had shared their experience of going to online community forums for weight loss methods.
3.4.2 Study 2: An analysis of selected weight loss threads

During the interviews, some informants indicated there were specific threads on the Tianya forum that motivated them or actually influenced their weight loss behaviour. Reading online weight loss threads was an important part of the informants’ weight loss experiences, and the informants described the threads as a way of helping them to lose weight. As such, it was important to explore what really happens on the thread and how online community members interact to receive and/or provide support. Have other online community members had similar experiences with informal online social support as those the informants described in this instance?

3.4.2.1 An introduction to the selected threads

In total, informants mentioned four specific threads during the three months of interviews that greatly influenced them during their different weight loss stages. Thread 1 was an ongoing thread and initiated on 14 April 2011. Thread 1 was clicked 805,280 times.
times and had 12,257 replies by 31 August 2013. Thread 2 was initiated on 29 May 2009 and was clicked 649,497 times with 8,852 replies by 31 August 2013. The initiator’s last update was on 19 September 2009. Thread 3 was initiated on 06 May 2010 and was clicked 586,863 times with 19,620 replies by 31 August 2013. Thread 4 was initiated on 04 April 2011 and was clicked 185,731 times with 2,574 replies by 31 August 2013. The initiator’s last update was on 15 February 2012.

<table>
<thead>
<tr>
<th>Number</th>
<th>Title of the thread</th>
<th>Initiation date</th>
<th>Initiator’s last update</th>
<th>Number of clicks</th>
<th>Number of replies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Do you really want to become slim once in your life? Then please come in, if you don’t have the determination, please make a detour (Let me tell you why you couldn’t lose weight)</td>
<td>14 April 2011</td>
<td>07 September 2011</td>
<td>805,280</td>
<td>12,257</td>
</tr>
<tr>
<td>2</td>
<td>‘Listen to me and you will be slim’, my two-week experiment results</td>
<td>29 May 2009</td>
<td>19 September 2009</td>
<td>649,497</td>
<td>8,852</td>
</tr>
<tr>
<td>3</td>
<td>From today, healthy diet+ physical exercises+ slimming officially start</td>
<td>06 May 2010</td>
<td>31 August 2013</td>
<td>586,863</td>
<td>19,620</td>
</tr>
<tr>
<td>4</td>
<td>Please all come over to talk about your successful weight loss experiences, detailed methods and processes</td>
<td>04 April 2011</td>
<td>15 February 2012</td>
<td>185,731</td>
<td>2,574</td>
</tr>
</tbody>
</table>

Table 3-4 Introduction of four selected threads
Thread 1: Do you really want to become slim once in your life? Then please come in, if you don't have the determination, please make a detour (Let me tell you why you couldn't lose weight)

Thread 1 is an ongoing thread that was initiated on 14 April 2011. Thread 1 had been clicked 805,280 times with 12,257 replies by 31 August 2013. The initiator of this thread indicated that the main purpose of it is to 'stimulate' and 'motivate' fat people to lose weight successfully. Therefore, she uses a lot of before and after weight loss pictures and harsh language on the thread as a deliberate means to stimulate people to act. For example:

'How many times have you lost weight? Is it true that after you lost a few kilos and gave up, and then you regained weight again very quickly? Are you having an attitude that 2012 is coming, and I will so regret if I can’t eat to challenge the stomach? After stuffing fried chicken, chips, ice cream, pizza and coke, you still are continuing eating melon seeds’, ‘this thread is not for losers; it is for those fat people who want to change their life’, ‘Fat people’s tears are worth nothing, nobody cares for your happiness, anger, sorrow and joy. Although your size is huge, you are nobody in others’ hearts’.

She emphasises at the very beginning of the thread that she was not sharing her successful weight loss methods although she had lost weight successfully. She believed that most people know how to lose weight, but that attitude and will power determines their level of success. She shared that:

'I used to be 78kg and my slimmest weight was less than 50 kg after 2 months’ weight loss. Do you know? There was once a very slim girl who told me that if I could lose weight, the sow could climb up the tree. After two months, she was so surprised that I had lost a lot of weight when she saw me again. Let me tell you, she did not even recognise me when she first saw me. But at that time, I did not feel like I regained my face. I only have one feeling that I get over for myself. In this world, there is nothing happier than taking back control of your life. Trust me.'

Here she was not only sharing her psychological changes before and after weight loss but also applying a lot of examples to demonstrate how important it was to be slim in
this society and continually stimulating people’s willpower to lose weight. She emphasised in the thread that ‘from now on, I will try my best to stimulate you.’

Many of the community members replied to this thread because they were stimulated or they had had similar experiences as the initiator described in the thread. They also agreed with the reasons why they could not lose weight that the initiator described on the thread. For example:

‘I need to come here to read when I want to eat’, ‘I am losing weight, and I must lose weight before I have my body checked in May. But I always find excuses for myself. Or sometimes I would think about giving up, and then I suddenly lose the motivation. Please stimulate me’, ‘I am losing weight, you have seriously stimulated me. I must persist. From now on, I want to change to a different life and be far from fat.’

3.4.2.1.2 Thread 2: ‘Listen to me and you will be slim’, my two- week experiment results

Thread 2 was initiated on 29 May 2009 and had been clicked 649,497 times with 8,852 replies by 31 August 2013. The initiator’s last update was on 19 September 2009. This thread was initiated to record the initiator’s weight loss process by applying a very popular weight loss method on the Tianya forum called ‘listen to me, and you will be slim’. Four of the informants had the experience of applying this weight loss method. The initiator recorded her own diet, for example, ‘the first week is vegetarian diet for one day and then meat for another day. Because I prefer noodles, I basically just ate noodles for vegetarian diets. For those days that I could eat meat, I ate meat and eggs--these two types.’ She also recorded her ongoing feelings and the difficulties and experiences of applying the method on the thread, but not daily, for example:

‘On Thursday, I went back home. (I am living in the university). After I was back home, my Mum bought me a lot of fruits, I did not even have a bite, I did not have it for the whole week. But, it was really difficult. My favourite, strawberries, were just there. I went there to look at them once and then I looked at them again when I went back. I really wanted to eat!! But finally I managed not to eat them. Therefore, I have experiences that I can share with all of you. That is, when you really wanted to eat
something, it actually only lasted for few minutes. During these few minutes, you would continually find different excuses to let yourself eat. For example,... But if you can control yourself for these few minutes, the next time you won’t really be bothered when you see what you want to eat again. It’s true.’

The community members replied to the thread by asking specific questions regarding the method, for example, ‘Can you please explain the method in more detail? Four weeks for the diet? Can I eat different things every week?’ They also encouraged each other on the thread and recorded their own weight loss process because they were using the same method, as for example:

‘I am also using this weight loss method. I think it’s quite good. Currently, I am still on the fifth day of the first week, and I have lost 3kg. My determination strengthens when I read Nanwan’s experiences, I must persist in it. The more you try to lose weight, the more difficult it will be, so why not do it successful just for one time. Right?’

3.4.2.1.3 Thread 3: From today, healthy diet+ physical exercises+ slimming officially start

Thread 3 was initiated on 06 May 2010, and had been clicked 586,863 times with 19,620 replies by 31 August 2013. Thread 3 is also an ongoing thread, and the initiator’s last update was on 31 August 2013. One of the informants, Anuo, also joined this thread to record her diet and feelings and interacted with the initiator during her weight loss process. The initiator initiated this thread to record her personal weight loss process, including her diets, feelings, experiences, and the difficulties she confronted during this process, as for example:

‘I ate a bit too much for lunch, and although the calories were not very high, I still decided to do more exercises to burn it this afternoon. When I was working, I went downstairs to collect something on purpose. I also went out for a while, and I did not go there by car, but walking. Now I feel like it’s almost being burned. It’s time for me to have lunch, an apple, and a yogurt.’
She also invited others to join the thread to lose weight together. She was not just recording her own weight loss process on this thread, but also sharing useful weight loss information she had collected, answering other followers’ weight loss questions and encouraging them to continue, as for example:

‘Hun, you have been eating very nutritiously today. I always insist that we must use healthy, nutritious, and scientific ways to lose weight, which cannot be harmful to our body. Fighting!.... Every ‘slim’ buddies, come on, we must insist in!!!’ And ‘I have lost 4kg in 10 days!!! Hahaha... I didn’t weigh myself until today, and I can’t believe it is real. Nearly screaming. Losing weight is actually not that difficult; it’s easier than having exams, hahaha.... Moving toward the next 5kg. Fighting!’

The community members replied to this thread by showing their determination to join to lose weight, for example, ‘I would also join, I am 165cm, 65kg. 555555,’ and ‘Here I come, reported my lunch: a portion of fried vegetable, a portion of carrot and fried tofu (didn’t finish). Dinner: just had a tomato.’

3.4.2.1.4 Thread 4: Please all come over to talk about your successful weight loss experiences, detailed methods and processes

Thread 4 was initiated on 04 April 2011, and had been clicked 185,731 times with 2,574 replies by 31 August 2013. The initiator’s last update was on 15 February 2012. The initiator created this thread to share her successful long-term weight loss experiences. The initiator started to lose weight when she was 19 years old, and she described what triggered her to start losing weight. She indicated that:

‘In April 2009 before the internship, I realised that if I don’t lose weight, I couldn’t find love, and I even couldn’t find a job after experiencing different failures. What kind of society it is? Fat ladies are miserable. I just had a bigger face. I was a 19-year old girl, so why would you call me auntie? Why would you not let me work? It’s discrimination. But I didn’t have other options. The reality is just like this, can I change it? I could not change it, so a small potato like me could only choose to change myself.’
She also shared her unsuccessful weight loss experiences although she had tried many different weight loss methods. She expressed the view that:

‘I had tried many different weight loss methods during my weight loss journey, and finally, I found that the successful weight loss method was not the 21 days’ fasting method, not eating any starch in a diet, or not eating any staple food. These methods can’t be used for a lifetime; instead it may make you become fatter and fatter. The method that you can use for lifetime is the healthy weight loss method where you can eat what you want but won’t gain weight.’

A lot of community members were really interested in the weight loss method that ‘that you can eat what you want but won’t gain weight.’ Therefore, a lot of them replied to the thread to show their interest and asked for the weight loss method, as for example:

‘After reading your thread, I feel like something could help my fat body, speed up your update please!’ or ‘please let me know the method ’ or ‘eat less and more often, can you tell me how full could it be.’

The initiator shared her long-term weight loss method, which was inspired by a thread she found on the Tianya forum that she could be beneficial and maintain her weight in the long-term. She described it, saying that ‘the key is to eat less and more often and speed up the metabolism.’ Since a lot of people requested the method, she also described it in detail and added many examples to demonstrate what she meant by ‘eat less and more often.’

3.4.2.2 Ethical considerations

Although there has been a rapid growth in researching through online communities, there is still no clear guidance on how to gain informed consent to analyse the online threads (Brownlow and O’Dell, 2002). However, previous studies do contend that personal discourse on the Internet is public and thus is not subject to human informant constraints; thus ethical approval from the individuals is not essential (Sudweeks and Rafaeli, 1996). We still deemed it appropriate, however, to obtain ethical approval from
our internal university ethics committee. The threads on the Tianya forum is open to the public and can be viewed without registration. However, the individual who wishes to post a message on this forum is required to register. All the textual data was imported into a database only after omitting any personally identifying information. Pseudonyms were used to select the cases when presenting the results in this dissertation.

3.5 Explicitation of The Longitudinal Phenomenological Interview Narratives

Although some phenomenological research efforts do use the term ‘analysis’, Hycner (1999:161) explains that “the term (analysis) usually means a ‘breaking into parts’ and therefore often means a loss of the whole phenomenon.” Thus, the heading, ‘data analysis’, is deliberately avoided and the term ‘explicitation’ has been used because it is the ‘investigation of the constituents of a phenomenon while keeping the context of the whole.” (Hycner, 1999:161) However, for the interpretation of phenomenological interviews, there was no single ‘method’ for working with the text (Smith et al., 2009). In this sense, the method presented here is just one of several ways to interpret such narratives. Thompson et al. (1989) highlighted the point that interpretation process for existential phenomenology is a part-to-whole process called the hermeneutical circle, which involves two levels of interpretation. Therefore, the narratives for this research were interpreted on two levels, involving first an idiographic interpretation and then, secondly, an across-case interpretation (Fournier and Mick, 1999; Thompson et al., 1989). Smith et al. (2009:82-101) suggested six steps to use for an interpretative phenomenological analysis. These steps are:

Step 1: Reading and re-reading
Step 2: Initial noting
Step 3: Developing emergent themes
Step 4: Searching for connections across emergent themes
Step 5: Moving to the next case
Step 6: Looking for patterns across cases
3.5.1 Steps taken when explicating narratives

Qualitative software QSR Nvivo 10 was used to support the interpretation of the interview data and help manage the interview data in the current research effort. All the interview data was imported into Nvivo 10, which significantly facilitated the process of organising, rearranging, and managing the considerable amount of data that was gathered. Five steps were taken to interpret the data, applying Smith et al.'s (2009) six steps (Referring to the Appendix 5 for a sample of this interpretation).

**Step 1: Reading and initial noting**

Some studies have proposed transcription as the first step to ‘analyse’ data, as it is an important step to ‘get to know’ each informant (Cope, 2005; Hycner, 1985; 1999). Thompson et al. (1989:140) stress that data should be treated as “an autonomous body of data comprised of respondent reflections on lived experience.” Therefore, bracketing preconceived theoretical notions about that phenomena is necessary to attain an understanding of the informants’ lived experiences (Thompson et al., 1989). Although bracketing is necessary, that does not mean that the researcher should take a neutral view; rather, the researcher should be open to uncovering the lived experiences as described by the respondents (Thompson et al., 1989).

Since these interviews were conducted through instant messages via Tencent QQ in Chinese, the interview data did not need to be transcribed, although all the interview conversations were transferred into Microsoft Word documents. All the interviews were first interpreted in Chinese before the themes and quotations were translated into English. The translation and back-translation process is presented in Section 3.7. Seventeen informants completed the three months of interviews with six interviews for each informant, resulting in 102 interviews to interpret.

A file was created for each informant who completed all the interviews on NVivo10, and it contained the six interview data files. Step 1 and Step 2 were merged. In practice, text notes were made in the printout version of the interview data, and memos were also recorded in NVivo 10. When reviewing the data, each informant’s six interviews were read and re-read word by word several times to enter that informant’s world (Smith et
al., 2009). That process helped the reviewer to understand the informants and their experiences.

**Step 2: Developing emergent themes**

After the research, the interview data was read several times, and each informant’s interview data was reread again from its beginning. Instead of using the printout version of the interview data, themes were developed on NVivo 10, which focused on the individual level. ‘Free nodes’ on NVivo 10, the same as themes, were now created based on the notes and memos taken during Step 1.

**Step 3: Searching for connections across emergent themes**

A set of themes established in Step 2 was presented chronologically for each informant. Step 3 involved finding the connections between these themes, requiring a more analytical approach so as to cluster the initial themes with new group headings. On NVivo 10 during this step, ‘tree nodes’ were created to group the ‘free nodes’ together.

**Step 4: Moving to the next informant**

The same process was repeated for the next informant. Smith et al. (2009) stressed that it is important to treat each informant on its own terms, which allows the individuality of each informant to emerge. As such, the researcher should ‘bracket’ what was found on the previous informant. Smith et al. (2009) acknowledged that the researcher will inevitably be influenced by the previous findings, and following the steps that were suggested allows the new themes to emerge with each case.

**Step 5: Looking for patterns across informants**

This step involves developing ‘global themes’ to present the commonalities of each informant (Thompson et al., 1990). From Step 1 to Step 4, they focused on the idiographic level. Step 5 became the second level of interpretation, a cross cases interpretation. It was an important step to use to identify the similar and different weight loss experiences across all the informants.
3.6 An ‘Analysis’ of Selected Threads

Quantitative and qualitative content analyses are often applied to analyse online postings because both are systematic and objective methods for describing and quantifying phenomena (Elo and Kyngäs, 2008). However, the aims of this research are to explore the informants’ personal weight loss experiences with informal online social support and examine the roles that informal online social support plays throughout that behaviour change process. Content analysis would not be an appropriate method to use to achieve these goals. Thus, the ‘analysis’ of four selected threads followed the same steps as the interpretation of the interview narratives. The threads were also interpreted on two levels, involving first the idiographic and secondly an across-thread interpretation (Fournier and Mick, 1999; Thompson et al., 1989). Five steps were taken to interpret these four selected threads as follows:

Step 1: Reading and initial noting

Each weight loss thread was inputted into NVivo 10 where a separate file was created for each thread. Each thread was treated as a case, not an individual community member in the thread. Each thread was read and reread to get to know all the threads and explore what was going on through the threads. Notes were also taken while reading the threads. Due to the length of each thread, some pages with interesting stories or experiences were printed out for further interpretation. Some online community members’ actively interacting with the initiators of the threads or other online community members were also recorded on the notes.

As noted in Section 2.4.4, Kozinets (1999) distinguished four types of online community members, including tourist, mingler, devotee, and insider when analysing postings from online community members. Kozinets (2002:66) stresses the importance of devotee and insider as data sources because previous studies indicated that “devoted, enthusiastic, actively involved, and sophisticated user segments are represented in online communities by insiders and devotees.” In this sense, the interpretation of the online weight loss threads in this research were mainly based on the experiences of devotees and insiders.
When interpreting the interview narratives, the files belonged to an individual informant. Interpreting the online postings was a different story, as there may be thousands of online community members who are interacting on one thread; thus, it was very difficult to locate an individual community member in a thread. Therefore, it became important to take notes of the community members during this step.

**Step 2: Developing emergent themes**

Weight loss postings belonging to three selected cases with the pseudonyms Xiaoxian, Chunmi, and Xiaofan were selected for interpretations. The main reason, as they were all ‘insiders’ and had strong social ties and personal ties to the weight loss threads and also maintained interaction with other community members (Kozinets, 1999). They became involved in the interaction in one of the four threads when the threads were initiated and then interacted in the threads for over three months. These three selected cases of ongoing interaction with other community members were following through. The number and content of their replies to a specific thread could be checked by clicking the online community member’s user name.

No case was selected from Thread 1 because no ‘insider’ could be identified who had been interacting on the thread for over three months. For Chunmi, her first reply to Thread 2 was posted on 9 June 2009, and her last reply was posted on 12 September 2009. For Xiaoxian, her first reply to Thread 3 was posted on 14 May 2010, and her last reply was posted on 08 June 2012. Xiaofan’s first reply to Thread 4 was posted on 15 April 2011, and her last reply to Thread 4 was posted on 27 August 2012.

This step is similar to the interpretation of the interview narratives, working on NVivo 10 to create ‘free nodes’ for each case. The interpretation started from the date of each case’s first reply to the thread and ended on the date of each case’s last posting to the thread. Weight loss postings from the initiators of the four selected weight loss threads and their interactions with some other community members during the time periods that the selected cases interacted on the threads were also interpreted for “their complementary or contrasting qualities.” (Fournier and Mick, 1999 :8)

**Step 3: Searching for connections across emergent themes**
This step was the same as that which interpreted the interview narratives, and ‘tree nodes’ were created during this step to group the similar themes together.

**Step 4: Moving to the next thread**

The same steps were repeated for the other three threads. Each thread was still interpreted at the idiographic level during this step. The researcher followed the same steps as interpreting the interview narratives to bracket the ideas that emerged from the previous thread, which allowed the new themes to emerge.

**Step 5: Looking for patterns across threads**

Similarly to interpreting the interview narratives, this step also develops ‘global themes’. The iterative process of going back and forth within and across each thread enabled larger patterns of thematic relationships to emerge (Thompson, 1996). Comparisons were not only being made across the threads, but also between certain selected online community members, who were actively and frequently interacting in the threads, so as to learn the commonalities between the threads and the online community members.

### 3.7 Translation and Back-translation

The data were collected in Chinese from Chinese informants, and the findings are presented in English for this research. Chen and Boore (2010) suggested four procedures for translation and back-translation for qualitative nursing research. These four procedures include (1) verbatim transcription of the content in the original language and then analysing the content in the original language; (2) two bilingual translators then translate the emergent findings; (3) do a back-translation; (4) reach final agreement on the translation (Chen and Boore, 2010). This section presents the procedures for doing translation and back-translation in this research following these four steps.
Procedure 1: ‘Analysing’ the content in Chinese

Previous studies have highlighted the point that translation of transcripts is time consuming and very expensive, and meanings are easily distorted or lost in translation (Smith et al., 2008). In some languages or dialects, for example, there are no direct translations for certain words into English or for other particular words, or several meanings can be assigned to a word (Tsai et al., 2008). For example, in this research, all informants used the word ‘pang’ in Chinese to label themselves. When translating ‘pang’ into English, the word can mean ‘fat’, ‘stout’ and ‘plump’. Within the context of the interview conversation, we understood that the informants described themselves as ‘pang’, which means ‘fat’ in this research.

Two other English words, ‘motivation’ and ‘stimulation’, have similar meanings according to the Cambridge dictionary. ‘Motivation’ means enthusiasm for doing something. ‘Stimulation’ means an action or event causes someone or something to become more active or enthusiastic or develop or operate. Although the Chinese word ‘ciji’ can be translated into the English word ‘stimulation’, and ‘guli’ can be translated into the English word ‘motivation’, they have different meanings in Chinese. ‘Stimulation’ is normally used to describe negative triggers that cause someone to take action, whereas, ‘motivation’ is normally used to describe positive triggers. This difference will be explained in more detail in Section 7.4.2. As explained in Section 3.5, no transcription was needed for analysis of this research data; thus the interview data were directly interpreted in the original Chinese.

Procedure 2: Translate the emergent themes

Chen and Boore (2010) stressed that it is important the translator is fluent in both the source language (Chinese) and the target language (English) and is also knowledgeable about both cultures. The researcher for this research is bilingual, fluent in both Chinese and English. In addition, the researcher has gained the experience of teaching Chinese as a second language in English. Thus, the emergent themes and quotations from the informants and the online weight loss threads were translated by the researcher into English.
Procedure 3: Back-translation

A second researcher with a marketing background, also fluent in both Chinese and English, was invited to undertake the back-translation. Back-translation is translating from the target language (English) back to the source language (Chinese) (Chen and Boore, 2010). The translator in this instance back-translated all the names of the themes and quotations that were in English into Chinese during this procedure.

Procedure 4: Reaching final agreement on the translation

Chen and Boore (2010) acknowledge that one of the potential problems for translation for two translators is to achieve an equivalence of terminology and conceptual meaning. Therefore, the two translators went through the translation and back-translation of the emergent themes and quotations together to reach their final agreement on the translation together and ensure that precise conceptual equivalence was achieved during this procedure.

3.8 Reflections on the Chosen Methodology

Several issues were raised in this section regarding recruiting and collecting data from informants from an online community forum.

3.8.1 Recruiting informants from an online community forum

One of the biggest challenges in social science research is getting people for a study in terms of finding suitable informants and learning whether or not they are willing to take part in that study (Wood et al., 2004). Building rapport and gaining the trust of potential informants is a challenge both online and offline (Temple and Brown, 2012). In order to build rapport and gain trust with the online community members, I provided a detailed explanation/description of myself and my reasons for doing the research, as presented in Section 3.4.1.2. After posting the recruitment announcement on the Tianya forum, I received many private messages through the forum that showed their interest in taking
part in the research, while at the same time worrying it might be a marketing scam. One of the private messages I received from an online community member stated, “I am willing to take part in your study as long as it’s real. You know there are a lot of people online cheating for money. How can you prove that you are really doing research, not a scam?”

I replied by providing the member with my university email address, my student number, and the Manchester Business School Postgraduate Research office contact telephone number. I asked this individual to send me her personal details and contact to my university email address, not via the private message on the forum. If she was still in doubt of the research, she could also contact the PGR office. In addition, the information in the consent form was given again to all potential informants whenever any of them sent me private messages. I think these strategies built rapport and gained me trust of the online community members, and it actually worked because I recruited 30 informants to take part in the study within just two weeks.

3.8.2 The informant expectation of an ‘interview’

There is no guidance available for how to conduct longitudinal phenomenological interviews online through instant messages; the interview process for me was also a learning process because the problems I came across were not documented in the literature. Cope (2005) stressed that an important issue to be aware of when conducting phenomenological interviews is the preconception informants may have of what an ‘interview’ is. These informants were not familiar with the phenomenological interview; therefore, they were expecting me to ask specific questions and then they would reply to my questions directly. They were also worried that the ‘information’ they told me might not be useful to my research. The informants would not understand the term ‘phenomenological interview’ so such theoretical language was avoided, and everyday terms were used (Patton, 1990). I explained to them that the interviews were more like ‘storytelling’ and I was interested in everything related to their weight loss experiences both online and offline.
3.8.3 The relationship between the informants and the researcher

The interviews were not conducted face to face, and we did not even hear each other’s voices, so it took time to build up positive rapport with these informants. As they were describing their experiences, it took time for them to think and then type, so I was always sitting in front of the computer waiting for them to finish. However, the informants did not know what was happening to me while they were typing. During the first interview, there were informants who asked me whether I was still online. Therefore, after the first interviews with two informants, I explained to the informants at the beginning of the interviews that I was online and was not leaving my desk while doing interviews with them, but I did not give them any comments on what they already said because I did not want to disturb and interfere with them. After the second interviews, the informants became used to the interview method, and they would describe their last two weeks of weight loss experiences to me when we started the interviews.

I was not surprised when the informants asked me about my personal life after finishing the interviews, as I understood that they were trying to build rapport with me. It was not just doing a single interview with them; I was following their weight loss process for three months. When they described their weight loss experiences, they were also self-disclosing specific aspects of their personal lives. However, it was a dilemma for me when they were struggling and upset. At the beginning of the interview, I had stressed that I was not a weight loss expert, and I would not be able to answer any questions related to weight loss. However, during the interviews, there were still informants who asked me whether or not I had any weight loss tips to give them especially when they hit a weight loss plateau. I decided it was important for me to show empathy to them when they were upset and struggling. I would tell them that I understood how difficult it was whenever one hit a weight loss plateau, but unfortunately I did not have any weight loss methods that could help them.

3.8.4 Phenomenological concerns

When doing phenomenological interviews, the course of the conversation taking place is largely set by the informants not the interviewers, which allowed each informant to
talk freely about what they considered to be most important in their experiences (Thompson et al., 1990). Thompson et al. (1989:138) stressed that “the interviewer does not want to be seen as more powerful or knowledgeable because the respondent must be the expert in his or her own experiences.” The informants have the freedom to express what they think is important, which may also result in irrelevant data or something ‘off topic’ of the main interest. Cope (2005) pointed out that the phenomenological endeavour represents a substantial methodological risk because the informants are given a decent amount of control during the interviews.

However, I do not have any weight loss experience or any experiences in providing or receiving informal online social support. I was thus open to what the informants considered as important or relevant to their personal weight loss experiences, and as Cope (2005:180) stressed, “the researcher has to relinquish control in order to open himself/herself to the phenomenon in its own right.”

3.9 Summary

This chapter presented the justifications for using an existential phenomenological approach and rejecting pure phenomenology when exploring the informants’ lived experiences during their weight loss process, using the assistance of informal online social support.

Online longitudinal phenomenological interviews and an ‘analysis’ of selected online weight loss threads were applied to explore the individual experience of weight loss without pre-defining it or bounding the emerging insights. The process of explicating the longitudinal phenomenological interview narratives and interpreting the online weight loss threads by following the known interpretative phenomenological guidance was also discussed to demonstrate how themes can emerge from interpretation.

A discussion of the global themes is presented in Chapter 7. Chapter 4, Chapter 5 and Chapter 6, however, focus on introducing the informants’ weight loss experiences on an idiographic level. Chapter 4, Chapter 5 and Chapter 6 present how different informants experienced the weight loss process with informal online social support as well as how online community members interacted on the online weight loss threads, from which the global themes eventually emerged.
Chapter 4 Findings for Stages of Change

Figure 4 Map of Chapter 4- Findings for Stages of Change

Chapter 1: Introduction

Chapter 2: Literature Review

Chapter 3: Methodology

Chapter 4: Findings for The Stages of Change

Chapter 5: Findings for The Processes of Change

Chapter 6: Findings for Informal Online Social Support

Chapter 7: Discussion

Chapter 8: Conclusion

Chapter Contents

4.1 Introduction

4.2 Developing a Qualitative Approach to Categorise the Stages of Change

4.3 The Experience of the Stages of Change
4.1 Introduction

This is a phenomenological longitudinal study that followed individuals at different points in the process of losing weight to track the experience of the self-help weight loss process, as it naturally occurs with the assistance of informal online social support. TTM was used as a framework to locate people’s weight loss experiences within the wider literature for this research. It was applied as a way to understand and communicate how people experience the whole weight loss process rather than just simply describing the behavioural differences. In that way this study is different from other TTM research and thus can become an opening framework rather than a specific thematic guide. It was learned that the two constructs of TTM, namely Stages of Change (SoC) and Processes of Change (PoC) were naturally discussed in the interviews without any specific prompting from the researcher. As such, both SoC and PoC were applied to help organise the collected narratives. Therefore, in presenting the emergent experiences, the SoC (Chapter 4) and PoC (Chapter 5) are highlighted as they fit the totality of the lived experience.

The goals for presenting the findings of this research are first to describe the informants’ weight loss experiences from a holistic perspective and then understand the differential experiences involved in the weight loss process at the idiographic, individual level (Fournier, 1998). In this sense, the method used for presenting the findings follows the presentation strategies applied in the research project titled Rediscovering Satisfaction (Fournier and Mick, 1999). First, selected cases are presented to illustrate a holistic view of informants’ lived experiences throughout their weight loss process. Second, “additional cases are brought occasionally into subsequent discussion for their complementary or contrasting qualities” (Fournier and Mick, 1999:8). The cases chosen to illustrate the informants’ weight loss experiences were either because of their representativeness of major themes, or, in some cases, their distinctiveness which can precisely demonstrate the differential experiences that occur during the weight loss process (Fournier and Mick, 1999).

As discussed in Section 2.2.2.2, one of the criticisms of the TTM is that it fails to map out the emotional processes and the role of the social and environmental contexts in influencing the behaviour change process (Cameron and Leventhal, 2003). The findings
presented in the sections that follow the informants’ weight loss experiences and the emotional processes to illustrate the social and environmental context involved in the complexities of the weight loss process. The findings of this research begin by discussing the development of the framework used for understanding informant experiences (Section 4.2). On this basis, informant experiences are presented in terms of the SoC and PoC as well as the more recent use of informal online social support (Chapter 4 onwards)

4.2 Developing a Qualitative Approach to Categorise the Stages of Change

SoC was applied as an initial framework to make sense of the informants’ weight loss experiences. Table 4-1 shows the original TTM SoC quantitative categorisations. Based on the original SoC, a majority (88%) of the informants were in the Action stage, and none were in the Precontemplation and Contemplation stages. This result is to be expected and is consistent with the reported prior experience of these informants. However, the processes involved in these two stages can then be captured based on the informants’ previous weight loss experiences that they describe during the first interviews.

Previously (in Section 2.2.2.2), the limitations of the SoC categorisations were identified, namely, the self-reported and time-related categorisation, which fails to map out the ‘qualitative’ difference between the stages and cannot provide a sufficient understanding of each individual’s behaviour change. Further, the individual may be mismatching stages through using self-reported assessments. Applying a phenomenological lens to the SoC allows this study to develop a very different approach to categorisation of each individual’s weight loss pathway while still retaining the underlying philosophy regarding the recognisable transitions that people do move through.

Table 4-1 compares the original SoC categorisations and the qualitative approach of SoC categorisation, which was developed based on a combination of informant experiences and a descriptions of SoC in the previous literature. The qualitative characteristics of each stage that are used to distinguish one stage from another were
identified using the various studies (e.g., Andreasen, 1995; DiClemente, 1993, 2006; Fishbein and Ajzen, 1975; Moore, 2005; Prochaska et al., 2009; Tucker et al., 2001; Weinstein et al., 1998).

<table>
<thead>
<tr>
<th>Stages of Change</th>
<th>Original TTM SoC Categorisations</th>
<th>Qualitative Approach of SoC categorisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>No intention to take action within the next 6 months</td>
<td>No conscious intention of making a change; change is seen as irrelevant</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Intends to take action within the next 6 months</td>
<td>Aware of the problem behaviour and thinks about making changes stimulated by certain triggered events</td>
</tr>
<tr>
<td>Preparation</td>
<td>Intends to take action within the next 30 days and has taken some behavioural steps in that direction</td>
<td>Has made a commitment to make changes and has a plan or starts to collect information to change</td>
</tr>
<tr>
<td>Action</td>
<td>Has changed overt behaviour for less than 6 months</td>
<td>Carries out or tries out the plan and takes action to change</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Has changed overt behaviour for more than 6 months</td>
<td>Sustains the change and is able to control herself very well</td>
</tr>
</tbody>
</table>

Table 4-1: Comparisons between the original SoC categorisations and the qualitative approach of SoC categorisations (the ‘Stages of Change’ and ‘Original TTM SoC categorisations’ columns derive from Redding et al. (2000); the ‘Qualitative Approach of SoC categorisations’ column is developed by the author of this study based on a combination of informant experiences and descriptions of SoC in the previous literature).

In theory, it is possible to identify the different attributes of each stage and assign the individual to a stage because the SoC is a theoretical construct, and a prototype can be defined for each stage (Weinstein et al., 1998). In practice, it is difficult to match the individual and the ideal stage perfectly especially for a complex behaviour change like weight loss. For example, it is the norm rather than the exception for individuals to have made multiple attempts at weight loss, which makes their positioning within a stages model even more complex. With these limitations in mind, informants in this study were categorised by SoC, qualitatively based on the features of each stage, but crucially, according to their descriptions of weight loss experiences in the first interviews. The first interview was crucial to collect the informants’ backgrounds before following them through the process.

Following this process precisely, all informants reviewed their personal weight loss histories in the first interviews (especially important as all the informants had made
more than one attempt to lose weight). No informant presented his or her experiences in such a way that this person could be categorised as being in the *Precontemplation* or *Contemplation* stage. However, this focus did not mean neglecting the experience of these stages for these individuals. The qualitative approach for categorising these two stages was based on the descriptions given by the informants’ on their actual previous experiences. Only one informant described herself in such a way as to be categorised as being in the *Preparation* stage, and similarly one other informant was categorised as being in the *Maintenance* stage.

### 4.3 The Experience of the Stages of Change

The divergent experiences that the informants described in this study regarding their current and previous weight loss experiences are presented in the following sections (Section 4.3.1 onwards) to demonstrate their ‘*qualitatively*’ different attributes and the experiential basis of the *SoC*. While the *SoC* was used as an initial way of grouping the informants, so that different experiences could then be compared and contrasted, it was found that the experience of being at a particular stage was not the same for all the informants. In fact, they had very different experiences even at what could theoretically be defined as the same stage. Thus, the juxtapositioning of the *SoC* framework against informant experiences was useful from two perspectives. On the one hand, there was enough commonality between the reported experiences to demonstrate that a form of stage categorisation is a useful way to broadly understand people’s progress during weight loss.

On the other hand, it was the differential experiences reported within those broad stages that helped us understand why people do not move between stages. This aspect is useful when providing the appropriate supports to all individuals even when they were experiencing what could theoretically be defined as the same stage. This point is one of the most difficult characteristics to distinguish via the traditional self-reported questionnaires and its categorisation. This research thus took on a different perspective from the formal *TTM* intervention studies, which normally focus on measuring outcomes or the effectiveness of interventions. A very different approach that focuses
on understanding the informants’ experiences is taken to use the cognitive-behavioural approach typical of *TTM*.

**4.3.1 The experience of Precontemplation**

As discussed in Section 4.2, none of the informants described themselves as starting from the *Precontemplation* stage. They were asked to describe their previous weight loss experiences in the first interview. The findings from this stage were based on informants’ reflections on what they had previously experienced before the first interview. The true value of phenomenology in bringing to light an understanding of experience, an unreflected aspect, rather than a rationale of prior events has been noted by Thompson (1989).

The following passage offers an example from one of the informant’s, Diaochan, and her reflections on what had previously been an ‘unreflected aspect’ of her attitude toward being ‘fat’ during the *Precontemplation* stage. The importance of an individual’s current view on change from a change perspective has been acknowledged in the *TTM* (DiClemente, 2006). However, it has not been adequately addressed in the *TTM* literature in terms of the attitude change process and the *SoC*. The informants did describe different types of unawareness and different attitudes toward being ‘fat’ during the *Precontemplation* stage, which did help determine their intention to progress to the *Contemplation* stage.

*Diaochan* was the only informant who reflected on her past experiences before she ever made any weight loss attempt. The following passage demonstrates that *Diaochan* had no conscious intention of making a change even though she emphasised that “*I am fat since I was little*”. She acknowledged that she was overweight, but for her this aspect was seen not in her consciousness as a problem. She emphasised that “*I don’t have a sense of inferiority*” because other family members are also “*quite fat*”; her friends also do not think of her weight as a problem for them to become friends. For *Diaochan*, this is just the way they are, overweight is generic in her family, so that she did not have any awareness of a need to change for them.
“.... I am 28 years old after the New Year, but I didn’t take it seriously, so I didn’t actually realise this. I am fat since I was little. I don’t have a sense of inferiority because my parents, uncles and aunts are quite fat in my family. Including making friends, I don’t feel like my weight is a burden....” (Diaochan, 1st Interview, 26 February 2011)

What she described perfectly matched the characteristics of the Precontemplation stage, in which “change (in this case weight loss) is seen as irrelevant, unwanted, not needed” so that her prior experiences were categorised as being in this stage (DiClemente, 2006:26). This is a very common attitude at this stage, and individuals can remain in this stage for very long time, even for a lifetime.

Since all the informants had made more than one weight loss attempt before doing the interviews, some had lost weight successfully, but then regained weight. Therefore, the informants did not talk a lot about their experiences in the Precontemplation stage. However, it was learned that all informants had been through a time when they were unaware of weight gain. The informants realised that their weight ‘slowly’ crept up on them at some point in their lives by reflecting on those past experiences. During the actual process of gaining weight, they were not really aware of the problem. Diaochan remained in the Precontemplation stage for many years until her first weight loss attempt at university. Her weight was 72kg after she lost 17 kg in one semester, but she regained the weight after she started working, and her weight went to 90.8 kg. Her overweight state became her norm again, but she did not realise she had gained so much weight until she was confronted with a diagnosis of a severe fatty liver. She expressed her fear of this diagnosis as “I don’t want to die that early.” Her and her mother’s health conditions triggered her to think about weight loss again which moved her from the Precontemplation stage to the Contemplation stage.

“.... After I graduated, I go to work. My job is sitting there without moving to answer phones everyday, so I regained weight very quickly. Until last year when I had a body check, and I was diagnosed with severe fatty liver, and I felt scared. I don’t want to die that early. Also, my Mum was diagnosed with diabetes at the end of the year. I had huge pressure....” (Diaochan, 1st interview, 26 February 2011)

After the incident, she made the decision to lose weight in a short period of time, which was very different from the first time when she was in the Precontemplation stage. Diaochan’s experience is one of extremes. From total unawareness (and acceptance) of
a particular weight state, she suddenly switched to total awareness (and unacceptance) of her weight. For her, it was not a gentle process of gradual awareness and contemplation over time.

Anuo’s reflection on what she had previously experienced is another example that demonstrates how informants gradually gained weight during this stage without awareness. Anuo expressed that she was always aware of her weight; she had been trying to lose weight on and off for a few years. However, after she started to do editing work, her diet changed, and she had nearly no physical exercise, so her weight slowly crept up on her in 2003. She tried to lose weight on and off for a few years when her weight reached about 65kg. In 2006, she then repeated what she had experienced in 2003 because of her job.

“... In around 2003, I started to do editing work. I was absorbed in working in front of a computer every day, stayed up late, irregular eating patterns, basically no exercise at all. Also, I always love eating hot pot, ice cream. This kind of food is very easy to make me fat. I had been doing and eating everything that could make me fat thoroughly. Gradually, I realised that my weight was rising from around 50kg to more than 55kg and then with the trend up to more than 60kg... Until the second half year of 2006, I started to work endlessly, working in front of a computer for about 20 hours (every day), no exercise, irregular diets, stayed up late, my weight was rising quickly again. When my weight reached about 65kg, I decided to lose weight again, and I found out I was pregnant. I had to put away the weight loss stuff, and I was also perfectly happy to gain weight.... ” (Anuo, 1st Interview, 25 February 2011)

In contract to Diaochan’s experiences, Anuo was always aware of her weight and kept trying to change it, whereas Diaochan was totally unaware of her weight problem, but then made a sudden change. For Anuo, it was a gentle process of gradual awareness and contemplation.

All the informants stressed that they lost weight several times or all the time, but keep the weight off seemed to be the difficult part. Chengmen is one of the examples who communicated her experiences of unawareness of weight gain and making the decision to lose weight. She described her weight as creeping up on her during different times of her life. Contrasted with Diaochan (before her first attempt to lose weight), Chengmen should be treated differently when she was in the Precontemplation stage because she had successfully lost weight before, but then did not keep it off long-term. It seems
80kg was her bottom line for addressing the issue, as when she was about 80kg, she would ‘suddenly realise’ that she needed to lose weight. So Chengmen had a threshold approach when she knew it was time for her to change at some point, which was highlighted again when she went through other stages. Diaochan was different from Chengmen because she had comfort zones based on family and peer situations. It was easier for the individuals like Chengmen to progress from Precontemplation stage to other stages than for individuals like Diaochan even though they had also been through the same stage. Instead of progressing from Precontemplation stage to the Contemplation stage, Chengmen actually jumped to the Action stage directly, which challenges the linearity of SoC. SoC could thus be similar to an accordion in that the spaces in between can expand or contract depending on the felt experiences of each individual.

“.... I am a fatty since I was little, a lot of fat. I didn’t realise it until the third year in middle school, I suddenly realised that I couldn’t go out to meet people, 80kg. After I graduated from middle school, I started to lose weight, eat less, went out to find part-time jobs. Want to become busier. Then I would not eat all the time. I lost 5kg during the summer holiday. After entering senior high school, I was relaxing. I went back to my previous life, eating every day, no exercises, like eating junk food, I regained weight. I didn’t think about weight loss at all until year three of my senior high school. The same I suddenly realised that I couldn’t gain weight any more; then I started doing exercises to lose weight.... University is in another city, and I knew a lot of good friends. We always gathered together to have meals, most of them were during the nights. I regained weight to 80kg during my year one in the university. I also didn’t think about weight loss during year one and year two in the university. I focused on weight loss again because I was going to start working in year three....” (Chengmen, 1st Interview, 9 May 2011)

In summary, three different types of unawareness and different attitudes toward being overweight were found when the informants described their experiences in the Precontemplation stage, which was different from other SoC research, which treated all individuals the same in this stage. The first type of unawareness is completely unaware of the weight problem and has no intention to change like Diaochan, which is what the TTM literature describes. The second type is gradual (re)awareness. This type of precontemplator refers to those who have relapsed to the Precontemplation stage. They lost weight successfully before and always kept trying to lose weight. The third type of informants is those who have a threshold approach, so when they reach a certain weight, they realise it is time for them to change.
These three types of *precontemplators* should be treated differently because the type influences how each individual progresses to the next stage. In addition, for an informant without any weight loss history, being overweight is completely normal, and this is one type of the attitude. Another type of attitude is when the informants have weight loss histories, and they actually care about their weight. Informants with weight loss histories had different experiences during this stage. They moved to the next stage very quickly when they were triggered to think about weight loss again. People can be provided with inappropriate motivational strategies if these above factors are ignored. This focus may also be one of the reasons that explain why some people do not move on to the next stage.

4.3.2 The experience of Contemplation

Contrasting with Diaochan, Keke expressed a divergent attitude toward being overweight because she was actually aware of her weight problem, and she was thinking about making change. She described factors in her environment to which she ascribed her overweight and her feelings of inferiority and depression caused by being overweight. Previous research has found that overweight people are considered unattractive, morally and emotionally impaired and are viewed as alienated and unhappy with themselves (Crandall, 1994).

During the interviews with Keke, she seldom used ‘I’ to refer to herself; she always used ‘fat people’ because she considered herself as ‘fat people’. Keke has been losing weight on and off for many years. Keke used to weigh 50kg before she was married. She became a housewife and gradually gained weight over about 5 years after getting married. She reported her peak weight was 80kg and she weighed 75kg when she took part in her first interview. The following passage illustrates her attitude toward being overweight and her experiences on how being overweight made her feel inferior. Keke lost her self-esteem because of being overweight.

Others had a great impact on Keke, which resulted in her emotional state being influenced by her perception of how others viewed her body. She was fearful of
judgments from others about her weight. She stressed that she felt ‘so depressed’ when she saw beautiful girls. She compared herself to the ‘beautiful girls’, who were a slim that she could not achieve, and it caused her negative and passive emotions.

When contrasted with Diaochan, Keke felt miserable about being overweight, and she had a negative self-image due to being overweight. She was struggling because she was aware of her weight problem but she could not change it. It is common that individuals become emotional during the self-evaluation process (DiClemente, 2006). Keke experienced emotional eating to relief her negative feelings about being overweight, but afterwards she experienced more negative emotions, such as guilt. Feeling depression and negativity about her self-image is the process whereby Keke accumulated evidence to make the decision to change.

“…. Fat people always have feelings of inferiority. For example, I am very afraid of others saying that I am fat. I feel fear when people ask me questions about my weight. Maybe it’s because of the psychological reason, I always feel like I can’t face it. I can’t accept it, especially when I see beautiful girls, I feel so depressed, and I think I am incorrigible. I think I am really fat, but I can’t lose weight. This is a very serious issue, and I feel like nothing can help me. My thinking is very negative and passive. When I am feeling bad, I like eating. It’s seems these things (food) make me feel relief for a while. But eating makes me fat, so I blame myself and feel so regret…. ” (Keke, 1st Interview, 2 March 2011)

This research found that the informants made up their minds to start weight loss, not because of one single reason, but through the process of ‘accumulation of evidence’. Yet up to that point, what really triggered the informants to make the decision to change? That question has not been adequately addressed in the TTM literature (DiClemente, 1993; 2006; Prochaska et al., 1992) on the triggers that help one make the decision to change (Chapman and Ogden, 2009). It was found in this research that informants experienced different life events that sparked them to make the decision. When promoting health behaviour (in this case weight loss), an individual’s health is always emphasised. The focus is always on the individuals themselves because they are the ones who must make the decision to change and then need to make those changes. However, relationship fears emerge to show how the informants experienced and worried about their relationships with their partners before they decided to lose weight.
In the following passage, Keke refers to a time in the past when she had a slim body. She emphasised that she was about 50kg in the past. She acknowledged that she has lost an identity, a slim and confident self that now has been replaced by a fat and self-inferior self, which has made her start to worry about her marriage. Since Keke labelled herself as ‘fat’, her perception of self is not pretty, no matter how she dressed up or made up herself. Making the decision to lose weight may help her to overcome these relationship fears. Keke also has a mother who is a doctor and expects her to be healthy. In contrast to the TTM literature (Andreasen, 1995; DiClemente, 2006; Prochaska et al., 2009; Tucker et al., 2001).

Instead of weighing the pros and cons about the status quo and the new behaviour, Keke experienced relationship fears during this stage, which triggered her to make the decision to lose weight because she wanted to maintain a good relationship in her marriage. She expressed her concern for ‘now the Internet is very advanced, I started to worry when you see a lot of love affairs online.’ It is a view that triggered her to make the decision. Keke stressed that “now it is the fattest time in my life”. Clearly, she was not happy about her current self because she used the word ‘fattest’ to describe her current self. Then she described how she became ‘fat’, mainly because the caring from her husband created an environment for her to gain weight. She was not blaming herself, but instead the environment made her become ‘fat’.

This view seems to confirm that Keke had the paradoxical experiences where she thought she had a weight problem, but her husband did not see the problem. The individuals involved were trying to balance the experiences of living with their families (in Keke’s case her husband) who were not supportive of the experiences of living being overweight as the informants described:

“.... Now it is the fattest time in my life.... I was about 50kg from knowing my husband to get married. I become fat since I got married and stay at home as a housewife. I was a full-time housewife before. I only needed to do some cooking because we don’t have a child. I was always online and sometimes went shopping. My husband and I have married for four years, and April this year will be five years. My husband treats me very well. I love eating fruits and snacks, so my husband bought those for me nearly everyday. So I have become very fat now. You are not confident about many things when you are too fat. For example, (I) think I am not pretty, don’t like to dress up and wear make-up. You can’t wear a lot of beautiful clothes because you are fat. Now that the Internet is very advanced, I started to worry when you see a lot of love affairs online.
This is one of the reasons that I make the decision to lose weight. Of course, I still trust my husband a lot. But I think I should be prepared for unexpected hardship hehe (Internet symbol meaning smile). I am also thinking about my own health. A lot of health problems are caused by overweight. My Mum is a doctor, she talked to me a lot when I went back home for the New Year this year, I know she meant I couldn’t continue to be fat like this now....” (Keke, 1st Interview, 2 March 2011)

Since these informants are living in a society not just by themselves, the informants have one set of expectations while their families or people around them have another set of expectations, which is a dilemma for them. The informants have not just had paradoxical experiences during the Contemplation stage, but also during the Action stage (explored further in Section 4.3.4.). In sharp contrast to Diaochan and Keke, whose families thought that they did not have a weight problem, Dlidili’s experiences illustrated a different expectation from her family. The following passage stresses that her mother’s expectation influenced her to make the decision to lose weight because her mother could not accept the fact that her daughter was ‘fat’. It seems that Dlidili had a paradoxical experience, as she did not think she had a weight problem in adolescence but her mother did, and that was very different from the earlier two cases.

“.... I become fat since adolescence. I was slim when I was a child. Unexpectedly, I became fat when I grew up. My Mum couldn’t accept this fact, so I started losing weight since junior high school....” (Dlidili, 1st Interview, 26 February 2011)

The following two passages also reveal the same relationship fears that the informants experienced during this stage. Dlidili expressed that her boyfriend admires ‘slim’ girls, which was different from what she was. Especially, when her boyfriend called her ‘Zhuangzhuang’ (meaning strong), which she knew her boyfriend did not admire, she felt hurt. In contrast, Keke, who labelled herself ‘fat’, it seems that Dlidili rejected labelling herself as ‘fat’ because as she stressed that ‘fat people don’t have a future’. She wanted to maintain a good relationship with her boyfriend, so she needed to meet his expectation, which was being slim. The future she was referring to included her relationship with her boyfriend, so she had to lose weight. These individuals are living in a society, where they learn about the social expectations regarding their body images, which they found out it is quite different from what they actually are. Therefore, these people were having their self-confidence shaken so much that they were worried about their relationships with their partners and their families.
“.... My boyfriend used to say that slim and weak girls are more likely to stimulate men’s sympathy and their desires to protect them. He always calls me ‘Zhuangzhuang’ (meaning strong) which hurts me a lot. Also, if I don’t lose weight, there will be other girls come to my boyfriend. Fat people don’t have a future...” (Dilidili, 1st Interview, 26 February 2011)

Luna was one of the informants who had a healthy weight and was in the Maintenance stage when she was interviewed. Luna also expressed that her boyfriend admires slim girls and he was strict about her weight. Therefore, she worked hard to lose weight to meet his expectations.

“.... My boyfriend is a quite important reason. My boyfriend cares about weight a lot, so when my weight is close to 50kg, he starts to talk about it again and again...” (Luna, 1st interview, 2 March 2011)

Chengmen indicated that she had been thinking about starting to lose weight, but she did not actually start. She was waiting to make a new start. Glenn (2012) explored the experiences of waiting on weight loss through a phenomenological study. It was found that waiting is actually ‘weight-ing’. While the individuals wait for a start day to start weight loss, it is common that they are actually ‘weight-ing’, which was what Chengmen also experienced. “Waiting on weight loss shows itself through the promise of starting over, through repetition and resolution” (Glenn, 2013:352). All the informants shared the fact that they had experienced this waiting during their weight loss process. This journey begins again and again, often waiting for an official start day, such as the New Year, the beginning of a new month, Christmas etc. During this self-liberation process (explored further in Section 5.2.6), one of the famous examples to making such a commitment to change is the fashionable New Year’s Eve resolution. Prochaska and DiClemente (1994) clarified that this process first has individual make the commitment to themselves privately.

Although the individuals choose a start day, which does not mean that they will progress to another stage because they may wait and then choose another day. These individuals are struggling with ambivalence when considering change during this stage (DiClemente, 2006). They are aware of their problems while they understand or have
experienced the difficulty of breaking their unhealthy habits or norms. That’s why the individuals are waiting to lose weight until something (an event, a person) triggers them to progress to the next stage.

The following passage is Chengmen’s self-confession about her experiences of overeating during her holiday. The emergent theme of shame and guilt addresses those times that the informants experienced being triggered to make their decisions to lose weight in ways that also related to the shame and guilt they felt about overeating and gaining weight. Chengmen clearly described exactly the date and what her overeating behaviour was during her holiday, which indicated that she really cared about or felt guilty about her behaviour. She acknowledged the fact that she could not control herself around the food that promoted her feeling of guilt. Having difficulty fitting into the clothes that she used to wear could also elicit a feeling of shamefulness and induced an avoidance of buying new clothes. Chengmen’s initial reaction to her colleague’s comment on her weight was shameful. Although Chengmen had been experiencing a hard time regarding her overeating behaviour, it was the feelings of shame and guilt that stimulated her to progress from the Contemplation stage to Preparation stage.

“...From the end of March, I started thinking about weight loss which was my most recent one. On the 2\textsuperscript{nd} of April in the evening, we started to have the holiday, and my friend came back from Xi’an and asked me to go out for a dinner. I couldn’t control myself any more, as we had chosen one of my favourite restaurants. We ate from 8pm to 10pm, and when I was on my way home, I also bought a lot of deep-fried food. And the following three days were nightmares, continually overeating. When I opened my eyes in the morning, I started to think about what to eat, and I never closed my mouth until I went to bed. On the 5\textsuperscript{th} of April, I needed to go back to company, I found out I needed to try really hard to fit into the clothes that I brought home (I didn’t go out during these three days of holiday so I wore lounge clothing at home). I felt so much shame when my colleagues asked me why I suddenly gained a lot of weight when I was back to work.... On the 1\textsuperscript{st} of May I went out shopping, I didn’t buy any summer trousers because I am too fat....” (Chengmen ,1\textsuperscript{st} Interview 9 May 2011)

In summary, during the Contemplation stage, it is important to help the individual make the decision to change. Previous TTM studies place an emphasis on weighing the pros and cons of change, which relate to a decisional balance construct (DiClemente, 2006). Health promotions are always placing great emphasis on the importance of one’s health to change health behaviour. However, it was found that informants who made the decision to lose weight were not depending on one single reason; there was a process of
‘accumulating evidences’. There are three important factors that triggered the informants to make the decision, namely, *relationship fears, social expectations, and shame and guilt*. Clarifying different triggers and not only focusing on the individuals’ health will help the social marketing campaign deliver the right information when doing health promotion.

### 4.3.3 The experience of Preparation

It is possible to categorise informants’ experiences into the *Preparation* stage separately through their reflection on those experiences. However, for those self-help weight loss individuals who do not have professional support like formal weight loss intervention programmes. Even after they decide to lose weight, however, they may not necessary have a clear weight loss plan to follow. Therefore, as most of the informants described, they did go to the online community forums to read weight loss postings and search for weight loss methods. They were also trying the methods they collected from forums while searching for weight loss methods.

In the *Preparation* stage, it was found that informants set goals for themselves during this stage, not just simply weight loss numbers, but improving health and fitness or becoming vegetarian. Informants set themselves ‘*approach goals*’ (e.g. to improve their health and fitness) or ‘*avoidance goals*’ (e.g. not eat meat) (Chapman and Ogden, 2009).

Being stimulated by feeling guilty about her overeating behaviour and feeling shameful of getting negative comments on her weight, *Chengmen* progressed from the *Contemplation* stage to the *Preparation* stage by making up her mind to start her weight loss with a plan to ‘*adjust myself*’ as she emphasised. Having a weight loss plan or a strategy for change is the main task in the *Preparation* stage as described in the *TTM* (DiClemente, 2006; Prochaska and DiClemente, 1994; Tuah et al., 1996). *Chengmen* was desperate to change her overeating behaviour, as she stated ‘*overeating is an illness*’. She set herself ‘*avoidance goals*’, which were that she ‘*tried to be a vegetarian, don’t overeat*.’ *Chengmen* showed her commitment with a rigorous diet plan although she stressed she did not have a ‘*custom- made weight loss plan*’. The purpose of this plan was not mainly for weight loss purposes but rather to ‘*keep the body in good health*’ as she stressed. *Chengmen* felt guilty about her overeating behaviour, not simply
because she gained weight, but also it was harmful to her body. A few other informants also made a clear weight loss plan for themselves, but could they actually do what they had set out to do? It is common that people have a perfect weight loss plan for themselves do eat less, eat healthier, and do more exercise because they are desperate to lose weight. Yet can they stick to their weight loss plan and achieve their goals (refer to Section 4.3.4 to learn more).

“.... After the 1st of May, I decided to adjust myself, tried to be a vegetarian, don’t overeat, overeating is an illness. I read an article (thread) in the Tianya forum after that, it has a great influence on me. I felt very sorry for that girl. So even until now, it still reminds me I need to lose weight, I need to lose weight... Don’t have any custom-made weight loss plan, but I have a very clear framework in my mind to keep my body in good health. When I get up in the morning, I drink 400cc warm water first, eliminate waste, eat an apple after half an hour, then have cereal (normally it’s soya beans with some grains, and sometimes I will add vegetables). Go to work. Then have another apple at 11am. 12 o’clock is lunch, eat less of fine staple foods, eat vegetables (try to avoid eating the oil on top of the vegetables) and no meat. During the evening, I will treat as a way to lose weight if I don’t have dinner. It’s fine if I have it, but should pay attention to control the feeling of fullness and control the oil. Do aerobic exercise three times a week and Yoga five times.” (Chengmen, 1st Interview, 9 May 2011)

It is common that the self-help weight loss individual does not have a clear weight loss plan before they start. Consequently, as most of the informants described, they went to the online community forums and read proactively to see weight loss postings and search for weight loss methods. They were trying the methods they collected from forums while they were searching for their own weight loss methods. Reading successful weight loss stories on the forums helped strengthen their self-efficacy to lose weight during this stage. Anuo started her weight loss on 10th February 2011 right after the Chinese New Year, which is a typical way to make a weight loss commitment. In the past, she always tried to control her diet or do exercises for a few days, but then she went back to her normal diet because she could not resist delicious food, or she felt she was too lazy to continue doing exercises.

“.... This weight loss plan started on 10 February, and I didn’t actually continually work on weight loss formally. Just sometimes did it for a few days, and hopefully I can continue this time....” (Anuo, 1st Interview, 25 February 2011)
She stressed that this was the first time that she had started to lose weight formally and she also followed a thread on the Tianya forum from 10 February to record her feelings, thinking, and what she had eaten. She also interacted with the thread initiator, Huaihuai, very often for advice and support. The following passage is the direct reply to the thread she followed on 10 February. There are thousands of weight loss threads on the Tianya forum, so this passage clearly illustrates the reason why Anuo followed this thread. She described the thread as 'familiar'. She was not familiar with the thread itself, but was familiar with the lived weight loss experiences that the thread initiator described at the beginning of the thread. She also disclosed her commitment in public on the thread to strengthen her self-efficacy.

“This thread is very familiar; strangely, why I didn’t see it before. The number N times saying that I need to lose weight, none of them I could persist with. Also, I am becoming fatter. Now I am joining this thread to lose weight, Hopefully, I can lose that weight like Huaihuai... Starting recording from tomorrow” (Anuo, 1st Interview, 25 February 2011)

Contrasting with Chengmen, Anuo set herself certain ‘approach goals’, which she described were mainly ‘to adjust her health condition and then to lose weight.’ Anuo described her experiences of actively searching and analysing online postings to find the most suitable method to use. She initiated her new behaviour through what she learned by reading the weight loss postings on the forum. It seems she was very motivated to start losing weight because she also stressed that she had read ‘a huge amount of postings on the Tianya forum’. Her weight loss strategy was to combine diet and exercise to lose weight, and she applied the method she made ‘a deepest impression of’ to start her weight loss journey.

“.... I felt like my weight has increased a lot after New Year, nearly to 70kg, and also my overall condition is really bad. So I was thinking about mainly how to adjust my health condition and then to lose weight as the purpose to start weight loss. I have read a huge amount of postings on the Tianya forum, I have the deepest impression of the ‘Listen to me and you will be slim’ from a Tianwan lady and the ‘Copenhagen diet’.... This time, after analysing a few threads on Tianya, I decided to combine diet and exercises to start. Now I am applying the first two weeks’ methods from ‘listen to me and you will be slim’ (a very popular weight loss thread on the Tianya forum), this week is no sugar week....” (Anuo, 1st Interview, 25 February 2011)

2 Copenhagen diet, also known as the 13-day Royal Danish Hospital Diet, is based on very strict rules and restrictions, which claims to be effective to lose weight over a span of 13 days.
In the 6th interview, Luna reflected on her weight loss experiences and visiting the forum during her weight loss process. She also shared the opinion that online community forums were useful to her by providing weight loss methods for her reference when she was in the Preparation stage.

“.... At the beginning, there were a variety of methods for my reference and comparing different methods. I could choose the most suitable method for myself. At this time, the forums mainly provided me weight loss information....” (Luna, 6th Interview, 23 May 2011)

Similarly, Keke set herself some ‘approach goals’ but mainly to improve her fitness because she expressed that she was not happy with her current self-image (see Section 4.3.2). In contrast, Keke had a different attitude to start her weight loss journey. Informants’ past weight loss experiences and memories could not be erased. Making a commitment to start weight loss again reminded her of the previous weight loss experiences. When she was reflecting on her weight loss experiences, she described them as ‘miserable’. Learning from her past experiences, she understood the difficulty of losing weight for ‘fat people’. Since she labelled herself as a ‘fat people’, she clearly described how ‘miserable’ it was for fat people to lose weight. She assumed that ‘fat people’ would be like this during the weight loss process. She stressed the difficulty of resisting the temptation to eat that she learned from her past experiences before she started her new weight loss journey. Interesting, Keke applied the same method as Anuo did, which she also got from the Tianya forum.

“.... Weight loss is miserable. The most important thing should be determination. I think it doesn’t really matter what method you use; it’s all about you can’t eat much. But for fat people, the most difficult thing is you can’t eat what you like.... The weight loss method I applied this time was from the Internet (forum), I saw a lady who wrote that. ‘Listen to me and you will be slim’ as the first week you eat vegetables for one day and then no starch and dairy foods for another day. Then the second week you can only eat no starch and just dairy foods....” (Keke, 1st Interview, 2 March 2011)

In summary, it is possible to differentiate between the Preparation stage and Action stage in theory. However, for self-help weight loss individuals, there is no clear cut-off point between the Preparation and the Action stage because they do not have professional support to help them with the weight loss plan. The informants searched
for weight loss methods on online communities, and most of them changed their weight loss plan during the *Action* stage. Some also progressed from the *Contemplation* stage to the *Action* stage directly. It was found also that informants set an ‘*approach goal*’ and an ‘*avoidance goal*’ during this stage. In addition, making a public announcement on the online community and reading other community members’ successful weight loss stories strengthened these informants’ *self-efficacy* during the *Preparation* stage.

4.3.4 The experience of Action

The longitudinal study lasted for three months, but this does not mean that the informants’ weight loss process stopped after three months. The findings presented in this section only captured what was described in these three months of interviews. When the informants progressed to this complex stage, they entered a period of instability. It was found that they experienced both emotional and behavioural feelings differently during the various phases of the *Action* stage. The common phases that the informants had been through were, however, well captured. Three selected cases are presented in this section to illustrate the rich and complex weight loss experiences that occurred during this critical stage. These three informants were chosen because they all had started weight loss efforts for no more than 30 days when they did their first interviews. These three informants’ ongoing weight loss experiences were followed through the interviews. Extractions from other informants are highlighted for “*their complementary or contrasting qualities*” (Fournier and Mick, 1999: 8).

*TTM* identified four behavioural processes of change that include *self-liberation, stimulus control, counter conditioning*, and *reinforcement management* and *helping relationships*, all important in the *Action* stage (DiClemente, 2006; Prochaska and DiClemente, 1994; Prochaska et al., 2009). No adequate attention was paid to the internal and external challenges that occur during the process of behaviour change. It was found in this research, however, that the ways that informants dealt with the challenges greatly determined their progression in the *Action* stage.
4.3.4.1 The ‘honeymoon’ phase

The ‘honeymoon’ phase is the beginning of the Action stage. Informants in this phase were full of enthusiasms, were very motivated, and were very focused. The main reason was the rapid weight loss. Another important reason was that it was the beginning of their weight loss process, so their passion to lose weight supported them and helped them control their temptation to eat.

Anuo’s first interview took place on 25 February 2011, 15 days after she started her weight loss efforts. She reflected on her first two weeks’ weight loss experiences when she did this first interview. She used very proactive words such as ‘high enthusiasm’ and ‘very motivated’ to describe her first two weeks of weight loss experiences, which she also demonstrated by describing her behaviour at this stage. She was still proactively collecting weight loss methods online even in the Action stage, and she stressed that she ‘even printed out some of them so that she could read them anytime’. She also indicated that ‘I was very interested in everything and information related to weight loss’ to show her enthusiasm for weight loss during this phase. Anuo was very self-motivated and had a very positive attitude toward losing weight. She did not describe any negative experiences or weight loss difficulties when she was reflecting on her first two weeks’ weight loss experiences. Anuo was not simply looking for weight loss methods online, but she was also seeking and receiving social support on the forum and from the online weight loss group. She stressed that she felt happy when receiving encouragement and support online. She described her experiences of interacting with people online, which was demonstrating the definition of ‘weak ties’ support. She emphasised that ‘we were just online and we did not know each other’, which means that the ‘weak ties’ support network consisted of people with whom one is not interpersonally close (Wright et al., 2010). She also stressed that ‘we got together for the same purpose’, indicating that they interacted within certain contexts, in this case, that of weight loss.

Anuo further remarked that she could still feel the ‘cordial’ and ‘kindness’ online, which indicates her perception of weak ties support and the positive online experiences she confronted. She reflected her first two weeks’ weight loss experiences as being ‘a very enthusiastic stage’, which was in sharp contrast to the struggling phase (see Section
4.3.4.2). The findings of informal online social support, which were embedded in the informants and online community members’ weight loss process, are presented in Section 5.2 and Section 6.2. Informal online social support can serve as a motivator/stimulator during the Action stage as discussed in Section 7.4.2.

“... I had high enthusiasm, and I was very motivated. I hope I could have time to interact in those few weight loss threads every day. I was also very keen on checking the weight loss methods others had mentioned, and I also saved them. I even printed out some of them, so that I could read them anytime. I was very interested in everything and all information related to weight loss. I also have an exclusive folder for weight loss on my browser to save all the relevant weight loss links. I also joined the weight loss QQ groups (weight loss groups formed by people on the Tianya forum). I seldom talked, but I concentrated a lot on listening. If I had questions, I would ask very actively and was expecting my weight drops every day. I felt even happier when receiving encouragement and support. Even though we were just online, and we did not know each other, we were together for the same purpose. I can still feel that cordiality and kindness through the Internet... All in all, it was a very enthusiastic stage....” (Anuo, 2nd Interview, 12 March 2011)

When looking into Anuo’s weight loss diary recorded on the thread, apparently, Anuo also faced some challenges and temptation the same as all the other informants described although she described her overall experiences very positively. She was working hard to control her diet and resist the temptation to eat during the stimulus control (Section 5.2.7) and counterconditioning (Section 5.2.8) processes. The following passage was an example, as it shows how Anuo recorded her diet and feelings on the Thread 3 (Section 6.1.3) every day. She was fighting against hunger and the temptation to eat every day. She was not only looking for support online, but she also applied the self-motivation strategy by reminding herself not to relax and encouraged herself by using words like ‘fighting’ in her diary. Although it is difficult to control her diet, she still managed to continue her effort because she was enthusiastic and motivated during this phase.

15/02/2011

7:00 am: A hard boiled egg, a multi vitamin
10:00 am: A glass of soy milk (no sugar), 10 cherry tomatoes
11:20 am: An apple
1:00 pm: Stir-fry 4 types of vegetables, a small bowl of rice
4:00 pm: diet sea sedge 2 small bags
7:00 pm: a small amount of tomato, broccoli, tofu and carrot
Now I feel hungry, persist in not eating. Husband is eating pecans. I can’t see it, I can’t see it.... I ate a bit too much for lunch, still need to adjust it tomorrow. It’s nearly a week since I started recording, lost 2kg two days ago. No changes for these two days. Once relaxing a bit, immediately, no weight changes! Fighting. February is ending soon. (by Anuo, Thread 3, 15 February 2011)

Keke also had been losing weight on and off for many years. She had started her weight loss at the end of February 2011. Interestingly, she applied the same weight loss method as Anuo did from a very popular weight loss thread on the Tianya forum ‘Listen to me and you will be slim’. She had been losing weight for about two weeks when she did the first interview. The following passage illustrates the depth of her emotional internal challenges of living through her intense relationships with temptation, hunger and weight. During different stages, Keke always emphasised that she was ‘fat’ and now was her ‘fattest’, and it resulted in a desperation to lose weight. She had lost weight quite quickly in the first two weeks the same as the other informants described. Learning from her previous weight loss experiences, Keke knew that weight loss is miserable. In contrast to Anuo, Keke described the difficulty of fighting against hunger and temptations to eat more. When she was describing her weight loss experiences, it is understandable why she described weight loss as ‘miserable’. Keke commented, ‘I felt like I had two of myself fighting all the time’ to describe the battle of resisting the temptation during the first three days of her weight loss. After she managed her temptation to eat, another problem emerged. She stressed that she felt very tired because of lack of sleep during the night, which resulted from hunger.

“.... I am 164 (cm), now I am really fat about 75kg, I was even heavier not long ago, about 80kg. I have been losing weight for years, always fat, slim, slim and fat. In order to lose weight, I had tried many methods. Sometimes I succeeded, and sometimes I failed. 50kg was my thinnest weight, and now is almost the fattest time. I have great determination to lose weight this time, I have been losing weight for about two weeks until now..... I have lost 5kg now. But maybe because I have a high BMI so I lost weight easier...When I was losing weight, the most difficult time was the first three days. I really wanted to eat when I saw food because I ate less, so I felt very hungry. I felt like I had two of myself fighting all the time. But after these three days, I would not have that good an appetite. When I saw food, I didn’t feel like I wanted to eat that much, but I felt very tired. I couldn’t sleep well at night because I sometimes woke up at midnight because I was hungry....” (Keke, 1st Interview, 2 March 2011)

During Keke’s interviews, she used words like ‘food’, ‘hungry’, and ‘eat’ very often, which indicated that her weight loss experiences were greatly influenced by temptation.
The informants had various experiences regarding temptation, and therefore, the level of influence of temptation varied in the informants. The influences of temptation also shifted throughout the Action stage. Keke emphasised again that ‘it’s really hard for me to stand being hungry’. But she expressed that she found a solution to help her to fight against hunger, which was to read weight loss postings on the forum. Informal online social support as a motivator during the Action stage is discussed in Section 7.4.2. She described people she interacted with on the weight loss threads as a ‘buddy’ and they were important to her during her weight loss. She also stressed that she would become ‘very motivated’ after reading successful weight loss stories on the forum, indicating the importance of online social support for her.

“.... Actually, fat people really like eating and like delicious food. It’s really hard for me to stand being hungry. So at the beginning, I went to read others’ weight loss postings even if I could hardly stand. Having a buddy sometimes is very important to people who are losing weight. I would become very motivated especially when I saw others finally had lost weight after their persistence....” (Keke, 2nd Interview, 16 March 2011)

Chengmen had very different experiences from those of Anuo and Keke because she had a different goal, which was to change her overeating behaviour and have a healthy lifestyle. As she stressed in Section 4.3.2, ‘overeating is an illness’. The following episode illustrated what Chengmen described as her ‘extreme’ problematic behaviour.

“.... Within the following few weeks, I have been at two completely extremes, starving for one day and then overeating for another day. When I was abstemious, I could only have a bowl of cereal in the morning, had vegetables for lunch and did not have anything for dinner. I also did half an hour of yoga and half an hour of aerobic exercise. When I was overeating, I could eat from morning to the evening and did not do any exercise....” (Chengmen, 1st Interview, 9 May 2011)

Learning from her previous weight loss experiences, Chengmen knew she would go for two extremes very easily. She understood the importance of a balanced diet and a healthy lifestyle. She stressed that she tried to ‘study nutritional balance.’ Consequently, she was paying attention to adjust and gradually change her problematic eating behaviour rather than just simply lose weight, which was different from Anuo and Keke. She emphasised that ‘I do not control my temptation to snack a lot; it doesn’t matter if I have a little,’ because learning from her previous experiences, if she controlled her temptation to eat too much, she would immediately give up and start overeating again.
Therefore, she applied a different strategy from most of the other informants to change her behaviour, which was inspired by a thread she read on the forum. She stressed that ‘for my current self,... I would not make myself suffer too much’, which indicated she used to suffer a lot from her extreme eating behaviour. Now she was working to change her behaviour gradually. She was satisfied with her condition, although she did not lose much weight. She described her current condition as ‘comfortable’.

“.... I read an article (a thread) on Tianya, which greatly influenced me. I felt so upset for the girl. So for my current self, I still have thought that I need to lose weight, I need to lose weight, but I would not make myself suffer too much. In this recent week, I am trying to be a vegetarian and study nutritional balance. I do not control my temptation to snack a lot, as it doesn’t matter if I have a little. So my weight doesn’t change a lot, but my condition is much better. I plan to continue like this, as at least I feel comfortable.... Recently, I always follow a vegetarian diet, which greatly reduced the inner feeling of restlessness. The times of overeating have also been reduced a lot, (I ate quite a lot yesterday night, but it was not overeating) ” (Chengmen, 1st Interview, 9 May 2011)

Unfortunately, it was found that the informants’ motivation and enthusiasm for weight loss was weakened because of any slow weight loss or hit by a plateaus after 3-4 weeks’ time. This process was how they entering the struggling phase.

4.3.4.2 The struggling Phase

The struggling phase is the critical phase of the Action stage because the informants thought about giving up occasionally. The following session illustrates the depth of emotional struggle when living through intense relationships with temptation, hunger, and weight during the processes of stimulus control and counterconditioning (See Sections 5.2.7 and 5.2.8) that the informants experienced in this phase. The weight loss process was slowing down for different reasons. The descriptions indicate that self-motivation was not enough to support informants to continue in this phase. This is a time where there is a high danger of relapsing. The following three cases demonstrate how informants experienced these kinds of up and down during this phase.
In any weight loss intervention, if a group of individuals is being categorised relapsing based on the SoC, inappropriate help may be provided. The informants were still working on weight loss while still looking for motivation and stimulation to continue their plan. Most of the informants stressed that going to the online community forums stimulated or motivated them to continue to lose weight or at least maintain their current status to prevent a relapse. They also searched for specific threads that were suitable for them and asked specific questions if they came across any that related (i.e., weight loss plateaus). They knew what kind of threads on the forum were useful to them, and the threads with specific titles they normally would not read. Informants in the struggling phase found it very easy to give up or relapse to the Preparation stage or stay in this phase for a very long time without losing any weight or maybe even gain some weight because of the difficulties and instability of this phase.

Anuo, Keke, Chengmen had ‘slacked off’ as they described and lost their confidence to continue when they entered the struggling phase. Informal online social support, however, was still playing a vital role to motivate and stimulate them to continue their weight loss.

Anuo used the word ‘longest’ to describe the length of time she spent on weight loss this particular time. She was happy with her persistence and was ‘quite confident’ to continue as she stressed in the interview. In contrast to what she emphasised before, ‘I didn’t actually continually work on weight loss formally. Just sometimes did it for few days.’ This weight loss experience was very different for her because she realised she could go much further, and as she described it, have ‘a completely new experience.’ However, she also expressed that she was ‘confused’ because her weight loss progress was slowing down and even worst for her, it eventually stopped. Thus, she was confused about what methods would be more appropriate for her situation. Anuo described her struggle with ambivalence about eating more and worrying about relapsing during her period.

A few of the other informants also stressed that they were ‘relaxing’ more during their periods, and they tended to relieve themselves by allowing themselves to eat more, particularly as most of informants experienced discomfort during their periods. Since Anuo could not achieve the goal she had set, she felt ‘impatient’ and ‘anxious’ because
she wanted to have a completely new image by the summer and especially in front of her alumni when she was attending a wedding. Although she was disappointed about her recent weight loss results, she still kept on doing exercise, and she was happy about her body changes.

“.... This time is the longest time that I have continued to lose weight. Even though it is on and off, I did not stop. To me, this is a completely new experience, and I am quite confident about it. But I am still confused, as I am not sure which weight loss method is more suitable to my characteristics. Also, I am entering the slow period or what we called plateaus. I was quite relaxed during my period, I felt like it was normal to relapse, and it was normal to eat a bit more. But I am still worried about relapsing too much. I placed great hopes on the ‘golden period’ (7-14 days after period.) I was hoping my weight could drop to a new target figure. But it couldn’t be reached, so I was very disappointed these two days. But I have been continuing doing exercises for 5 days this week, so my body shape has changed a little bit, is very comfortable, and my condition is also great.... Also, summer is getting closer, and I feel a bit impatient. I am also going back to my hometown for a wedding at the end of April. I may meet some alumni. I especially hope that I can have a complete new image. I feel a bit anxious, which is not good to my weight loss....” (Anuo, 2nd Interview, 12 March 2011)

Anuo described that she was feeling ‘depressing for few days and thinking about giving up’ due to the internal and external challenges of maintaining her diet. Other informants also described the same internal and external challenges during this phase. These challenges also existed in other phases, but the motivation and reasons to lose weight were important and substantive enough to stimulate the informants to continue. However, when these internal and external challenges exceeded those motivations and the importance to lose weight, they found it difficult to continue. The external challenge Anuo referred to was she had ‘a lot of things to deal with.’ The internal challenge was that her self-efficacy and her willpower to control her temptations were weakened. She stated that ‘I ate whatever I wanted to and also went out for few big meals’, which was quite similar to what a few of the other informants described during this phase. Interesting, after they found out their weights had not crept up back because of a few big meals, they would make up their minds to continue again. Anuo was not the only informant who did not control her diet intentionally during the ‘depression’ period. Anuo had been experiencing this kind of up and down during the struggling phase:

“.... Because I have a lot of things to deal with and my weight loss condition is not good. It was very depressing for few days, and I was thinking about giving up. So I didn’t do any recording intentionally. I ate whatever I wanted to and also went out for a few big
meals. Although my weight did not increase obviously, after a few days’ depression period and the weather in Beijing getting hotter, I feel like I can’t give up on weight loss. So I went to read the postings again and my enthusiasm has increased....” (Anuo, 3rd Interview, 3 April 2011)

The most important reason that Anuo was feeling depressed and thinking about giving up on weight loss was she could not see her weight changing after a period of time. The removal of the reinforcement of weight loss discouraged informants in continuing the stimulus control and counterconditioning processes. Further discussion on this issue is offered in Section 7.3.3 to demonstrate the interrelationships between reinforcement management, stimulus control, and the counterconditioning processes. She used the word ‘stubborn’ to describe her weight. Anuo had regained her confidence and became motivated to continue after a sudden weight drop. Other informants also commented that seeing their weight change was the best motivator for them to continue. Another informant, Herjing, said that ‘If I weigh lighter tomorrow morning, I feel like I can be slim, and I will continue,’

“.... To my surprise, about four days ago, the stubborn weight suddenly dropped. Formerly, I couldn’t break that 62 kg no matter what, and then it (the weight) suddenly dropped to 61 (kg). And it remained like this these few days. I feel so happy. Now I have regained my confidence. (Anuo, 3rd Interview, 3 April 2011)

Other informants had gone through a similar process as Anuo. Keke explained that ‘I feel really bad and I lost confidence’ because she had not lost weight for a few days. She stressed that ‘now I think this is the moment that I will fail very easily.’ She understood the relapsing process very well because she had experienced it many times. She searched for relevant threads online regarding her slow weight loss, and she had learned the reasons from these threads. However, although she knew the reason for slow weight loss, she stressed that she lost motivation. Keke emphasised that ‘I really want to eat’ and ‘I really have the compulsion to eat a lot most of the time’ to illustrate her emotional struggle to control her diet and the temptation to eat during the stimulus control and counter conditioning processes. This is also why she described weight loss as ‘miserable’ several times during her first interview.

“.... My weight did not have huge changes these two weeks. I lost about 1.5-2kg. I think I should have hit a plateau. I did not lose any weight these few days. But I look a little bit thinner than before. I have read some ladies’ experiences online, so I think my body is digesting my previous weight loss achievement. I used to weigh myself twice a day,
once in the morning and once before I went to bed. But I don’t do that now. I weigh once about every 2-3 days. Now I can’t see my weight changes and sometimes even when they are heavier. I felt really bad, and I lost confidence. Now I think this is the moment that I will fail very easily. The weight drops very slowly. And I have been eating very little for a very long time, so sometimes, I feel I don’t have the motivation. I really want to eat when I see delicious food or my favourite food. I really have the compulsion to eat a lot most of the time....” (Keke, 2nd Interview, 16 March 2011)

In contrast to Anuo, although Keke and Anuo were applying the same weight loss method, Keke ate a lot less than Anuo did. The sense of negative self-image that Keke described in Section 4.3.2 predisposed her to lose weight desperately in a short time. That’s why she controlled her diet very strictly, which resulted in having the ‘compulsion to eat a lot most of the time.’ The following passage listed her daily weight loss diet and exercise. In order to overcome the internal challenge of maintaining her diet, Keke said that she sometimes ate 10-20 fried soya beans as a strategy to treat herself, and it made her feel satisfied:

“.... My weight loss method for these two weeks is similar to the previous method, mainly on a diet and then do a little bit of exercise. Not a lot, about 20 minutes every day. I don’t have the strength and feel tired when I eat very little and do exercises. I always have a glass of milk, about 200cc in the morning, have an apple during the day, sometimes a cucumber. In the evening, I have a bowl of egg and tomato soup without oil and only use an egg. Sometimes, I will have 10-20 fried soya beans in the evening. They smell especially great, and I feel very satisfied when I am eating them.” (Keke, 2nd interview, 16 March 2011)

Although Keke had been struggling to continue to lose weight, another strategy she applied to overcome the internal challenges was going to the online community forums. Keke said that she went to the ‘forums on average once every two days.’ The frequency was quite high compared to other informants at this stage. Contrasting with the Contemplation and Preparation stages, Keke read the threads on the forum with more specific purpose, for as she described ‘I went to forums were because I had some problems that I did not understand.’ One of the issues was that she read threads on the forums regarding her slow weight loss as she described previously. Going to the forums was the strategy she applied to overcome the internal challenges to sustain her weight loss behaviour.

Keke explained that when she was ‘struggling’ or ‘uncomfortable’ because of hunger and a lack of motivation to continue, she would go to the forums. In Section 2.4.3, the
important features of CMC support groups are reviewed, namely, ‘similarities’ and ‘empathy’. Keke wanted to talked to people who were experiencing the same process when she was struggling and felt demotivated, and she stressed that ‘people who are not losing weight cannot understand the feeling of weight loss. I think it is a very miserable process’ and indicates the strong empathy and similarities members have in the community in the weak-tie network.

Research of CMC support groups on health indicates that individuals’ similarities and empathy gained within their support groups helps to reduce the sense of isolation because these individuals share similar experiences of the same illnesses(Wright et al., 2003). Keke experienced the same in this case for weight loss, and she expressed that she received encouragement and felt more motivated to continue from accessing the forums when she was struggling:

“.... I almost went to the forums on average once every two days these two weeks. Half of the reasons that I went to forums were because I had some problems that I did not understand. Or sometimes I felt really uncomfortable, for example, very hungry, but I did not want to eat. Very struggling. So I went to the forums to find people who have the same feeling as me. We encouraged each other, so that I have the motivation to continue.... Sometimes I was struggling and felt like I could not continue. I went to the forum, and I felt motivated when I knew there were people experiencing the same period of time as me. People who are not losing weight cannot understand the feeling of weight loss. I think it is a very miserable process. On the forum, there are many others who are losing weight and experiencing the same process as me. So I could understand what they said most of the time. Seeing them becoming thinner and thinner is also a motivation to me....” (Keke, 2nd Interview, 16 March 2011)

Chengmen was one of the informants who combined controlling diet and doing exercises to lose weight. During the struggling phase, she stressed that she had ‘slacked off’ also due to the internal and external challenges. She chose to break the rule of her strict diet plan that she described in Section 4.3.3 to survive her struggles with temptation and laziness. One of the external challenges she explained was that she was too busy to focus on weight loss. Chengmen described the experiences of allowing herself to eat more and thinking about doing more exercises to burn off the calories. However, once having ‘slacked off’, the previous pattern of behaviour becomes more and more attractive, and in this case would be an excuse to eat more and do no exercises, so it would be seen as more difficult to continue as Chengmen explains:
“.... I can’t deny that I slacked off from the second week. I don’t have spare time to organise my personal things because I have a lot of things to deal with. I eat a lot more, and I always think it should be fine because I can burn it if I do more exercises. But unfortunately, I don’t even have time for exercises. Also, I don’t even want to do exercises after I stopped exercising for a few days. For example, I should have gone out running because I did not need to work. But I just did not want to do it, I became lazy....”

(Chengmen, 2nd Interview, 26 May 2011)

Chengmen described herself as a ‘regular customer’ on different forums. She emphasised that ‘I know how to do it after I read a lot.’ She knew the weight loss methods very well after she read a lot of weight loss threads. Different from Anuo and Keke, Chengmen went to the forums mainly for weight loss methods. So she expressed the view that ‘reading threads are not very useful to me now’.

“.... When I have time, I will go to the forums, but not intentionally.... I was in the forums every day before, I know how to do it after I read a lot. I already know the nature of weight loss and how to lose weight, so I would not go to read those threads intentionally. Also, I have been on and off in the weight loss cycle, so reading threads are not very useful to me now....” (Chengmen, 3rd interview, 7 June 2011)

Chengmen also faced the main external challenge of managing the disturbance in her diet plan caused by occasional special events and group gatherings. These external challenges were stimuli that slowed down the weight loss progress and triggered relapsing. Not only did Chengmen have this problem during the Action stage, but other informants did as well.

“.... My willpower is not strong enough because I normally eat out, there are many delicious foods. Because I don’t eat meat, I eat a lot of vegetables and Dim Sum. But I didn’t pay attention to quantities of the vegetables and oil, and also Dim Sum are high in calories. And at dinner, I continually ate very full for four dinners and no exercises. I think the main reason was no exercises, I became lazy.....” (Chengmen, 2nd Interview, 26 May 2011)

Control is very difficult for most of the informants. They always described that they were struggling between control and being ‘out of control’ with their temptations during the stimulus control process. Chengmen stressed that her temptation to eat was out of control because her ‘self-control ability is weak’. She fell into a vicious cycle, which she described as ‘hungry for one day and full for another day’, resulting in her poor health condition. She desperately wanted to change this vicious cycle, which she also
expresses in Section 4.3.3. But now she was back on it again, so she decided to apply
the extreme weight loss method, namely fasting for a few days to change her weight
loss condition. Fasting as a weight loss method requires high self-efficacy and strong
will power, so that Chengmen indicated that ‘I don’t know how long I can continue’.

“.... My self-control ability is weak. No exercises, and I always think about eating,
maybe because there are too many temptations... My weight loss has fallen into a
vicious cycle these two weeks. Hungry for one day and full for another day, so my
health condition is not good. So I decided to do fasting for three days (07 June to 09
June). In fact, I was fasting for one day on 04 June, and I maintained it quite well. I had
some light food on 05 June, like fruit. I could not continue on 06 June, and I ate a lot.
So I decided to start a new round of fasting, and I decided to follow a thread to record it.
I don’t know how long I can continue, but I still want to have a go....” (Chengmen, 3rd
Interview, 7 June 2011)

Although Anuo, Keke and Chengmen were also struggling to lose weight and their
weight loss progress had been slowing down during the struggling phase, they applied
different strategies to deal with their internal and external challenges. They were
looking for motivation and stimulation to continue. They also tried to adjust themselves
or change their weight loss methods to keep on losing weight. However, some other
informants stayed in this phase passively. They neither went to the online community
forums to seek help or encouragement nor changed their weight loss methods. Even
though they declared that they did not give up losing weight, they did not do anything
effectively to change. This group of people were more likely to relapse or stay in this
phase without any progress. Since this is a critical phase of the Action stage, if these
informants’ weight loss conditions remained this way, they would gradually give up,
although they did not say that was so. Then when something triggered them to lose
weight, they would start the whole process again. This is one of the important reasons
why people fail to lose weight.

Aizi was one of the informants who did not work hard to solve the problems when she
hit the weight loss plateaus. She ascribed her weight gain to a lack of time to do
exercises and a lot of group gatherings and events. Her weight loss condition remained
the same from the second interview to the sixth interview, which was the last one. She
described her weight loss condition as not good and expressed the reasons why she
could not lose weight in every interview. Contrasted with the other three cases in this
section, Aizi hardly described that she was struggling to lose weight because she always
ate what she wanted. The other three cases were struggling because they were working hard on stimulus control and the counterconditioning process, and that’s why they could lose weight. That was the reason she mentioned a lot of group gatherings and events and that she could not resist delicious food connected with no exercise and little motivation.

“.... These two weeks’ condition is not good. Basically, I eat quite a lot, but I don’t have time to do exercises. I gain weight if I don’t do exercises. But I am busy with my study recently and some other gatherings, where I need to eat out, so my weight did not drop....” (Aizi, 3rd Interview, 7 June 2011)

_Diaolianmao_ was another example of an informant whose weight loss progress remained the same from the second interview to the sixth interview. She emphasised that she lost weight very slowly because of a lack of support. She expressed her desire to be ‘monitored.’ When self-motivation was not enough to help the informants to continue, most of them went to online community forums to look for support and posted threads to ask others to monitor their progress. However, _Dalianmao_ did not go to the forums very often to look for support. _Dalianmao_ stressed that she also lost weight slowly because her husband was not supportive. In Section 4.3.2, the informants indicated they were living with such paradoxical experiences, which were found not to be supportive to weight loss during the Contemplation stage. It also applied to the Action stage, _Dalianmao_ was in a dilemma where she considered herself as fat and needing to lose weight, while her husband had another set of expectations, namely that his wife’s weight was normal, and she did not need to lose weight.

“.... I lost weight very slowly, nobody monitored me. I thought about fasting for a period of time. I saw this method online, but it seems not quite healthy. I really lost weight very slowly recently. Maybe I hit a plateau. I used to combine diet and exercises, but I didn’t lose weight, so I could not continue.... Nobody supports me to lose weight. I think why I lose weight slowly is related to my husband. He does not support me and always ask me to eat with him....” (Dalianmao, 2nd Interview, 12 March 2011)

4.3.4.3 The sustaining phase

For those informants like _Anuo, Keke_ and _Chengmen_, who were struggling, but did not give up and did change weight loss methods or seek motivation and stimulation to continue, they progressed from the struggling phase to the sustaining phase. When the informants progressed to this phase, they had learned self-evaluation and ongoing
adjustment to sustain their change. They also had a transformation from just their thinking about weight loss to wanting to make a lifestyle change.

Informants in the sustaining phase were more stable in terms of their weight changes and their confidence to lose weight. The sustaining phase is different from the Maintenance stage. The informants in the sustaining phase are relatively stable comparing to the other two phases, but they are still in the Action stage which does have instability.

The following passage offers Anuo’s reflections on her three months’ weight loss process. Self-evaluation was an important process for some of the informants in the Action stage. Anuo stated that she changed her goal from 50kg to 55kg to be achieved in August. Throughout her weight loss process, she understood that she could not achieve her original goal in just a short period, so instead of disengaging from the goal, she adjusted herself to a more achievable goal. Previous research does show that Maintainers feel satisfied with their new lower goals, even though they had not achieved their ideal goals. Regainers were on the opposite side of that opinion, as they were dissatisfied with their new lower weights (Byrne et al., 2003). It was found that realistic weight goals kept the informants focused and motivated.

Anuo acknowledged the importance of informal online social support in her weight loss process, and further discussion of the role informal online social support plays during the Action stage is presented in Section 7.4.2. She knew that she was ‘a kind of person that would give up very easily,’ so she kept herself motivated by reading the weight loss threads on the forums. Her perception of weight loss had transformed to desiring to sustain change and maintain the results. She used the words ‘greatest success’ to describe achieving her goal and maintain it, which was very different from her previous experiences where she lost weight quickly and then just regained it.

“.... At the beginning my goal was 50kg, I hope I can reach it in August. But time flies and I keep adjusting myself, so my current goal is 55kg, and I hope I can still reach it in August. I am a kind of person that would give up very easily, so during these three months’ of weight loss, I read so many different postings and have seen many real examples to motivate me to continue. I am not that impatient and I could lose weight while enjoying my life. I will be my greatest success if I can reach my 55kg goal and maintain it. If not, even though I lose weight to 50kg, then I will start overeating again,
which will make me gain a lot of weight in a short period of time. Then I will need to do it again....” (Anuo, 5th Interview, 14 May 2011)

Anuo described her current feeling as ‘peaceful’ instead of ‘struggling’ and ‘depressing’ as she has described it in Section 4.3.4.2. Anuo described her thinking about the transformation of weight loss to a lifestyle change. She stressed that she had developed some good habits through the weight loss process. Anuo emphasised the change she made to ‘eat better and healthier’ as healthy dietary changes to sustain the change and lose weight instead of just going on a diet or not eating.

“.... Now I am feeling much more peaceful, and also my weight is stable.... Gradually, I am not that impatient, I also keep some good habits. For example, I don’t stay up late, try to going to bed before 10pm. Try to eat less fried and oily food and so on. I don’t pay very close attention to weight loss, and I don’t feel that urgent about it. Meanwhile, I think I can still enjoy delicious food. Especially for healthy delicious food, I started to learn how to cook it by myself, which is also very interesting. I have a feeling that successful weight loss is not about not eating, but striving to eat better and healthier. This point has been confirmed through a few weight loss gurus who also have delicious food threads on the delicious food forum...” (Anuo, 5th Interview, 14 May 2011)

Keke described weight loss as a ‘miserable’ process several times during the interviews. When she progressed to the sustaining phase, it was the first time she used the phrase, ‘I am feeling great’ to describe her condition. The following passage illustrates her transformation by comparing her current and previous conditions as described by Keke. She used the words ‘feel depressed’, ‘feel irritated’ to describe her feelings when she ate less before, but now she ‘feel satisfied’ even though she just ate a little bit. It seems her body also gets used to her new eating pattern, and she stressed that she would not ‘feel dizzy’ when she ate less, which she would in the past. Similar to Anuo, Keke developed some good habits and learned the importance of slow healthy dietary change, which are important tools to have to sustain change for the long term.

“.... I am very busy recently, so that I didn’t go (to the forums) very often. But I am feeling great. I would feel depressed if I ate less before when I saw so many delicious foods but I couldn’t eat. Especially, I love eating a lot. Sometimes, I would feel irritated if I could not eat. Now I can just eat a little bit of what I want, and I feel very satisfied. When I ate very little before, I would feel dizzy...Now it’s great, I won’t have that dizzy feeling....I think my condition is very good now. I am losing weight slowly, but having good habits and good health is also important to me. I will maintain this condition and continue to do it. Maybe the result will not be that obvious, but it should not relapse easily.” (Keke, 3rd Interview & 4th Interview, 8 April 2011 & 19 April 2011, respectively)
The weight loss process is not just a transformation of lifestyle; it was also her mentality. Keke used to use negative words to describe her feelings but now, she describes her feelings as ‘peaceful’, the same as Anuo. In the past, she looked for motivation through the postings, but meanwhile, she also treated others as competitors. Therefore, she would feel ‘very anxious’ and worry about losing less weight than others. Motivations from the forums are still important to Keke at this stage because she stresses she would still go to the forums when and if she could not continue her present plan.

“.... Now I am feeling a lot more peaceful.... I have a different feeling when I read (the postings now). I felt very anxious when I see others were losing weight before. I always thought how much weight others had lost today and whether I had lost less than others. Sometimes when I couldn’t continue, I would go to the forums to seek for some motivation. Now I am feeling peaceful. It seems it’s their business when I see them losing weight.... Not that exciting....” (Keke, 3rd Interview, 8 April 2011)

During the struggling phase, Chengmen felt ‘anxious’ because she realised she was back to her former vicious cycle, so she decided to apply fasting to lose weight. She made adjustments to her diet after the side effects of fasting emerged. She also changed her exercise from running to swimming because swimming was easier for her. She was satisfied with the changes to her body shape although her weight loss was slower.

“.... After I came back from Hangzhou, I realised that I had started to lose hair. I am not sure whether it was because I fasted or because of intense pressure. Very annoying. Then I stopped using the extreme fasting weight loss method and changed to the three vegetarian meals method. Because I am back to a normal diet, I lost weight not so quickly. But because I am swimming to burn fat, I am still losing weight.... After my business trip, I started to combine diet and exercise, which is different from doing exercises and controlling diet at the beginning. Now I am swimming which is not as difficult as running. It’s very easy for me to stay in the water for more than one hour. I also pay a lot of attention to my diet. Although my weight did not drop a lot during this period, the changes of my body shape can be seen....” (Chengmen, 6th Interview, 30 July 2011)

Chengmen started to go to a formal weight loss forum because she realised the importance of healthy weight loss to sustain change. She discovered the calories calculator, which she described as ‘super useful’. The calories calculator helped her to solve the problem that she did not know that some calories are high even in certain
vegetarian meals. She stressed that she still reviewed those threads on Tianya that had such ‘great influences’ on her, which were more about emotional influence than knowledge to lose weight.

“…. During these three weeks, I went to the Boohee weight loss forum very often. Basically, it’s all about healthy weight loss. There are many weight loss methods for references. Especially the calories calculator in Boohee is super useful…. But there were several threads on Tianya that I still read very often. Those threads have great influence on me....”(Chengmen, 6th Interview, 30 July 2011)

In summary, the Action stage is treated as one stage just like the other four stages of the SoC in the TTM studies. However, it was found that the Action stage is a critical stage, and the informants actually had different experiences during the different phases of this stage. Thus, the Action stage is subdivided in to the ‘the honeymoon phase’, ‘the struggling phase’ and ‘the sustaining phase’ to better illustrate the rich and complex experiences that occur during this critical stage.

Not enough adequate attention has been paid to the internal and external challenges during the Action stage in the TTM literature. The internal challenges are the emotional struggles of living through intense relationships with the temptations of hunger and weight. The external challenges include a busy life, group gatherings, and eating out. It was found in this research that the ways that the informants dealt with these challenges greatly determined their progress in the Action stage. Informal online social support, however, still plays an important role in helping the informants to cope with their internal and external challenges.

4.3.5 The experience of Maintenance

According to the description of the Maintenance stage documented in the TTM literature, only one informant, Luna was categorised as being in this stage. However, Luna’s experience in the Maintenance stage was not exactly the same as the description suggests. Her new behaviour pattern did not become fully automatic, and she still put effort toward sustaining the change. The main difference from the informants in the Action stage was that she controlled herself very well in the stimulus control process. Control was very difficult for most of the informants and becoming ‘out of control’ is
very easy as most of them did describe. It was her weight loss attitude and habits that supported her weight maintenance. *Luna’s experience* is one of rationality in terms of her weight and eating when she progressed to this stage. She stressed that she would only use food to relieve her stress when she did not have other alternatives. During the *Maintenance* stage, she still self-monitored her weight, and she stated that she set herself a standard for maintaining weight.

“.... *When I don’t have other alternatives to relieve my stress, I may think, ....only these few days, (and I had been) working so hard. I would let myself eat to treat myself, but only when my weight has the space to increase. I still pay attention to my weight. My standard is between 43-48kg, which is normal. I will eat more to gain weight when I am under 43kg, I start to lose weight when I am over 48kg....*” (Luna, 6th Interview, 23 May 2011)

In contrast to her experience with rationality now, *Luna* reflected on her weight loss experiences and described the beginning of her weight loss as ‘miserable’, the same as *Keke* and some other informants described theirs.

“.... *At the beginning (of weight loss) was very miserable, and I really wanted to eat. After about half month, I got used to this lifestyle and my stomach also became smaller. Now I don’t feel miserable when I eat less...*” (Luna, 2nd Interview, 16 March 2011)

Now she has become used to eating less and eating healthier, but she needed to maintain the change through a healthy diet and some exercises. She emphasised the importance of integrating weight loss into one’s daily life because people will become ‘fat’ if they do not. She described a common phenomenon to demonstrate the importance of developing the weight loss habit in one’s daily routine, which supports her and helps her maintain her weight. *Luna* expressed the experience of being in constant change, which is not discrete. She understands that it is a continuous process when she progressed to the *Maintenance* stage, which is not about why you need to lose weight or you do not need to lose weight.

“.... *A lot of people still ask me, you are not fat, so why do you lose weight? But I think weight loss is what you should be doing everyday because you will become fat if you don’t. Many women only realise that they need to lose weight when they become fat. They do not pay attention to develop the best habit. Sudden weight loss and weight gain is bad to the health and skin....*” (Luna, 3rd Interview, 19 April 2011)
Luna expressed that she has become ‘more confident’ because of the changes to her body. She described that she used to feel ‘embarrassing’ when buying trousers because she was dissatisfied with her legs, but now she feels ‘confident’ when she is wearing trousers. Her self-esteem increased with the changing of her body image. Her perception of weight loss has also been transformed from simply pursuing being slim to lose weight to making her body look more beautiful all the time.

She stressed that the changes to her perception resulted from reading their threads on the Tianya forum for a long time. Reading weight loss threads on the Tianya forum is still part of her daily routine to maintain her weight. The findings of informal online social support, which became embedded in the informants and the online community members’ weight loss process are presented in Sections 5.2 and 6.2. Informal online social support serves as a maintainer during the Maintenance stage and is discussed in Section 7.4.3. Luna contrasted these two weight loss perceptions before and then after she read the weight loss threads for long time and commented that ‘at the beginning I thought, people would look good if they become slim. But after I read those threads for a long time, I realised actually slim is not equal to beautiful.’ Reading weight loss threads is a self-learning process, which has had a long-term influence on her perception of weight loss and her related behaviour. When she progressed to the Maintenance stage, she knew she had learned a lot from her experience of sharing threads that was useful to her, and she would not try the weight loss methods blindly again without the support of successful experience sharing, which some of the informants also did at other stages.

‘... I become more confident. I used to really avoid buying trousers and avoid showing my forehead. Because my legs were fat and I was quite embarrassed when I bought trousers, I tended to wear a Midi skirt so that it would cover my legs. Now I don’t. I feel very confident when I am wearing trousers.... To my understanding, weight loss is not just losing the weight, but using that weight loss or others as methods to make your body look more beautiful. At the beginning I thought, people would look good if they became slim. But after I read those threads for a long time, I realised actually slim is not equal to beautiful. I read varieties of healthcare products and weight loss experiences while sharing threads on the Tianya forum. I would normally try those methods that look healthier in theory.... I went to read (weight loss threads) every day, but I only read experiences’ sharing threads not those recording threads. I would not consider those cases that have never been confirmed through successful experiences. Everybody’s condition is different. I think the good experiences in sharing threads are those that first introduced their conditions, skin conditions, side effects for example, whether it would cause constipation, and so on....’(Luna, 3rd Interview, 8 April 2011)
In summary, when the informants progressed from the *Action* stage to the *Maintenance* stage, it was not simply the individual who changed behaviour for more than 6 months as the *TTM* literature suggests (DiClemente, 2006), and which some researcher have found to be problematic (Bandura, 1997). Instead, it is a personal transformation in terms of *internal motivation* as well as the *relationship with the online community forum* for those successful self-help weight loss individuals with the assistance of informal online social support also becoming involved.
Chapter 5 Findings for Processes of Change

Figure 5 Map of Chapter 5- Findings for Processes of Change

Chapter 1: Introduction

Chapter 2: Literature Review

Chapter 3: Methodology

Chapter 4: Findings for The Stages of Change

Chapter 5: Findings for The Processes of Change

Chapter 6: Findings for Informal Online Social Support

Chapter 7: Discussion

Chapter 8: Conclusion

Chapter Contents

5.1 The Connection of Individual Processes to Stages of Change

5.2 Detailed Descriptions of Weight Loss Related to the Processes of Change
The review of *Processes of Change (PoC)* is presented in Section 2.2.1.3 and the limitations of *PoC* are presented in Section 2.2.2.3. In-depth phenomenological interviews of 17 informants revealed their weight loss process with the assistance of informal online social support. Like the *SoC*, *PoC* was also applied as an initial framework to make sense of the informants’ weight loss process. Thus, in presenting their emergent experiences, the *PoC* expressions are highlighted, as they also fit within the totality of this lived experience.

5.1 The Connection of Individual Processes to Stages of Change

Table 5-1 presents the processes that informants described and used to modify their behaviours during weight loss process. It is interesting to find out that no informant portrayed their experiences for all ten processes during their weight loss process. Only two informants described relevant experiences for nine processes to change their behaviours.

Figure 5-2 illustrates the *PoC* that informants described to facilitate the progression between the *SoC*. Informants described experiences of *consciousness raising* (5.2.1) when progressing from the *Contemplation* stage to the *Actions* stage. The experiences of *dramatic relief* (explored further in Section 5.2.2), *self-reevaluation* (explored further in Section 5.2.3) and *environmental reevaluation* (explored further in Section 5.2.4) were described when informants progressed from the *Contemplation* stage to the *Preparation* stage. Informants described the experiences of *self-liberation* (explored further in Section 5.2.6) in the *Preparation* stage. The importance of *social liberation* (explored further in Section 5.2.5) and *dramatic relief* were already highlighted in the *Action* stage. Most of the informants described experiences of *stimulus control* (explored further in Section 5.2.7), *counterconditioning* (explored further in Section 5.2.8) and *reinforcement management* (explored further in Section 5.2.9) in the *Action* stage. One informant described these processes when progressing to the *Maintenance* stage. It was interesting to find that informants described their experiences of *helping relationships* (social support) (explored further in Section 5.2.10) throughout the *PoC*. It is interesting
that it is not just important in the *Action* stage as the *TTM* literature describes (DiClemente, 2006; Prochaska and DiClemente, 1994).

When interpreting the informants’ experiences, it was found that it was impossible to disaggregate some of these processes, as some of the processes were intermingled and thus could not be separated. An important implication of this aspect, borne out by the informants’ descriptions, is that informants experienced merging or complementary processes as a necessary part of change, as discussed in Section 7.3. The informants’ descriptions are highlighted in the following sections to demonstrate the interrelationships of these processes, an aspect that has not been addressed to date in the *TTM* literature.

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<th>Pseudonym</th>
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Table 5-1 Processes that informants described they used to modify behaviour
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Figure 5-1 The Processes of Change that informants described as facilitating the progression between Stages of Change

5.2 Detailed Descriptions of Weight Loss Related to The Processes of Change

5.2.1 Consciousness raising

The TTM literature highlights the point that the *consciousness raising* process is important in helping the individual to progress from the *Precontemplation* stage to the *Contemplation* stage (DiClemente, 2006). In this study, no informants started from *Precontemplation* when they did their interviews. Thus, no informants described how the experiences of *consciousness raising* helped them to progress from the *Precontemplation* stage to the *Contemplation* stage. However, it was learned that some informants did relapse to the *Precontemplation* stage when their weight loss awareness decreased, or they were unaware of their weight gain as discussed in Section 4.3.1, even though they had lost weight successfully before.

During the process of *consciousness raising*, gaining weight loss information is not simply to increase an awareness of the benefits of losing weight, but also to *activate the*
awareness to start weight loss. Informants not only gained their information regarding weight loss offline, but most searched for weight loss information, methods, and success weight loss stories on online communities to increase their awareness of weight loss. Informal online social support can serve as an Activator during the early stages of the SoC is discussed in Section 7.4.1. They looked for threads that motivated them to start losing weight as well as information on how to lose weight as she describes:

Some informants described their experiences of consciousness raising as helping them to progress from the Contemplation stage to the Preparation stage or for some even progressing directly to the Action stage. All the informants valued the online community forums as a good source for finding weight loss information and motivation before they started to lose weight. Findings on how informal online social support is communicated through the weight loss threads and facilitates online community members to lose weight are presented in Chapter 6.

The informants were very active in the Tianya forum and not necessarily actively engaging in the discussions or interacting with other online community members; however, the frequency they went to the forums and read the postings was high during the consciousness raising process. When Anuo described her experiences, she used very active and intensive language, such as ‘I go to the forum every day’, ‘I go to view other people’s progress every day’. The consciousness raising process is also a process of collecting information to increase weight loss awareness and strengthen self-efficacy. Anuo took few steps to prepare for her weight loss. She stated that she ‘read other people’s successful stories and articles’, ‘added a dozens of ‘net friends’ and would ‘view other people’s progress every day’. By interacting with other members on the forums, Anuo not only encouraged others, but also strengthen her own self-efficacy to lose weight.

“….. I go to the forum every day to read other people’s successful stories and articles about their weight loss experiences. I have also added a dozens of ‘net friends’ on Bohee (a weight loss online community forum). I go to view other people’s progress every day, encourage others also spur myself…” (Anuo, age: 1st Interview, 25 February 2011)
Although the previous literature (DiClemente, 1993; Pierce et al., 1998; Prochaska, 1985; Prochaska et al., 2009; Rossi et al., 1994) does suggest that individuals apply a consciousness raising process in the Precontemplation and Contemplation stages, the differences between those individuals who try to change their behaviour for the first time and those individuals who relapse to the Precontemplation stage are not adequately addressed. Three different types of precontemplators are described in Section 4.3.1. This study found that this process was also important for informants in the Action stage, when these informants reflected on their weight loss histories. An individual could regain weight and a relapse did occur if that awareness to lose weight or maintain the weight decreased. The following two examples demonstrate the importance of consciousness raising in the Action stage.

Aizi started to lose weight by doing physical exercises and changing her diet in July 2005 before she went to university, and she had reached her ideal weight of 64kg on 16 September 2005. Aizi stressed that she ‘was not paying attention’ to her weight and ‘ate quite a lot’ and indicated that she was unaware of her weight, which she used to be aware of her weight. As a result, she relapsed and regained weight.

“A.... I was not paying attention to my weight after I went to the university, I was not weighing. I ate quite a lot, so my weight was around 70kg during my four-year university life. I also didn’t go to the online community forums at that time.” (Aizi, 1st Interview, 11 May 2011)

Chengmen had the same experience as Aizi, which is presented in Section 4.3.1. Chengmen was totally unaware of her weight problem during this period of time, which she emphasised that she was ‘very relaxing’ and ‘did not even think about weight loss,’ and as a result, her problem behaviour became the norm again. Consequently, she regained the weight.

“...After entering senior high school, I was relaxing. I went back to my previous life, eating every day, no exercises, liked eating junk food. I regained weight. I didn’t think about weight loss at all until year three of my senior high school.” (Chengmen, 1st Interview, 9 May 2011)

Consciousness raising works as a transformation from Contemplation to Action. However, after the individuals go through the Precontemplation, Contemplation and
Preparation stages, and start to lose weight, that progression does not mean that they can continue losing weight or maintain their weight loss. Therefore, maintaining weight loss awareness is still important during the Action stage.

Dilidili shared her thought that ‘it’s the online successful weight loss stories makes me return to the eager condition’, and illustrates the importance of informal online social support to regain her enthusiasm and motivation to weight loss during the Action stage. Dilidili stressed that ‘their postings make me believe that I am not hopeless. If I work hard, I also can be like them.’ Previous research shows that self-efficacy is an important predictor to sustain the behaviour change and maintain the change (Bandura, 1997; DiClemente, 2006).

As discussed in Section 4.3.4.2, the informants’ self-efficacy weakened due to the internal and external challenges developed during the struggling phase. Informants like Dilidili and Lehuo read people’s successful weight loss stories on the forum to strengthen their own self-efficacy, which resulted in enhancing their consciousness of success and made them believe in themselves and that they could lose weight successfully. This process interfered with dramatic relief process (Section 5.2.2) and self-reevaluation process (Section 5.2.3), Dilidili’s experiences demonstrate that the experiences of these three processes come together and are impossible to separate when interpreting the following narratives. Dilidili stated that although reading successful weight loss stories on the forums (consciousness raising) made her feel shameful (dramatic relief), it also made her believe that she was not hopeless if she worked as hard as the girls on the forums had (self-reevaluation). Further findings for how online community members experienced these three processes are presented in Section 6.2.2.

“.... My weight loss process is a cycle which always [goes] from eagerly looking forward to weight loss—slack off—give up—eager—slack off—give up. But every time, it’s the online successful weight loss stories that make me return to the eager condition.... In the forums, I mean Tianya and Taohuabao, a lot of girls used to be very fat, but they (worked really hard) on their willpower, so they became beautiful girls. Their postings make me feel shameful. Their postings make me believe that I am not hopeless. If I work hard, I also can be like them. In fact, I always worry that I can’t be slim forever. But seeing them, I said to myself “My condition is not as bad as them, they can (do it), I will not have a problem....” (Dilidili, 1st Interview, 26 February 2011)
Lehuo described similar experiences of self-reevaluating herself, which strengthened her self-efficacy to lose weight after reading the weight loss threads on the process of consciousness raising. Reading the online postings helped the informants to re-evaluate themselves and visualise the kind of person they wanted to be after losing weight. She compared her previous self to the current self to demonstrate how reading online weight loss postings was important to her. She described the experience, saying ‘I felt so lost before because I thought it was impossible for me to lose weight’, compared to the comment that ‘many people have lost a lot of weight that makes me feel it’s completely possible for me to lose weight.’

“Many postings in the weight loss forum really motivate me. Many people have lost a lot of weight that makes me feel it’s completely possible for me to lose weight. This is really important too. I felt so lost before because I thought it was impossible for me to lose weight....” (Lehuo, 1st Interview, 3 March 2011)

The consciousness of success makes the informants believe in themselves, which triggered the re-evaluation to start or to continue weight loss. This is different from what the TTM literature documents, namely, that the consciousness raising process is important in the Precontemplation stage, and the dramatic relief process is important in the Contemplation stage and self-reevaluation process is important when progressing from the Contemplation stage to the Preparation stage. The process of consciousness raising does not necessarily precede the dramatic relief and self-reevaluation process. Further discussion is presented in Section 7.3.1.

5.2.2 Dramatic relief

The previous literature has suggested that dramatic relief is more important in moving individuals through the earlier stages of Precontemplation and Contemplation (DiClemente, 2006). However, some of informants also described experiences of dramatic relief during the Action stage.

Emotional activation is crucial to dramatic relief. Informants in this study were moved emotionally not only by offline internal and external stimuli, but also by the personal success of other online community members. They were motivated to start their weight
loss when they read about how other people were able to lose weight successfully. In an opposite view, however, sometimes they felt disappointed about not making any changes when they read other people’s successful weight loss stories online.

Anuo compared her past self (my face looks young) to her current self (20-year-old girls called me Auntie) when describing her experiences of dramatic relief. She had negative experiences of her self-image because she stressed that being called ‘Auntie’, ‘really irritated’ her. However, the negative experiences of self-image did stimulate her to progress to the Action stage to start more weight loss.

“...Nobody called me auntie before because my face looks young. Now even those 20-year-old girls called me auntie, which really irritates me. Then I bought weight loss books and VCD to read and watch. When I was watching, I was really motivated, and I hoped I could lose weight successfully immediately....” (Anuo, 1st Interview, 25 February 2011)

Keke said that she had experienced a negative emotional reaction to weight loss before she decided to lose weight. She was afraid of people judging her weight, which is discussed in Section 4.3.2. Surprisingly, Keke had an opposite attitude to weight loss when she went to the online community forums because of the similarities and empathy features of the online support groups, which she stressed indicated that ‘most of the time, only the people who are losing weight with you can understand what you have been suffering.’ The online postings activated her emotions to lose weight because she became very motivated and actively involved in the community.

“...People always want to follow the crowd, when other people are doing this, you also want to do it. In a good weight loss forum, this kind of atmosphere is very important to my weight loss. Most of the time, only the people who are losing weight with you can understand what you have been suffering. Seeing other people’s weight loss success is also a great motivation to myself....” (Keke, 1st Interview, 2 March 2011)

5.2.3 Self-reevaluation

Individuals are often guided to evaluate themselves and consider how the status quo affects one’s life in formal intervention programmes, which is critical to any successful behaviour change. However, weight loss is different from many other problem behaviours. A lot of overweight and obese people know how being overweight affects their lives, but they still did not do anything to change. Some individuals usually start to
evaluate themselves when the decision is preceded by ‘a trigger event or critical incident.’ This event could be medical, emotional, or a life event. These events do not necessarily happen to the individuals themselves, but to the families and friends around them.

In this study, informants described their experiences of being stimulated to re-evaluate themselves to start weight loss. Stimuli both offline and online played a pivotal role on change in this process, which was similar to the dramatic relief process based on the informants’ own descriptions of their lived weight loss experiences.

Some informants shared that they had had experiences that triggered such events that happened offline and caused them to examine their lives from a new perspective. They gained new insight about who they really wanted to be when they were reflecting on their weight loss histories. The following passages illustrate three different trigger events that happened to three informants: ‘I didn’t have a boyfriend, and my blind date was not successful,’ ‘Everybody said they couldn’t recognise me on our high school classmate gathering party’ and ‘people ridiculed and made fun of me.’ These three informants described experiences of dramatic relief where they had negative emotional reactions to their trigger events. They believed that their body images caused their unpleasant experiences. The experiences of dramatic relief contributed to their finding out who they really wanted to be through the process of self-reevaluation.

“.... I graduated from university in 2009, and my weight was 70kg. I didn’t have a boyfriend, and my blind date was not successful. It was all because I was fat, so I decided to start to lose weight.” (Aizi, 1st Interview, 11 May 2011)

“.... I was stimulated after I went back home for holiday. Everybody said they couldn’t recognise me at our high school classmate gathering party. I decided to start to lose weight and control my weight after the new semester began.” (Anuo, 1st Interview, 25 February 2011)

“.... At that time I was about 55kg and about 158 (cm), definitely a fat girl. I was stimulated to start losing weight at that time because people ridiculed and made fun of me...” (Qi, 1st Interview, 25 February 2011)

It is interesting to learn how many informants decided to lose weight because they wanted to fit into clothes and meet some social construction of beauty – or what was not
considered beautiful. They believed that they would not look good even if they wore beautiful clothes when they were overweight.

“.... I always think you don’t look nice when you are fat no matter what clothes you wear....” (Dalianmao, 1st Interview, 26 February 2011)

“.... It’s too difficult to buy clothes, and you look ugly it doesn’t matter what clothes you wear because you have too much fat. So I decided to lose weight....” (Memory, 1st interview, 9 May 2011)

The informants were also motivated to re-evaluate themselves because they had been inspired by those successful weight loss experiences. This process corresponds to the dramatic relief process (Section 5.2.2). They had learned the main characteristics of those who successfully lost weight was ‘insisting on’, ‘strong will power’ and ‘devote to it’, which they lacked when evaluating themselves. The following two informants addressed a common problem for those who could not lose weight successfully. Weight loss is a ‘miserable’ process as some of the informants described, and strong will power and persistence are crucial in this process. All the informants expressed that they understood the importance of strong will power and persistence. Meanwhile, they needed some stimulation from successful weight loss stories to remind them that they wanted to lose weight successfully, so they must work hard and persist in losing that weight.

“.... (The postings) stimulated me, like some people post a thread to talk about insisting on (losing weight) and finally succeeded or became beautifully (after losing weight). Then I would ask myself ‘do you really want to be like this, never lose weight successfully but talk about losing weight all the time...” (Youan, 1st Interview, 28 February 2011)

“.... My weight loss history was I always tried to lose weight but never really persisted in.... I have a strange habit, if I work hard on doing something, I will have an excuse to reward myself with delicious food. So, I am always being fat for a short period and then slim. Therefore, I decided to initiate a thread online, and I hope I can continue.... Some people really have strong willpower, and I truly admire them. I also learned a lot from them. Besides, I gain weight loss impetus, I really understand that if you want to do something successfully, you need to devote to it, you need to be strict to yourself and need willpower....” (Yuya, 1st Interview, 11 May 2011)

The informants also gained or regained confidence to start or continue to lose weight after reading the weight loss postings in this process. Some informants did not think that
they could lose weight successfully. Other members’ successfully lived weight loss stories motivated them to re-evaluate themselves, which strengthened their self-efficacy. This self-reevaluation process was working closely to the consciousness raising process because reading weight loss threads enhance the consciousness of success. Lehuo stated that ‘success is very close to me’, indicating that she regained her confidence after she read the postings online.

“In fact, I am not a determined person... I also like going to the Baidu weight loss bar, I gain my confidence from many postings. I have the feeling that success is very close to me. I was brimming with confidence every time after I read (the postings)....” (Lehuo, 1st Interview, 3rd March 2011)

5.2.4 Environmental reevaluation

In this process, no informant commented on how being overweight or obese affected the environment. Few informants stressed that being overweight and obese affected their families in their personal lives. Their families were worried about their future and the health problems caused by overweight and obesity; Dilidili and Herjing described the experiences of getting pressure from their mother, so much so that they decided to lose weight. Keke described similar experiences, namely, that her mother worried about her health as a result of being overweight, which is presented in Section 4.3.2.

“.... I become fat in adolescence. I was slim when I was a child. Unexpectedly, I became fat when I grew up. My Mum couldn’t accept this fact, so I started losing weight since junior high school....” (Dilidili, 1st Interview, 26 February 2011)

“.... The main reason that I decided to lose weight was because of my Mum. She is ashamed of me being fat. She always tells me others are very slim, and girls are better to be slim....” (Herjing, 1st Interview, 25 February 2011)

Previous research suggests that during the process of environmental reevaluation, watching documentaries, joining social movements, empathy training or ‘walking in another’s shoes’ may be helpful techniques (DiClemente, 1993; Moore, 2005). Therefore, reading other community members’ weight loss experiences on the postings is also helpful in this process. Chengmen described her experiences of reading a weight loss posting on Tianya forum that reminded her to lose weight all the time. The
individuals situated themselves in other people’s experiences even though they have never experienced them.

“.... I read an article (thread) in the Tianya forum before, and it had a great influence on me. I felt very sorry for that girl. So until now, it still reminds me I need to lose weight, I need to lose weight....” (Chengmen, 1st Interview, 9 May 2011)

Only a few informants described the experience of the environmental reevaluation process. In weight loss, individuals try to lose weight for their own good. Even if/when they do not lose weight, in most of the cases, it is not harmful to the environment or the people around them. Although the health problems caused by being overweight and obese put pressure on the healthcare systems, individuals normally would not start to lose weight just because of this reason. It is unlike smoking, as smoking behaviour is not only harmful to the individuals themselves, but also to the environment and people around them. In this sense, this process is more helpful to other problem behaviours like smoking than for weight loss.

5.2.5 Social liberation

Joseph et al. (2001) argue that some people may not be able to access the alternatives and social opportunities due to social and cultural forces in the social liberation process. In this research, the informants did not express how the external environment supported their weight loss behaviour. Weight loss behaviour is different from other problem behaviours like smoking, as it is difficult for the individual to join or seek assistance from advocacy organisations in China.

In the developed cities in China, the local governments try to promote healthy life styles via the media, but it is hard to find advocacy organisations that offer assistance to those who want to lose weight by themselves. The external environment does not actually allow social liberation in China. Therefore, it is not surprising to find out that informants did not describe social liberation as part of their experience. However, this does not mean the informants did not need social liberation as part of their weight loss process because they were aware of the social pressure or experienced it. Some informants described this kind of social pressure as stimuli that ‘pushed’ them when
their own motivations were not enough. This process corresponds to the self-liberation process (see Section 5.2.6).

Social pressure is the starting point for these two processes, and the interrelationship between social liberation and self-liberation is discussed in Section 7.3.2. A few informants did comment that the whole society favours slim over ‘fat’. They believed that being slim could produce more opportunities including job opportunities, promotions, finding partners and so on in their lives, which stimulated them to lose weight. Dilidili and Herjing believed that if they did not have a good self-image, which in this case is slim, they would not have a good relationship and a good job.

“.... If I don’t lose weight, there will be other girls who come to my boyfriend. Fat people don’t have a future including in the work place; bosses tend to offer more opportunities to slim girls....” (Dilidili, 1st Interview, 26 February 2011)

“.... I am only 22 years old, and I haven’t had a date yet. How can I find a boyfriend if I don’t lose weight? Most people’s boyfriends are slim when you see them on the street, which really stimulates me. Also, those beautiful clothes fit you better if you are slim. I will be graduated soon, and image is very important for job interviews....” (Herjing, 1st Interview, 25 February 2011)

Social pressure within the community was another stimulus for the informants to lose weight. The online community members shared their experiences on how being overweight affected their lives and triggered the informants to make their own decision to lose weight. Several informants described the experiences of social liberation by reading the postings on the forums and they valued these online threads as an important motivator and stimulus to lose their own weight. This one thread was initiated on 14 April 2011 with the title ‘Do you really want to become slim once in your life? Then please come in, if you don’t have the determination, please make a detour, (let me tell you why you can’t lose weight)’. This is an ongoing tread that has been clicked 805,280 times with 12,257 replies as of 31 August 2013 (explored further in Section 6.1.1). Memory expressed that she was ‘deeply affected’ and ‘really touched’ by this thread because she believed that what the initiator of the thread said was a common experience that ‘fat people’ encountered.

“.... The author of this posting used to be very fat. She shared her successful weight loss experiences. I was deeply affected by what she said, as if I had experienced it by myself. I was really touched. For example, she said, “fat people are always undistinguished.
When a man refuses you, you always hear bullshit like ‘you are too good for me’...” She also said that her life became so much better after she lost weight, it also makes her feel very motivated.” (Memory, 2nd Interview, 27 May 2011)

Social pressure within the community also comes from knowing that other online community members are working hard to lose weight, which stimulates the informants to start or continue to lose weight. Yuya described the extreme postings as ‘useful’ because it reminded her of the purpose for losing weight and stimulated her to continue her own weight loss.

“.... When reading the postings, I found that some people were very strict to themselves. They really wanted to lose weight, already two digits of weight. They still fasted, took weight loss drugs to make themselves slim. .... I like reading those extreme weight loss people’s postings. To me, their points of view sometimes are quite shocking, but it’s really useful. Every time when I don’t know what I am continuing for, I can always find motivation to continue from them....” (Yuya, 1st Interview, 11 May 2011)

5.2.6 Self-liberation

This process acknowledges that the individual is taking responsibility and believing in their ability to make the change, which is also closely related to Bandura’s self-efficacy theory (Bandura, 1978). One of the famous examples is the fashionable New Year’s Eve resolution. Prochaska and DiClemente (1994) clarified that this process is first the individuals make the commitment to themselves privately and then make a public announcement of their intentions. Public commitment strengthens their willpower to take action.

The question is who are these individuals going to tell about their determination to take action. Important others can wield a lot of influence, which is reminiscent of the Theory of Reasoned Action and Theory of Planned Behaviour, as some informants said that they were unwilling to disclose their weight loss determinations and commitments to their strong ties networks because these were not supportive. Anuo used the word ‘against’ to describe her parents and husband’s attitudes towards her decision to lose weight. Youan also expressed the view that she was confused because her friends did not think she needed to lose weight.

“.... My parents are against me to lose weight, and my husband is also against it....”
(Anuo, 1st Interview, 25 February 2011)
Thus, a lot of the online community members use the community to express how they really feel. In this self-liberation process, the online community members often make public announcements on the forums by initiating a new thread to show their weight loss determination and commitment. Instead of self-liberation, they actually ask others to liberate them via the online postings. They ask other community members to monitor their progress on the threads. A lot of threads with these types of titles can be found on Tianya forum, “My weight loss diary, start from New Year”, “This is my last time to lose weight, please monitor and follow”, “All for weight loss, start from today”, “I want to lose weight!!!, From ...to...”. From 01 January 2009 to 31 March 2009, there were 802 threads related to weight loss topics posted on the Tianya forum, and 102 threads were created to show a weight loss determination and commitment.

Most of the informants are tourists or minglers according to the categorisations of online community participation presented in Section 2.4.4 (Kozinets, 1999). Therefore, most just read the online weight loss threads without interacting with other community members. Although there are many threads that do show people’s weight loss commitments on the Tianya forum, only Yuya shared her experiences about posting a new thread on the forum to show her weight loss determination. Few other informants had posted threads on the forums during their weight loss processes, but these were about recording their weight loss process and sharing their weight loss experiences.

“....Recently, I have posted a thread to record what I have been eating every day, also to show my determination....” (Yuya, 1st Interview, 11 May 2011)

Some informants did not actually create new threads on the forum, but they made up their minds to lose weight after reading other people’s successful weight loss stories. They found these weight loss stories very motivating and inspiring, and they strengthened their own self-efficacy. Informal online social support that serves as a motivator/stimulator is discussed in Section 7.4.2.

The self-help weight loss process is different from formal weight loss intervention in terms of taking responsibility and making the commitment to take action. For formal
weight loss intervention, the individuals are often encouraged to make the commitment by health professionals. Self-help weight loss individuals have to seek the motivations or stimuli by themselves. They are not after social liberation from the wider community, as they experience responsibilities and commitments in a very weak form as the social pressure from within the online communities. Similar to the social liberation process, social pressure within the online community again enhances the informants’ determination and stimulates them to start or continue to lose weight. Memory stressed that her strong ties network was not supportive. In an opposite way, the weak ties support network was supportive, which then motivated her to lose weight.

“.... When I go to the Tianya forum, I read weight loss postings most of the time. I am motivated by those who share successful experiences. Some people around me always say, “it’s impossible for you to lose weight successfully” or “you don’t need to lose weight”. So seeing that other people are losing weight in the forum enhances my willpower...” (Memory, 1st Interview, 9 May 2011)

Herjing also described her experiences of reading online weight loss postings as strengthening her self-efficacy to lose weight. The weight loss postings provided ongoing stimulation and motivation to these informants because there are thousands of weight loss threads on the forums.

“.... I have been reading a lot of others’ experiences these few days in Tianya, and I want to try them. But most of the weight loss experiences are all about control diets and exercises. I am determined to strictly stick to my current weight loss plan from tomorrow.... I read other people’ new threads every day, (thread with the title) like my current target is 3kg. I would say to myself this is also my current target....” (Herjing, 3rd interview, 2 April 2011)

5.2.7 Stimulus control

It is assumed that the stimulus control, counterconditioning (see Section 5.2.8) and reinforcement management (see Section 5.2.9) processes are three individual processes documented in the TTM literature. However, the evidence from this study is that informants find the experiences of the stimulus control, counterconditioning and reinforcement management processes are involved with emotional struggling as a necessary part of the behaviour change process. The interrelationships between these three processes are discussed in Section 7.3.3.
During the weight loss process, as suggested in the TTM literature, individuals should remove junk food and high-fat food from the fridge to avoid unhealthy eating behaviour. Avoiding occasional events or gatherings that may trigger the unhealthy behaviour is also very important during this process. However, the stimulus control process is not as simple as the TTM literature describes. All informants shared the view that weight loss is a ‘miserable’ process. They need continual motivations and stimulations while they are trying to avoid triggers that might lead them to relapse.

Controlling temptation to eat is difficult for people who are losing weight and especially for those who try to lose weight by themselves. Sometimes, individuals feel very stressed and depressed because they are trying hard to exhibit stimulus control. The harder they try to control, the more tempting it becomes to eat. Therefore, informants said they needed some ‘stimuli’ to motivate themselves to continue. These kinds of ‘stimuli’ were the social pressures coming from seeing others also working hard to lose weight or seeing that others had lost weight successfully by reading their online weight loss postings.

Yuya described interesting experiences of stimulus control. She read the weight loss threads when she was tempted to eat. The weight loss threads also worked as ‘stimuli’ to stimulate her to persist in her weight loss because of the pressure of knowing other community members were also working hard to lose weight.

“….. Recently, I really wanted to eat, so I decided to read those threads that I have saved. I hope I can continue (to lose weight). Those postings are useful to me. I think I am so fat, but other people (online) are still working hard, so then I would feel very motivated…." (Yuya, 1st Interview, 11 May 2011)

Since most of the informants go to the online community forums regularly, reading postings added prompts to avoid eating or binge eating. The online postings offer them a timely support to control their temptations and stimulate them to continue to lose weight during this process. Memory and Diaochan stated that reading weight loss postings helped them control their own temptations to eat. For example, Memory explained that ‘I have saved the main content of this thread as my desktop picture to remind me not to eat too much’. Diaochan stressed that ‘I have treated going to the forums as a kind of spiritual substance’ to sustain change because she was worried about relapsing.
“.... The main method applied by this author (of the thread) is diet, and this always reminds me to eat less. I have saved the main content of this thread as my desktop picture to remind me not to eat too much. I read it every day....” (Memory, 4th Interview, 25 June 2011)

“.... Because I still worry that I can’t control, and I will be over eating. I feel like I have treated going to the forums as a kind of spiritual substance. If I have difficulties, I go to organisations (online community forums). But we should be close to organisations even without difficulties....” (Diaochan, 3rd Interview, 29 March 2011)

Keke and Dilidili also shared the fact that they applied different strategies to control their temptations to eat or avoid binge eating. For example, ‘read a weight loss book’, ‘take out a small size cloth’ reminded themselves not to eat.

“.... For example, I would read a weight loss book before I went to bed, and then I would eat less at night. I really liked eating on my bed at night before....” (Keke, 2nd Interview, 16 March 2011)

“.... When I was hungry, I would take out the very small size clothes that I bought (I wear size M, I bought a size smaller for weight loss), and then I put it on and stood in front of the mirror. I felt really depressed when I was looking into the mirror and saw the fat body and fat legs. Then I would not think about eating....” (Dilidili, 2nd Interview, 12 March 2011)

However, during the stimulus control process, occasional special events and group gatherings were stimuli to trigger relapse. All the informants were either working in companies or studying at university. Frequent group gatherings or eating out events were the stimuli that tempted the informants to overeat during their weight loss process. For example, Chengmen and Memory commented that it was difficult to avoid these kinds of events and stick to their diets on these occasions. Some even regained some of their weight after having big meals during such events.

“.... I was doing my undergraduate in another city, and I made a lot of good friends. We always ate together, and most of them were during nights, so I have relapsed and regained the weight to 80kg....” (Chengmen, 1st Interview, 9 May 2011)

“.... 4 days ago, I was 55kg, and then we had gatherings continually over the past 3 days and ate a lot. Now my weight has risen to 56.4kg....” (Memory, 4th Interview, 25 June 2011)

The informants portrayed their experiences of being stimulated to lose weight in this process. However, it is interesting to find out that some informants tried to ‘block’ themselves from online stimuli when they actually did not work hard on the process of
counter conditioning to lose weight loss in the Action stage. Rasy expressed her feelings of shamefulness because she did not control her temptation to eat during the stimulus control process. She used negative words like ‘shameful’; ‘feel ashamed’ ‘feel guilty’, ‘hopeless’ and ‘depressed’ to describe her emotional struggling during this period, which is not addressed in the TTM literature. She described the weight loss forum as a judge and felt guilty and shameful in front of this judge so much so that she was reluctant to go to the online community forums. She tried to avoid the weight loss stimuli because those stimuli made her feel shameful for not making any progress.

“I feel dispirited when it comes to weight loss, as there few days, my caloric intake exceeds a lot every day. I feel shameful to see people, don’t want to talk to others and don’t want to go to the weight loss forums. I don’t know how to start again. I am feeling hopeless about myself. During these few days, the weight loss forum is like a judge that I don’t know how to confront. I feel ashamed to go online to record how much I have been eating. I just want to be a self-deception ostrich.... Until today, I haven’t gone (to the forum) for 4,5 days, I completely feel ashamed to see people. I don’t know how my ‘fat friends’ are doing. I think I will feel depressed, and I will hate myself for not making any progress....” (Rasy, 1st Interview, 11 May 2011)

5.2.8 Counterconditioning

In the process of stimulus control, individuals try to remove cues or avoid stimuli that trigger their unhealthy behaviours. Counterconditioning involves substituting a new healthier alternative in response to a stimulus for unhealthy behaviour (DiClemente, 2006). It is interesting to find out that most of the informants preferred control diets rather than physical exercise. Only three informants chose to combine diet and physical exercise to lose weight. Most of the informants commented that they carefully selected what they could eat to replace the high-fat foods or unhealthy foods that they had before and change their unhealthy eating habits. The following three informants described the different methods they applied in the process of counterconditioning.

“.... I ate less at night, and I insisted on not eating any food before going to bed....” (Anuo, 2nd Interview, 12 March 2011)

“Now I am really paying attention to my diet, a vegetarian diet, and also do exercises....” (Chengmen, 5th Interview, 30 July 2011)

“Now I have a good breakfast, and I only have vegetables for lunch and dinner, I don’t have any rice.”(Yuya, 6th Interview, 31 July 2011)
During the *counterconditioning* process, *Aizi* and *Memory* also described the experiences of substituting their sedentary behaviours with more physical activities.

“.... *In the morning, I got off the bus four stops earlier, and it was the same for night or even more. Basically, my physical exercise was walking.*” (*Aizi*, 2nd Interview, 25 May 2011)

“.... *My physical exercise is jogging, very slow 5 times or more every week for about 4,000 metres or more each time.*” (*Memory*, 2nd Interview, 27 May 2011)

Since the informants in this study were losing weight without professional support, some did not know how to eat healthily or how to do physical exercise to lose weight. Most of the informants described their experiences of going to the online community forums to search for relevant postings regarding the problems they had during this process. Most of the informants normally followed other online community members’ successful weight loss methods, including diet and physical exercise. Usually, they chose to apply the methods mentioned in the most popular threads. For example, the most popular diet methods in the forum ‘21 days diet method’, ‘listen to me and you will be slim’ and the ‘Copenhagen weight loss method’, etc.

One of the most popular physical exercise methods was the ‘Zheng Duoyan weight loss exercise’. A lot of members posted threads to share their experiences of using these above methods or request information and ask for help regarding these above methods on the *Tianya* forum. From 01 January 2009 to 31 March 2009, there were 113 threads out of the total 882 threads about specific weight loss methods on the *Tianya* forum. Of these, 30 threads were about the weight loss method the ‘21-day weight loss diet’. Thus, the online community forum is a very popular platform for self-help weight loss individuals to find information about weight loss methods and find out how they can eat healthily as well as learn effective methods to do physical exercise to substitute for their unhealthy behaviours during the *counterconditioning* process. For example, the informants *Anuo* and *Keke* both applied the ‘listen to me and you will be slim’ diet to lose weight.

However, the *counterconditioning* process does not always go as smoothly as the above few informants described. There were other factors that could influence the *counterconditioning* process. *Herjing* described her experiences of not working hard for
different reasons in the counter conditioning process, which she felt very guilty about. She expressed that ‘I regretted to death’ and ‘I really wanted to restart this week’ to show her emotional struggling of not working hard in the counterconditioning process.

‘.... I have to make a confession. I have been back to the university for two weeks. The first few days were good, I always remembered that I needed to lose weight. I hardly ate anything in the evening. But this week, I have eaten more, and I did not practice Yoga on time. Also, the weather is getting colder. I regretted to death, and I really wanted to restart this week....” (Herjing, 3rd Interview, 2 April 2011)

5.2.9 Reinforcement management

Reinforcement management process involves increasing the rewards for positive behaviour change and reducing rewards for unhealthy behaviour (DiClemente, 2006). Reinforcement is critical for self-help weight loss individuals, as they need continual encouragement to support them and sustain their changes and prevent relapsing.

In this study, most informants mentioned that they rewarded themselves at milestones. This was one of the methods they used to encourage themselves to continue losing weight. For example, Diaochan and Luncky_q expressed that they would reward themselves with tangible goods to motivate themselves to continue to lose weight.

“.... I have encouraged myself to lose weight. If I lose 7.5 kg, I will buy myself some snacks. If I lose 10 kg, I will buy myself a gold pendant. If I lose 15 kg, I will go travelling.” (Diaochan, 1st Interview, 26 February 2011)

“.... To motivate myself, I bought myself new clothes when I lost some weight....” (Lucky_q, 2nd Interview, 11 March 2011)

Most of the informants rewarded themselves in different ways, and they did not solely rely on tangible rewards. Seeing their weight change was the best reinforcement that motivated them and also enhanced their confidence to continue weight loss. Receiving compliments from families and friends was also a great reinforcement for these informants to continue.

“.... The feeling when I weigh myself every morning. If I weigh lighter tomorrow morning, I feel like I can be slim, and I will continue....” (Herjing, 2nd Interview, 11 March 2011)
“... Last week, my friend (started weight loss at the same time as Anuo but applied different methods) gave me a pair of trousers because she couldn’t fit in them. I thought I also couldn’t fit in them for sure. Unexpectedly, I not only could fit into the trousers, but also they were too big for me. So I returned the trousers to her. This is a motivation to me.... Also, I met a friend that I haven’t seen for very long time, and she complimented that I lost weight and looked great in the clothes. We also discussed about weight loss....” (Anuo, 5th Interview, 14 May 2011).

However, when the informants hit a plateau and their weight remained the same for a period of time or they even regained some weight, some informants felt discouraged and thought about giving up. This problem normally happened during the struggling phase of the Action stage, which was discussed in Section 4.3.4.2. This is a critical period during the weight loss process with self-help weight loss behaviour. If the individual cannot get enough reinforcement to stimulate them to continue or regain their confidence, they are very likely to relapse or even give up. Dilidili used several negative words like ‘tired’, ‘disappointed’, ‘down’ and ‘frustrating’ to describe the emotional struggling of no weight change. When reinforcement management stopped supporting the processes of stimulus control and counterconditioning, informants experienced the emotional struggle of living through intense relationships with temptation, hunger, and weight.

“.... I didn’t lose any weight recently, 55555 (symbol of crying), not even half kilo,...I didn’t eat a lot, and I just eat the same as before. Actually, how can I lose weight, or have I hit a plateau? .... I feel very tired both in my mind and body. I am really disappointed. Why are some people born to be slim and some people are still fat regardless of how hard they have tried (to lose weight). Sometimes I feel a bit psychologically unbalanced. I feel so down these two weeks, no progress at all these two weeks. I feel really frustrating, looking for stimulation!!....” (Dilidili, 3rd Interview, 2 April 2011)

Most of the informants shared the fact that they lost motivation at some point in their weight loss process, and they found it very difficult to continue the weight loss behaviour. Thus, when self-motivation did not work, some informants went to the online community forum to seek reinforcement. For example, during the struggling phase of the Action stage, Keke indicated that she would go to the forum to seek
reinforcement when she was ‘upset’ and ‘couldn’t continue.’ It was the empathy that she was looking for to support herself and continue.

“.... When I would feel very upset and feel like I couldn’t continue, I would go to the forum. I feel motivated because I feel like there are others’ experiencing the same as me. Those who are not losing weight find it is difficult to understand the feeling of weight loss. I think weight loss is a very miserable process.” (Keke, 3rd Interview, 8 April 2011)

Food and weight is an ongoing battle for these informants, and therefore, it is common to hear their emotional statements during the interviews and also read the online postings where people described the experiences of stimulus control, counter conditioning and reinforcement management. Therefore, it is important to understand the emotional struggling and the experiences that were involved in these three processes, which do determine weight loss progress. Further discussion of the interrelationships between these three processes is presented in Section 7.3.3.

5.2.10 Helping relationships

Helping relationships and social support are often viewed as playing an important role in helping people to progress through the different TTM processes (Keller et al., 2006). Although helping relationships has been a term used for this process, it is believed that it represents the existence and use of social support that can facilitate health behaviour changes. In this study of informal online social support and the processes of change, it was found that informal online social support plays a critical role in helping the informants to lose weight during the different SoC and PoC, as discussed in Section 7.4. The findings for how informants seek and receive support during their weight loss process in general are presented in this section. The findings for how support is communicated through an interaction process to demonstrate what is really happening on the threads and whether other community members have had the same experiences as the informants described in these interviews is presented in Chapter 6.

Previous research indicates that the helping relationships process is the least used behavioural process in the earlier stages of TTM, such as Precontemplation and Contemplation stages. However, it is most used in the Preparation and Action stages of TTM (Moore, 2005; Prochaska and DiClemente, 1994; Prochaska et al., 2009, 1982).
Nevertheless, it was also found that social support is important to all the stages and processes of TTM based on the descriptions of the informants’ experiences. The difference is that some types of social support are more important in one stage or process than in another (explored further in Section 6.2)

It was interesting to find out that only a few informants described the experiences of receiving support from the strong ties networks during their weight loss process. Even though these three informants had received support from their families and friends, they still went to the online community forums to look for support.

“.... Although I always have a bad mood when I am losing weight, my female friends are very supportive. For example, someone said if my weight reduces to 70 kg, they would buy me an IPhone 5 as a present.” (Diaochan, 1st Interview, 26 February 2011)

“.... I don’t know why, but it’s very interesting. Friends who are close to me are not slim. So when we found some weight loss methods, we would use them together and monitor each other.” (Herjing, 1st Interview, 25 February 2011)

“.... I am losing weight with my boyfriend. We always have meals together, and we wouldn’t let each other have very oily food. We also plan to go to the gym together when the weather gets warmer....” (Dilidili, 2nd Interview, 12 March 2011)

All the informants had experiences of going to the online community forums to seek support or provide support by reading a thread without interacting with other members, initiating a new thread, or replying to a thread to take part in the discussion during their weight loss process. Part of the reasons for seeking or providing support through the online community forums are the same as what previous research has found including similarity, empathy and experiential knowledge (Coulson et al., 2007; Wright et al., 2003; Ziebland, 2004). Reading online weight loss postings was a learning process for some of the informants.

For example, when Herjing and Luna reflected on their weight loss histories, they expressed the view they learned about weight loss methods, the right weight loss attitude and how to deal with certain weight loss problems, all of which helped them to manage their weight more effectively.

“.... Other people’s weight loss record, most of them are successful experiences, they can be my examples which is really helpful to me... I started going to the Tianya forum from the second year of doing my undergraduate. I indeed have learned some methods and some correct weight loss ideas. It has changed my original attitude which was that
I wanted to successfully lost weight in very short time …” (Herjing, 1st Interview, 25 February 2011)

“…. Initiating a live weight loss thread sometimes is very motivating to continue. I used to post a live weight loss thread on Douban (a general theme online community forum) and received many encouragements. So far, I have learned all my weight loss methods from forums…. If people were talking about the methods that I tried before, I would reply to them with my experiences of applying the methods. It doesn’t matter good or bad. I would also reply about appropriate methods to the threads requests for help....”
(Luna, 1st interview, 2 March 2011)

However, most importantly, the online community forum is a platform that provides the individual with continual support, both emotional and informational, and it is critical to the success of self-help weight loss behaviour. For example, Keke demonstrated how she received support from others by initiating a thread on the forum when she was describing her weight loss history on the first interview. Chengmen also described her experiences of getting timely support by reading weight loss postings online during the Action stage, which motivated her to continue without relapsing.

“When I was losing weight, I went to the forums to read other people’s threads which really motivated me. I also posted a thread to record what I have been eating every day and (reported) my weight, just like a diary, and a lot of people replied and encouraged me. A lot of overweight people like me also followed my thread and wrote down what they had been eating and doing every day.”(Keke, 1st Interview, 2 March 2011)

“…. I know the keys to losing weight, but sometimes I would slack off because I was not motivated. I really need some stimulation at this time, and if not, I would go back to my original point. When you go to the forum at this moment, you may read something that would touch your heart, and then you will focus on weight loss again.”(Chengmen, 5th Interview, 9th July 2011)

In summary, it is noticeable that several PoCs work together in specific stages because people’s experiences were rolling together, and it was impossible to desegregate some of these processes. Therefore, the descriptions of some of the processes overlapped. It is impossible to fully understand and locate people’s experiences during PoC by self-reported questionnaires that try to measure each PoC separately, as most of the TTM studies implied. It is not a single reason or process that helped the informants to progress through the SoC.

Similar to the findings of SoC in this research, informants had different experiences even within the same process. However, the informants shared a common view that
interacted with other community members, or reading weight loss threads played critical roles in activating their own consciousness to lose weight, stimulating and motivating them to persist in their weight loss as well as sustaining their weight loss behaviour during the weight loss process, are further explored in the next chapter (Chapter 6).
Chapter 6 Findings for Informal Online Social Support

Figure 6 Map of Chapter 6- Findings for Informal Online Social Support

Chapter Contents

6.1 Introduction
6.2 The Online Community Interaction Social Support Process
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6.1 Introduction

During the interviews, some informants indicated that there were specific threads on the Tianya forum that motivated them or influenced their weight loss behaviour. In total, the informants mentioned four specific threads during the three months of interviews that greatly influenced them during different SoC. Section 3.4.2.1 briefly introduces these four threads and presents four story lines from the initiators of the threads that resulted from the researcher’s interpretative efforts. They are presented to provide closer insights into the history and context of the threads within which the emergent themes were found. The initiators of four different threads applied different strategies to interact with the community members.

Since most of the informants emphasised the importance of visiting the online community forums during their weight loss process (Chapter 4 and Chapter 5), it is important to understand how such support is communicated through the interaction process and demonstrate what is really happening on the threads and whether other community members have had the same experiences as the informants herein described in their interviews. In the online community forum, members are in different weight loss stages, and therefore, they may view the same thread quite differently and thus gain or provide different types of support from the same thread. Community members at different weight loss stages can join the same thread, which does indicate the flexibility and accessibility of informal online social support to meet different individuals’ needs. This type of flexibility and accessibility is difficult to provide in formal weight loss interventions.

The social support interaction process was captured for this study by observing four threads, which are described in the next section. Three main processes emerged as dominant experiences for the community members, namely, getting involved, maintaining interaction connectivity, and role transformation.
6.2 The Online Community Interaction Social Support Process

Referring to Section 2.4.4, Kozinets (1999) distinguishes four types of online community members, namely, tourist, mingler, devotee, and insider, when analysing postings from online community members. The weight loss experiences of the informants (mainly tourists and minglers) that interacted with others or others (‘lurkers’) who simply observed the interaction on the forum to gain the information and learning others’ weight loss experiences without engaging in the interaction on the threads are presented in Chapter 4 and Chapter 5.

Tourist and minglers have fewer social attachments to the group than devotees or insiders, and therefore, it is very difficult to learn their experiences by analysing the threads (Kozinets, 1999). However, their experiences are presented in this thesis through online longitudinal phenomenological interviews. Kozinets (2002) also stressed the importance of devotees and insiders as informant sources. Therefore, the results presented in this section are mainly based on the experiences of devotees and insiders to capture the interaction social support processes that occur in the community.

This section presents the findings of the interaction processes observed in the threads, which did impact or in some way transformed the community members’ weight loss experiences and their weight loss behaviour. By interpreting the above four threads, three main experiential processes were captured including getting involved, maintaining interaction connectivity, and role transformation. The results presented in this section only take account of those community members who had posted postings on the forum, not including the lurkers who only observed the interactions. The common interaction social support processes that the community members reported or described were indeed captured.

Three selected cases with the pseudonyms, Xiaoxian, Chunmi, and Xiaofan are presented in this section to illustrate the actual lived weight loss experiences during the interaction process. The reason for choosing these three cases is discussed in Section 3.6. These three selected cases and their ongoing interactions with other community members were followed fully. Postings from other community members are also
highlighted for “their complementary or contrasting qualities” (Fournier and Mick, 1999: 8).

6.2.1 Getting involved

The getting involved process is the beginning of the online interaction process where online community members start getting involved in the online interaction triggered by the expressions of the thread initiators. Most of the online community members stressed that they had made more than one weight loss attempt. Others had thought about starting weight loss more than once, but they had not taken any action when describing their experiences on the threads. At the beginning of the interaction process, they were attracted to click on the threads because of the title of the thread or the perceived popularity of the thread.

Both initiators and online community members applied different strategies to get involved in the interaction. To get involved in an interaction does not necessarily mean that the members are in the Contemplation stage or Preparation stage, they could also be in the Action stage. Community members at different weight loss stages can join the same thread, which indicates the flexibility and accessibility of informal online social support to meet different individuals’ needs that could not be as easily provided through formal weight loss interventions. However, getting involved in such interaction seemed to be especially helpful for the community members to progress from the Contemplation stage to the Preparation stage or even directly to the Action stage, which will be demonstrated in the following sections.

6.2.1.1 Stimulation strategies

The following extract is from the initial posting of Thread 1, the ‘insider’ (and initiator), which utilised an indirect strategy of support provision to interact with the community members. The initiator did not directly ask other members to join the thread to lose weight or state why they needed to persist in losing weight. Instead, she used very harsh language and a few scenarios that ‘fat’ people may have actually experienced, which triggered community members to do a self-reevaluation and make the decision to join the conversation. Most of the informants expressed that they had been influenced or
stimulated by Thread 1 during their weight loss process. Other community members shared the same experiences as the informants described when replying to the thread to become involved in the interaction.

“How many times have you lost weight? Is it true that after you lost few kilos and gave up, then you regained weight again very quickly? Are you having an attitude that 2012 is coming, I will be so regretful if I can’t eat to be dead to challenge your stomach?

After stuffing down fried chicken, chips, ice cream, pizza, and coke, you still are continuing eating melon seeds. When you see the beautiful female celebrities on TV, you may think that her facial features are not that pretty, or even not as pretty as you are; she is just slim. No one has told you he likes you even when you are in your 20s. Even if you had one or two quick courtships, your boyfriend didn’t want to introduce you to his friends. You may think that your relationship is not that strong yet. Maybe he is caring about you; in fact he really loves you? .... These are just the few examples that I have listed. If you had the above problems, please follow me to continue. If you hadn’t, then click the cross on the upper right.” (Thread 1, by the Initiator, 14 April 2011)

The following extract is a reply to the initial posting from a ‘devotee’ who also applied the indirect strategy to support the initial posting by describing her miserable experiences of being ‘fat’ to gain sympathy and her determination to join the ‘20 days’ challenge’ to get involved in the interaction. The initiator’s posting triggered this ‘devotee’ to do self-reevaluation, she described herself as a ‘100% fatty’, with ‘no beautiful face and body’ but ‘a strong, fat body’, which indicated that she was living with an unwanted self. She described the experiences of dramatic relief, as she stressed that ‘from little till now, nobody actually pay attention to me.’

“Initiator, I am also a 100% fatty, and the same, I have tried many weight loss methods, but at the end I am still a big fatty. Many situations you described are also what many fat girls have experienced. No beautiful face and body; all I have is a strong, fat body. From little till now, nobody actually paid attention to me. Initiator, what you said is really correct, I’ve decided to lose weight from now on. I don’t have a job recently, and I also need to do interview every day. But I’ve decided, that no matter what, even giving up looking for jobs, these twenty days, I must persist. I really want to try. How will that feel after becoming a slim girl.” (Thread 1, reply on 14 April 2011)

She also described how the process of consciousness raising and reading the thread had reactivated her weight loss awareness. Her descriptions of the experiences of
consciousness raising, dramatic relief and self-reevaluation demonstrate that the experiences of these three processes are intermingled and could not be easily separated. After she had been through the above PoC, she made the commitment to change on the thread in the process of self-liberation, and she stressed that 'I’ve decided to lose weight from now on.' This devotee described the experience of being stimulated to make a sudden change, progressing directly from the Contemplation stage to the Action stage.

Getting involved in the interaction for the community members means having a desire to interact with other community members to gain different types of support or companionship. However, not every reply to the thread would get responses from others, not uncommon within such communities. Self-disclosure of personal weight loss experiences and negative experiences of being ‘fat’ with emotional statements was one of the strategies that some members applied to stimulate a response.

6.2.1.2 Diary style approach

The initiators of Threads 1, 2, and 3 shared in common the use of experiential comparisons to initiate responses from others. The initiator of Thread 1, however, used a provocative means to stimulate interactions from others without a direct invitation. On Thread 2 and Thread 3, both of the initiators applied a direct strategy by applying a diary style approach of recording their own weight loss process and inviting other community members to join in and get involved in the interaction. Thread 3 is used here as an example to demonstrate how the initiator and the community members applied different strategies to get involved in the interaction. The following extract was the initial posting from Thread 3 where, instead of self-disclosing previous weight loss experiences, the initiator referenced what she read in another thread to elicit the purpose of the current thread.

“There is a friend who said something quite reasonable in a thread. To fat people, you can see remarkable results by doing physical exercises. However, to the people like us who have quite normal weight, it’s quite difficult to achieve a slim body (by doing physical exercises). Hehe, sometimes, you can only control it by dieting. From today forward, healthy diet+ physical exercises+ slimming officially start—Let’s join together if you are interested as being persistent is victory, fighting!” (Thread 3, by the Initiator, 06 May 2010)
The initiator was looking for companionship to lose weight when she initiated the thread. Both the initiators and other community members seek companionship during the weight loss process, which is very common on the forum. During the self-liberation process, some members made a firm commitment to change by initiating a new thread or following an existing thread. For example, the initiator expressed that ‘from today, healthy diet + physical exercises + slimming officially start’ on the thread to show her commitment to lose weight. One of the informants, Keke, stressed that ‘people who are not losing weight cannot understand the feeling of weight loss. I think it is a very miserable process. On the forum, there are many others who are losing weight and experiencing the same process as me.’ Other community members described similar experiences as the helping relationships, and they found it easier to continue if there were others losing weight together with them.

The purpose of Thread 3 was not sharing successful weight loss experiences or stimulating people to lose weight like Thread 1. It is about recording the initiator’s weight loss process and looking for companions, the community members who wanted to get involved in this thread and applied different strategies from Thread 1. The diary style approach to documenting weight loss seems to be a successful strategy when seeking companionship, as it is a pattern of communication that easily supports interaction that is aimed at developing companionship.

6.2.1.2.1 Xiaoxian’s experiences

The following extract was a reply to Thread 3 from one of the selected cases, Xiaoxian. This was her first reply to Thread 3, posted on 14 May 2010, and her last reply was posted on 08 June 2012.

“Here I come. I want to lose weight together with you guys. Height 160 (cm), weight 67 (kg).... how miserable! My target weight is 50 (kg). I had two egg yolk buns and a glass of soya milk with sugar. I bring my own soya milk without sugar every day. But I was too lazy to make it yesterday. The shops around my company only sold bread and oily food, so I am thinking about having home-made soya milk and two eggs for breakfast, but not sure about that. My company serves lunch, including meats and vegetables. I normally either have meat, but no rice, for one day or have rice and vegetables. But I don’t know how to plan my meal today because I had soya milk with
sugar and buns with egg yolk. Girls, please give me directions.” (Thread 3, by Xiaoxian, 14 May 2010)

Xiaoxian shared her experiences of self-liberation to get involved in the interaction first by disclosing her personal information and showing her commitment to lose weight. Community members sometimes asked very specific questions or asked for support regarding their weight loss diet and exercises. For example, Xiaoxian was seeking support to arrange her meals by describing what she had for breakfast and the difficulties she had. She described the process of counterconditioning by trying to substitute her diets with healthier alternatives. She was looking for instant support for arranging her lunch meal on the same day she posted the reply. She received a detailed reply from the initiator on the same day that told her how to arrange her meals not specifically for that day and what she could have at home and at work three meals a day as well as some tips to help her to lose weight.

6.2.1.2.2 Chunmi’s experiences

The following extract was the reply to Thread 2 from another selected case, Chunmi, to get involved in the interaction by sharing the fact that she was applying the same method.

“I am also using this weight loss method. I think it’s quite good. Currently, I am still on the fifth day of the first week, I have lost 3kg. My determination strengthens when I read Nanwan’s experiences, I must persist in this too. The more you try to lose weight, the more difficult it will be, so why not do it successful just for one time, right? (Thread 2, by Chunmi, 09 June 2009)

Her first reply to Thread 2 was posted on 9 June 2009, and her last reply was posted on 12 September 2009. As discussed in Section 5.2.3, informants gained or regained confidence to lose weight in the process of self-reevaluation by reading other members’ successful weight loss experiences. Chunmi described similar experiences, saying that ‘my determination strengthens when I read Nanwan’s experiences, I must persist in this too.’
6.2.1.3 Sharing successful weight loss experiences

The initiator of Thread 4 applied a different strategy from the other three initiators, maintaining the shared experience underpinnings. She shared successful long-term weight loss experiences, which was very attractive to the community. The informants commented that postings about sharing successful weight loss experiences were very useful in terms of providing weight loss information and most importantly, motivating and stimulating others to persist in weight success during the process of self-reevaluation. The following extract was the initial posting from Thread 4.

“Me, the initiator, was always being fat and inconspicuous from 15 to 20 years old, I totally understand how fat girls feel. It is just I realised this quite late. In April 2009 before the internship, I realised that if I don’t lose weight, I couldn’t find love, and I even couldn’t find a job after experiencing different failures. What kind of society is it? Fat ladies are miserable. I just had a bigger face. I was a 19-year old girl, so why could you call me auntie? Why would not let me work? It’s discrimination. But I didn’t have other options. The reality is just this, so can I change it? I could not change it, so a small potato like me could only choose to change myself. There was one normal night, but unforgettable, in April 2009, I was lying down on my bed in my dormitory, and I read about that very famous 20 days fasting thread on the Tianya forum unintentionally. It really was really motivating me to be enthusiastic toward weight loss. Therefore, I’ve started my endless weight loss journey.” (Thread 4, by the Initiator, 04 April 2011)

The initiator here used emotional statements to describe her personal feelings and experiences of being ‘fat’ to show her understanding of other community members and get then involved in the interaction. It was another great example that demonstrated that some PoC were intermingled and could not be separated. Emotional activation is the starting point for these processes to trigger the members to make the decision to lose weight. She described the experiences of social liberation, which she expressed by saying that ‘I realised that if I don’t lose weight, I couldn’t find love, and I even couldn’t find a job after experiencing different failures. What kind of society is it? Fat ladies are miserable.’ Several informants commented that the whole society favours slim to ‘fat’, and slim girls would have more opportunities as offered in Section 5.2.5.

The social pressure that the initiator had experienced stimulated her to lose weight. She also shared her experiences of dramatic relief that stimulated her to make the decision to lose weight. She had negative experiences of her self-image because she stressed
about being called ‘auntie’ even she was only 19 years old. She also emphasised that she was inspired by a popular thread on the Tianya forum to start weight loss.

Many other community members and informants also described their experiences of consciousness raising, dramatic relief and self-reevaluation triggered by a specific weight loss thread on the forum to start weight loss. For example, the initiator expressed that ‘I read that very famous 20 days’ fasting thread on the Tianya forum unintentionally, which makes me really motivated and enthusiastic toward weight loss,’ which was similar to what was described by the informants. The initiator also included her before and after weight loss pictures to convince other members about her changes, which strengthened other members’ confidence during the self-reevaluation process because they could visualise the kind of person they wanted to be after they lost weight.

6.2.1.3.1 Xiaofan’s experiences

The following extract was the reply from Xiaofan to Thread 4, the first reply posted on 15 April 2011. Her last reply to Thread 4 was posted on 27 August 2012.

“Here I come. Hahaha. New ID, which was registered especially for this thread.... My waist still has a lot of unwanted inches, but it has improved a little bit after some efforts. That is like the XXX (the initiator) said, keep standing for half an hour after a meal. I also do a bit more, I massaged my tummy and waist by using olive oil before my afternoon nap. The result was quite good, so you should have a try. I love XXX (the initiator), I love this thread. This is the first time that I am losing weight happily, I will get my camera tonight and take pictures tomorrow” (Thread 4, by Xiaofan, 15 April 2011)

Xiaofan described the experiences of self-liberation by registering a new ID on the forum to follow Thread 4 and start weight loss to get involved in the interaction. The extract also described the process of counterconditioning she had experienced. For instance, Xiaofan described that she would ‘keep standing for half an hour after a meal. I also do a bit more, I massaged my tummy and waist by using olive oil before my afternoon nap.’ She also uploaded her pictures before weight loss and her current picture, as she had promised on 20 April 2011. She described it, saying that ‘my current picture, still look very fat. I still need to make a great effort; my transformation has not
been successful. I can’t change my appearance, but I can change my figure.’ Some
informants commented that threads with before and after weight loss pictures were
more attractive and convincing to them because they could actually see the changes
from applying specific methods.

The experiences of the initiators and the three selected cases demonstrate that they
applied different strategies, either direct or indirect, to get involved in the interaction
with other online community members. It was a common step to start the interaction
process and similar to others. Here are a few examples.

The following extract was from an ‘insider’:

“I am also applying this method. I have gradually lost 2.5 kg. Eat less and more often
must on condition of controlling the total quantity. I have had KFC, Peking roast duck
and hot pot, but I still gradually lost weight. I also think it is a good idea to weigh
yourself frequently. I weigh once every week or more. Sometimes if you eat a bit more,
just eat less lighter the other day.” (Thread 4, by an Insider, 05 April 2011)

She replied to the thread by acknowledging the effectiveness of the weight loss method
and sharing her own experiences of counterconditioning to get involved in the
interaction on Thread 4. For instance, she said to ‘eat less and more often must be on
the condition of controlling the total quantity,’ and ‘weigh yourself frequently’. This
reply was not specifically to the initiator, but sharing experiences with other community
members on the existing thread. It is common to find similar replies on other weight
loss threads from ‘insiders’ who are actively interacting with other community members
both by sharing own weight loss experiences and providing different types of support to
other community members on the threads.

The following extract was from a ‘devotee’:

“I am in favour of eating less and more often. I have a friend who is on a diet to lose
weight. I tried to persuade her, saying that ‘you can only be on a diet for one or two
days, can you be on a diet for one or two years, and you would still feel hungry.’ But
she didn’t listen to me. She was on a diet for two days and lost 1 kg. But when she went
back to her normal diet, she gained weight again. Then she is on the diet again, I feel upset when I see this.” (Thread 4, by a Devotee, 05 April 2011)

She replied to the thread to show her acknowledgment to the weight loss method that the initiator suggested to get involved in the interaction. Instead of describing her own weight loss experiences, she used her friend as an example to demonstrate the disadvantages of dieting that many community members applied to lose weight in the short term. She shared the same belief as the initiator that ‘eat less and more often’ can achieve long-term weight loss, but dieting cannot.

6.2.2 Maintaining interaction connectivity

After the online community members have gone through the getting involved process, they enter the maintaining interaction connectivity process. This process normally takes place during the Action stage for most community members. There were also some ‘insiders’ in the maintenance stage, mainly focusing on providing support to other community members during this process. Maintaining interaction connectivity is a critical process that involves different types of interactions because the community members do have different difficulties regarding their weight loss process, and these shape their support needs. This process helps community members persist with their lifestyle changes, but requires great dynamicity in interactions to respond to changes that happen over time.

Self-management is vital during the self-help weight loss process. The major difficulties that most of the community members and informants described were a “lack of self-control ability, lack of strong will power and it is easy for them to say ‘forget about it, I will lose weight tomorrow’.” The maintaining interaction connectivity process is crucial in helping community members to cope with these difficulties by interacting with other members on the community. The community members maintain their interaction connectivity through a complementary mix of informational support and emotional support.
6.2.2.1 Informational support

Informational support is a common type of social support in online community forums, and the previous research indicated that informational support is important in helping individuals learn about their health conditions from those with similar experiences and/or learn about the treatment processes (Coulson et al., 2007; Wright et al., 2003; Ziebland, 2004). Online community members provided weight loss information and advice through posting threads or received weight loss information via reading or interacting with other members via threads. Some members also received personalised advice by posting specific questions or requests on the forum. Most of the informants also expressed that they observed the interaction on the forum to gain more information without engaging in the interaction on the threads (‘lurking’). These topics have been discussed, namely, information on diet, nutrition, exercises, fitness, and the side effects of weight loss. The following three sections indicate three different types of information were requested or provided on the online community forum through informational support.

6.2.2.1.1 Exercise information

The sources of information could either come from the thread initiators or other community members who were following the same threads. The online community members also requested information and advice on specific weight loss methods either by initiating a new thread or asking questions on the existing threads. The following extract demonstrates how community members requested specific weight loss information through their interaction.

“Initiator, can you recommend some (dancing exercises)? I wanted to sign up for the dancing lessons when I went to the gym to do exercises before. Then thinking about my fat and strong body, I really don’t have the courage to stand in front of the mirror.... I think it’s better for me to do it at home privately. But I haven’t paid any attention to this area, so I don’t know how to choose. So please can you recommend me some.” (Thread 3, by a Devotee, 31 May 2010)

This community member (a devotee) felt shame about her body, as she described her body as being ‘fat and strong’ so that she was hesitant to take dancing lessons in the
gym. She requested dancing exercise information by disclosing her concerns on Thread 3.

The following extract was the reply to the above request from the initiator of Thread 3.

“XXX, what kind of body building exercises do you want? Please feel free to add my QQ (an instant messaging software), and then I can send them to you. I have Yoga, Belly Dance, Pilates.... all different kinds of dances. I also have gymnastics. If any other person wants them, feel free to ask me as long as I have them. Whatever you guys want, I will fully support, hahaha.” (Thread 3, by the Initiator, 31 May 2010)

The initiator was keen to recommend dancing exercises to this member by showing her the different kinds of dances she had. She offered her the option to provide support outside the forum by interacting through the instant messaging software. The initiator also showed her willingness to provide the dance exercise information to other community members on a reply.

6.2.2.1.2 Diet information

Some community members decided to apply certain weight loss methods based on the popularity of those methods. They might not have fully understood how to apply the methods properly, so that they sought help on the forum to solve such ongoing problems during the process. The following extract was from Chunmi and a request for advice regarding a specific diet because she was not sure how to arrange her diet after reading others’ experiences in applying the method.

“I also ate protein the first week. Now it is the first day of the second week. Some people have said that weight loss would be very slow if they have protein for two weeks. Terrible. What should I do?” (Thread 2, by Chunmi, 12 June 2009)

The following extract was the response to the above request from the initiator. Instead of answering the request based on her own experiences, she provided her information by referencing what was said by the author of the method to convince.

“Sanmao (the author of the ‘listen to me and you will be slim’ diet) said that if you only have protein, it is easier to hit the plateaus. The best way is only having starch for the
first week and then protein for the second week. Maybe you can start again? ‘Guys, please remember don’t only eat meat for the first week; otherwise, you will not lose weight quickly on the second week.’ This is the original statement from the author.” (Thread 2, by the Initiator, 13 June 2009)

The following extract was another request from Chunmi, posted two days after the first request.

“Sigh... It is the third day of the second week today. Maybe because I had protein for the first week, I have been stuck at 55kg for few days. My advice to you girls, you must have a vegetarian diet for the first week and sugar-free for the second week. BTW, please give me some suggestions. Should I skip to the third week directly?” (Thread 2, by Chunmi, 14 June 2009)

She was still struggling with whether she should continue or skip to the third week directly because she did not see her weight changes for a few days. As discussed in Section 4.3.4.2, most of the informants stressed that seeing their weight change was the greatest reinforcement for them to continue during the reinforcement management process. However, their determination would be shaken if their weight remained the same for a few days. She suggested to other members to stick to the ‘vegetarian diet for the first week and no sugar for the second week’ based on her experience, while also requesting for advice to make the decision.

6.2.2.1.3 Experiential information

The following extract was a response from an insider to Chunmi’s request, who was also applying the same method and following the same thread so as to interact with other community members in Thread 2.

“You have to persist even you are stuck, but you have to base it on your own body condition. My first week was a vegetarian diet. Today is the second day of the second week. I would feel dizzy and have no strength even to walk if I didn’t eat any rice. Therefore, I decided to continue the vegetarian diet for the second week. I have also been stuck at 50 kg for two days. Fighting, healthy is the most important.” (Thread 2, by an insider, 14 June 2009)
This ‘insider’ did not directly comment on whether she should skip to the third week or not but showed her flexibility to adjust the method according to her own condition and situation by describing her own experience.

6.2.2.2 Emotional support

_Emotion support_ is another common type of online social support in health-related communities. It has been found that _emotional support_ is provided or received through motivation, encouragement, and stimulation. The informants shared the fact that they received motivation, encouragement, and stimulation to persist with their lifestyle changes, overcome weight loss barriers, and recover from relapsing by interacting with other community members or observing the interaction on the threads. The online community members also provided or received motivation, encouragement, and stimulation during the weight loss process via interacting with other members on the threads.

6.2.2.2.1 Stimulation

The following extract demonstrates how the initiator of Thread 1 interacted with the members to stimulate the community on the thread. The following extract was from the initiator of Thread 1. That initiator had called for community members to join the ‘20 days challenge’ to lose weight.

“Little fatties, after two days, some people had given up. Is that including you? Now have you tried the misery of weight loss? Of course, it would not be as pleasant as eating your biscuits and watching TV. If you want to become beautiful, you have to pay for it.... Your competitors are not those fat friends, who are experiencing the same as you on the thread; it is yourself. Remember what I said, that the only person who can make you suffer in this world is yourself, not anybody else. The same. You are the only person who can help yourself, nobody else.” (Thread 1, by the Initiator, 16 April, 2011)

The initiator posted another thread after the first two days on the challenge to stimulate and motivate the community members to continue. Again, the initiator used harsh language and motivated statements to stimulate and motivate the members to lose weight. All the informants agreed that strong will power and determination was the key
to self-manage their weight to achieve successful weight loss. The initiator believed that stimulation was important to change people’s attitudes and then behaviour.

Thus, the initiator continually posted stimulating statements, such as ‘now have you tried the misery of weight loss? Of course, you would not be as happy as eating your biscuits and watching TV. If you want to become beautiful, you have to pay for it.” The initiator was trying to educate the members that if you did not work hard to control the temptation to eat and on a diet, you would not have a slim body and stressing that you have to ‘pay’ for a thin/slim body. Some informants expressed the view that these stimulating statements were useful to them during the stimulus control process. The informal online social support serves as a stimulator and is discussed in Section 7.4.2.

The following extract was the reply to Thread 1 after the above posting:

“I have been too hungry to sleep these two nights and have no strength, I have become motivated again after reading this thread. I still have 1.5kg to lose. 1.5kg in a week, and it is also the golden week. I am sure I can make it.” (Thread 1, by a Devotee, 16 April, 2011)

This member (a devotee) stressed the difficulties she confronted in that ‘I have been too hungry to sleep these two nights and have no strength.’ This was the critical phase of the Action stage, where the members more easily relapsed and needed to have a strong determination to continue. Reading certain weight loss threads provided instant support and stimulated them to persist in their weight loss as the informant described. This member shared similar experiences on the reply, saying that she had ‘become motivated again after reading this thread.’

The following extract was another reply to Thread 1 posted by a devotee to show her appreciation to the initiator who initiated this thread.

“Okay, initiator, I haven’t finished reading the whole thread, but I am really being stimulated by you... I truly thank you for initiating this thread, which I can always use to stimulate myself.” (Thread 1, by a Devotee, 16 April 2011)

She explained that ‘I am really being stimulated by you’ and ‘I can always use it to stimulate myself’, which indicated that the stimulation strategy that the initiator applied actually helped the community members during their weight loss process.
6.2.2.2 Motivation

The following exacts demonstrate how motivation is provided or received through online interaction. The following extract was a reply to Thread 2 from Chunmi, who used the word ‘depressed’ to describe her feeling because she had hit a weight plateau.

“Haha, XXX, you are back. Welcome back:) I have hit the plateaus recently, I am feeling so depressed. I only lost 1kg for the ‘sugar-free week’, stuck for 5-6 days. Tomorrow is the last day of the ‘no sugar week’, so if I don’t lose weight, I would collapse. Girls, I want to give up, so what should I do? Who can give me some encouragement?” (Thread 2, Chunmi, 01 August 2009)

She also stressed that she would ‘collapse’ if she did not lose weight. As many other informants and community members described, they were thinking about giving up and losing the confidence to continue because there was no weight change for a few days. This was the struggling phase of the Action stage as discussed in Section 4.3.4.2. Instant support from other members plays a vital role during this phase.

The following extract was the response from the initiator to Chunmi.

“I have heard that ‘stuck’ is because your appearance is adjusting and becoming slim. So you must not give up. Don’t weigh. Persist on. I have been stuck for 10 days, and I am still continuing. Don’t waste all your previous efforts.” (Thread 2, by the Initiator, 02 August 2009)

Acknowledging the problems or difficulties experienced during the weight loss process and demonstrating how they dealt with them by sharing their own experiences was the common strategy that the ‘insiders’ applied to motivate and encourage other members to continue their weight loss process. For example, since they were applying the same method, the initiator explained to Chunmi that no weight change for a few days was normal by sharing her own experiences and thus encouraging her to continue.

Here is another example that demonstrates the interactional process of providing and receiving motivation. It is an interchange between one of the selected cases Xiaoxian and the initiator of Thread 3.
“Why hasn’t my weight loss lasted for long? Is it because I haven’t been persisting, or it must be my body problem. I am not losing weight as quickly as you. You have lost 15kg in two months. I only lost a few kilos in a few months.” (Thread 3, by Xiaoxian, 21 July 2010)

Some informants also considered other community members who were following the same thread to lose weight as ‘competitors’. Xiaoxian compared herself to the initiator and could not understand that why she had not lost as much weight as the initiator.

The following extract was the response from the initiator to Xiaoxian.

“Hahaha, Xiaoxian, the problem is not because of your body. You have to review what you have been eating these two months. I am starving every day. Sometimes you were sharing your overeating news here. This is not because of your body problem, right? Hahaha…. If you are losing weight slowly, you can try my way of eating for one month (exactly the same), I guarantee that you will lose more than 7 kg, hahaha…. ” (Thread 3, by the Initiator, 21 July, 2010)

The initiator tried to justify Xiaoxian’s eating behaviour, who believed was not appropriate for weight loss. Since they were interacting on the thread over a few months, the initiator noticed that Xiaoxian over ate sometimes. The initiator explained that she lost weight slowly because she ate too much not because of any other reasons. However, the initiator tried to be friendly and not offend Xiaoxian when telling her the truth; the initiator even used ‘hahaha’ three times in the following extract.

The following extract was the response to the initiator from Xiaoxian again.

“XXX, what you said make me feel so shameful. Can you tell me what I should do now? Recovering for a while and then following your method or continue like this?” (Thread 3, by Xiaoxian, 21 July 2010)

People have different perceptions of their weight loss behaviour. They may consider themselves as doing the right things to lose weight, but actually they are not. This is one of the reasons that people may be mismatching the stages through self-reported assessments on the TTM interventions. Like many other community members, Xiaoxian may not realise that her eating behaviour was problematic until the initiator pointed it out. She described her sense that she felt ‘so shameful’. The initiator’s justification triggered
her to do a *self-reevaluation* to change her behaviour by asking the initiator for suggestions.

The initiator responded to Xiaoxian’s posting by suggesting how to make the changes. She also used positive words to motivate her to persist, for example, ‘*if you can persist well, you should be successful in one cycle.*’

*“My dear, you should continue this stage until it finishes. If you control well, you should see the result this week. Persist for few days, then you will reach the recovering period, fighting. If you don’t reach the ideal weight, you can start the next round after recovering. If you can persist well, you should be successful in one cycle. That’s also very good, right? Weight loss can’t be rushed, right?”* (Thread 3, by the Initiator, 21 July 2010)

**6.2.2.2.3 Mutual encouragement**

The following extracts demonstrate the mutual encouragement that occurred between the selected case of Xiaofan and the initiator of Thread 4.

*“Haha, XXX you are all here! I am suddenly thinking how about uploading pictures of us when we are feeling good. This is also our process of becoming beautiful. We can also share our experiences and dressing suggestions and so on. After we become beautiful ladies, we can come back here to look back on the process of making our effort. It must be a different experience. How wonderful this process is! A caterpillar becomes a butterfly! Let those slim girls envy us! Haha”* (Thread 4, by the Initiator, 13 April 2011)

The initiator was surprised to know that only a few members were replying to the thread at the same time as her, so she used ‘*Haha, XXX you are all here!*’ It seems she did not feel like they were interacting through the thread, and it was just like friends gathering. The initiator applied an indirect strategy to motivate other community members by encouraging them to upload their pictures after losing weight successfully. The initiator considered the weight loss process to be the wonderful and unforgettable process of becoming beautiful, which was very different from most of the other community members, who described it as a ‘*miserable*’ process. The initiator’s weight loss attitude influenced other members, who were interacting on the thread.

The following extract was the response to the above posting by Xiaofan.
“After I become slim, I will upload my picture for sure to encourage other members, hehe. I am feeling so happy when thinking about uploading my picture. Haha...”
(Thread 4, Xiaofan, 13 April 2011)

She showed her willingness to upload pictures after she lost weight successfully to motivate other community members. A mutual support process had been developed through the weight loss process. She was gaining motivation and encouragement from others on the forum during her weight loss process. In return, she was also willing to motivate and encourage other members after she lost weight successfully.

The following extract was from the initiator to encourage Xiaofan by sharing her experiences with stimulus control.

“Haha, dear Xiaofan, there is a plate of very delicious beef that my Mum made on my table and a very big mango. In fact, I am feeling a bit hungry now because I only had congee at night. But I completely don’t have the desire to eat because the good habit has been developed. I will never eat anything after having my dinner. Even if I have to go to some gatherings, I would only eat few slices of fruit. Hehe, Xiaofan, fighting. You will achieve your goal.” (Thread 4, by the Initiator, 13 April 2011)

The initiator was in the Maintenance stage, and as she described, ‘the good habit has been developed’ through the weight loss process. Therefore, she was able to resist the temptation to eat delicious food in front of her and even at gathering events, which is indeed the qualitative difference between the Action stage and the Maintenance stage.

The following extract was from Xiaofan, where she described her experiences of counterconditioning by changing the size of the bowl to control the quantity of food she ate.

“Reporting to everyone, I bought a small bowl today (half size of a normal bowl). I will use this bowl to measure the quantity I eat when I am home. Hahahaha, the bowl is very useful, and we should all learn from the initiator. Every time when I come back (to the thread), I am really looking forward to reading the initiator’s message, to know her life, her sharing and to motivate myself. (It would be my great honour if my messages could encourage you and make people happy like the initiator is). It really makes me happy to know that other girls are making efforts, completing one thing together and gradually becoming beautiful.” (Thread 4, by Xiaofan, 20 May 2011)
She was greatly influenced by the initiator of Thread 4, as she had expressed several times on the thread. She treated the initiator as a role model. She also expressed the view that ‘it would be my great honour if my messages could encourage you and make people happy like the initiator’ to show her desire to play a similar role as the initiator on the thread and support others.

6.2.3 Role transformation

During the weight loss process, some community members dropped out at different weight loss stages. Some may have achieved their ideal weight and stopped visiting the forum. It is difficult to know the reasons by only observing the online interaction. A small amount of community members remained on the forum and still visited the same threads they were following regularly. Their roles on the forum were transforming along with their weight loss process. They started to contribute to the threads rather than just receiving support from others. They had been accumulating information and experiences through interacting and learning from other community members, so they were able to provide support to others based on their own weight loss experiences. It was not necessary that they were in the Maintenance stage; some of them were in the Action stage, more specifically in the sustaining phase of the Action stage as discussed in Section 4.3.4.3.

6.2.3.1 Chunmi’s experiences

As presented in Sections 6.2.1 and 6.2.2, Chunmi’s interactions with other community members on Thread 2 were mainly requesting information and advice regarding the method she had applied and receiving emotional support to get through the weight loss plateaus from June to August in 2009. Her role on the thread had been transforming while she was going through the weight loss plateaus. She started to provide support to other members on Thread 2 in September 2009.

All the informants described the experience of hitting a weight loss plateau. Dealing with the weight loss plateau was critical for the informants to persist in weight loss.
Changing a weight loss method was a very common way that the informants and community members applied to solve this problem. The following extract was from a ‘devotee’, who posted a request for advice regarding the method ‘listen to me and you will be slim’, hoping that she could go through these weight loss plateaus smoothly.

“I found out this method yesterday. I have been losing weight for about 15 days on my own. From 60.5kg to now 55kg, but it seems I have hit the plateaus. I want to apply this method directly starting in the second week and hopefully I can go through the plateaus smoothly. I had two boiled eggs this morning, a small portion of stir-fry vegetable, half a sea bass and two bowls of fish soup. I am not sure whether it is too much. I am still thinking about whether to have my dinner or not.” (Thread 2, by a Devotee, 10 September 2009)

She thus applied a direct strategy to request advice by describing her current routine. She also requested instant support by stating ‘I am still thinking about whether to have my dinner or not’. Requesting instant support was common on the weight loss threads, and the community members would ask for advice for specific meal suggestions on that day.

This following two extracts were the responses from Chunmi to the above posting and similar questions regarding the method. Chunmin responded to the request and other similar questions based on her own personal weight loss experiences as she stressed.

“From my personal experiences, it’s better that you only have vegetables for dinner, and it doesn’t matter whether it is a vegetarian or protein day. You can achieve remarkable results. Now I can control my diet very well. Even if I need to eat out, I would not lose control.” (Thread 2, by Chunmi, 10 September 2009)

“Vegetarian is starch plus vegetables. Sugar-free is meat plus vegetables, and you can’t eat any starch and fruits, even milk. You can only have yogurt in the morning to cleanse your intestines. Don’t have any milk during other times because milk has lactose. Not to mention yogurt, with a lot of added sugar to make it tasty.” (Thread 2, by Chunmi, 01 October 2009)

Chunmi had posted similar requests regarding applying the method ‘listen to me and you will be slim’ in June as presented in Section 6.2.2.2. During these three months, she had been interacting with other community members especially the initiator of Thread 2. She had been learning through this interaction process, so that she was able to provide support to other members, who were confronting similar problems. In Section 6.2.2.2.2,
Chunmi was thinking about giving up, and she was depressed because of the weight loss plateaus she experienced in August. Her role in the community had been transformed along with her weight loss process. She described her experiences of stimulus control, she expressed her belief that ‘now I can control my diet very well.’

When the informants described their experiences of stimulus control, group gatherings or eating out events were the stimuli that tempted the informants to overeat during weight loss as documented in Section 5.2.7. Chunmi stressed that she could resist the temptation to overeat and would not lose control even though eating out was one of the biggest challenges for people who were losing weight.

In August 2009, Chunmi, now in the struggling phase of the Action stage had lost confidence to continue, but she was encouraged to persist by other community members. After going through weight loss plateaus, she had reached the sustaining phase of the Action stage. Her lifestyle had been transformed, and she had learned the importance of persistence and strong will power during the weight loss process. Therefore, her transformation online reflected the transformation offline during her weight loss process.

She noticed a common phenomenon on the thread, namely, that some members wanted to lose weight really quickly. She criticised those who were expecting to see weight loss results in just a few days. Learning from her own weight loss experiences, she stressed that ‘weight loss is a long-term battle’. She used the word ‘battle’ to describe weight loss as she had learned that weight loss was a long-term and an ongoing process, and she had experienced a lot of difficulties during this process. This discussion is similar to what the initiator of Thread 1 stressed, ‘If you want to become beautiful, you have to pay for it.’ One of the informants, Keke, also used the word ‘battle’ when she described her weight loss experience, for as she explained ‘it seems that there were always two of myself fighting against each other.’

“After reading a lot of the girls’ postings, I have to say something. Some girls only persisted for few days and would ask why this method doesn’t work for me, why I didn’t lose weight? Do you know how long does it take for you to gain the weight? Gaining weight is really quick, but losing weight is slow. If you could change your weight in 1-2 days, they would be no fatties in this world. Maybe because of the body difference, this method is suitable for some ladies; however, some of the others didn’t have very obvious results. Yet there is no doubt that weight loss is a long-term battle. To be clearer, eat less and do more exercise plus have strong will power. To lose weight, you
should be harsh toward yourself and have stronger will power.” (Thread 2, by Chunmi, 11 October 2009)

6.2.3.2 Xiaofan’s experiences

Since the initiator of Thread 4 initiated the thread to share her successful long-term weight loss method, Xiaofan had learned from the initiator and followed what the initiator had been doing to lose weight through the interaction. Learning from the initiator’s successful experiences, she knew what to expect. Xiaofan used the word ‘happy’ to describe her weight loss process as presented in Section 6.2.1.3. Her role had gone from one of transforming from learning and receiving support from the initiator to providing support to other members on Thread 4 by sharing her personal experiences.

The following extract was a reply from a ‘devotee’ to Thread 4. A lot of community members were attracted by the weight loss method ‘eat less and more often’, but, a lot of them did not know how to control the portions of their meals and arrange their meals properly. This ‘devotee’ was surprised to learn that she could only have congee at night when applying this method. Some members such as this ‘devotee’ misunderstood what they could eat when applying this method.

“Sigh, I didn’t know I can only have congee at night. Although it said that eat less and more often, dinner is special. But I wouldn’t feel full if I only had congee at night.” (Thread 4, by a Devotee, 19 June 2011)

The following extract was the response from Xiaofan to the above posting. Xiaofan described her personal experiences to demonstrate how she controlled the portion of her meals to lose weight because she insisted that ‘you still need to eat less if you want to be slim’.

“You should understand that you still need to eat less if you want to be slim. You can’t lose weight while still eating a lot. You need to shrink your stomach. It will be difficult for you to control your dinner if you eat too much during the day. Sharing some of my own experiences... I used to eat a bowl of congee or noodles for breakfast, I normally wouldn’t feel hungry until lunch. The two days I had reduced the quantity for my breakfast. I would feel hungry when it was about 9:30 am. I am very happy about that. Although I know we need to eat less, it is difficult to control the quantity. I have bought
three different sizes bowls (The sizes of these three bowls are getting smaller, like the initiators’). I went to a meeting yesterday, and I met many colleagues from my former company. Nearly everybody saw me, and the first sentence that said was ‘Why you are so slim How do you do it??!!’ I said, ‘eat less and became slim’.” (Thread 4, by Xiaofan, 19 June, 2011)

She also described the experiences of counterconditioning by using smaller sizes bowls for meals, a trick she had learned from the initiator. Receiving compliments from others was one of the greatest reinforcements for individuals to persist in their weight loss as the informants confirm in Section 5.2.9. She portrayed the experiences of reinforcement management to persuade the ‘devotee’ to ‘eat less and became slim’.

The following extract was also from Xiaofan, and this posting was offered on 27 August 2012, one year and four months after her first response to Thread 4. Her lifestyle has been transformed, as her weight loss behaviour was now the norm. She had developed the habit of controlling the portions of her meals and doing exercise to achieve long-term weight loss.

“ I know much better about my body and its condition now. Basically, I stop eating when I am feeling about 70% full, and I also do some Yoga exercises. I don’t agree with controlling appetite strictly, as it couldn’t last for a lifetime. Now, I will eat and drink a lot occasionally.” (Thread 4, by Xiaofan, 27 August 2012)

6.2.3.3 Xiaoxian’s experiences

Different from Xiaofan and Chunmi, Xiaoxian initiated her own thread on 15 November 2011 to record her weight loss process and also interact with other members who were following the thread. She has been transformed from receiving support on Thread 3 and now provides support on her own thread as an initiator.

The following extract was from a ‘devotee’, who was following Xiaoxian’s thread to lose weight.
“I had overeaten again this weekend. Sigh, I always continued to lose weight for a few days and then I couldn’t resist eating, so I would overeat. Weight loss is truly miserable.” (Xiaoxian’s thread, by a Devotee, 21 November 2010)

During the stimulus control process, it is common that some people were triggered by the stimulus to overeat. This ‘devotee’ also used the word ‘miserable’ to describe weight loss. She did not have the strong will power to persist in weight loss and resist the temptation to overeat. After overeating, she would feel guilty, so she described weight loss as ‘miserable’.

The following extract was the response from Xiaoxian to the above posting regarding her overeating behaviour.

“XXX, I would criticise your behaviour if you want to lose weight. If you want to lose weight, you have to control your temptation to eat.” (by Xiaoxian, 21 November 2010)

Xiaoxian uses the word ‘criticise’ to justify the point that the devotee’s behaviour was not appropriate, but it was not commonly used for supporting people to lose weight in the forum. However, Xiaoxian’s role had transformed from a community member, who followed a weight loss thread to being an initiator of a thread. Therefore, she took on the responsibility to help the members who followed her thread to change their weight loss behaviour. Through interpreting the above extract, the initiator may not just provide informational and emotional support, but also take on a broader responsibility like justifying other members’ weight loss behaviours or attitudes.

The following extract was a reply to the thread from a ‘devotee’. Similar to many other members and informants, She felt upset because she ‘haven’t lost any weight after 8 days’.

“Xiaoxian, I haven’t lost any weight after 8 days by applying the method ‘Not eating after noon’. Why? I am feeling so sad. Although I have eaten a bit more in the morning, it shouldn’t be that cruel to me.” (Xiaoxian’s thread, by a Devotee, 06 August 2011)

As presented in Section 4.3.4.3, when the informants progressed to the sustaining phase of the Action stage, they had learned the importance of persistence because weight loss is a long-term process. Xiaoxian encouraged the devotee to persist in weight loss as she emphasised that ‘persistence is very important’ because she described weight loss as a
‘long-term battle’ like some other members had done as well. Learning from her own weight loss experiences, she understood that people could not achieve great results in the short term.

“ My dear, weight loss has a process, and maybe your body is still not responding to the new method. Also, persistence is very important; you can’t achieve great results by ‘not eating after noon’ in the short term, So, don’t feel upset because of this. Weight loss is a long-term battle. You should do it gradually. Everything will move forward as we hope.” (by Xiaoxian, 09 August 2011)

6.3 Summary

In summary, Chapter 4, Chapter 5 and Chapter 6 describe the informants and some online community members’ weight loss experiences with the assistance of informal online social support by drawing out examples from experiences at the idiographic individual level. TTM was applied as an initial framework to make sense of the informants’ weight loss experiences.

On the one hand, the commonality and differential experiences described by the informants are presented in these three chapters, which is a useful way of broadly understanding people’s progress during the weight loss process. On the other hand, it is the differential experiences reported within those broad stages that help us more clearly understand why people do not move between these stages. These three chapters also describe that informal online social support as part of the informants’ and online community members’ weight loss experiences and demonstrate how informal online social can facilitate the weight loss process.

Chapter 7 discusses the global themes that emerge from the descriptions of these informants’ weight loss experiences. SoC, PoC, and the multiple roles of informal online social support are also discussed. The differential experiences of these informants are highlighted in Chapter 7 to demonstrate the important insights that their individual experiences can bring to our understanding of the TTM. The roles of informal online social support, as they emerge from the informants’ experiences are also presented to demonstrate how informal online social support can positively facilitate behaviour change in specific SoC and PoC situations.
Chapter 7 Discussion

Figure 7 Map of Chapter 7- Discussion Chapter

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Figure 7 Map of Chapter 7- Discussion Chapter

Chapter 2: Literature Review

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Chapter Contents

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7.5 Summary
7.1 Introduction

Chapter 4, Chapter 5 and Chapter 6 described the informants’ weight loss experiences at the idiographic, individual level (Fournier, 1998). In this chapter, comparisons are made between these selected informants’ experiences and other online community members (Fournier, 1998; Mick and Buhl, 1992). Global themes emerged via these comparisons, which are shared also by the informants (Fournier, 1998; Thompson et al., 1989).

TTM in this research is a guiding framework used to understand the different experiences of our informants. The research findings indicate that the informants described experiences commensurate with the Stages of Change (SoC). Further, they also described experiences where certain Processes of Change (PoC) helped them to progress through the SoC, facilitated by informal online social support. The TTM literature (DiClemente, 2006, 1993; Prochaska and DiClemente, 1994; Prochaska et al., 2009; Tucker et al., 2001) describes individuals that have progressed from stage to stage by applying a specific PoC in each stage, with the assumption that individuals in the same stage would have similar experiences. Although it was acknowledged that there were variations within the stages found in the TTM literature, the actual differences turned out to be greater than anticipated.

In this research, informants who were seen in what could theoretically be defined as the same stage described very different experiences. Furthermore, far from five different experiential processes that were included in the PoC for early SoC (Precontemplation, Contemplation and Preparation), for these informants emotional struggling dominated weight loss progress along with social and environmental contexts. It is these elements that TTM has as yet failed to map out (Cameron and Leventhal, 2003).

Using the initial global themes of Stages of Change, Processes of Change and the role of informal online social support, the differential experiences of the informants are highlighted in this chapter to demonstrate the important insights that individual experiences can bring to further understanding of the TTM. This chapter begins by presenting the common stages of the SoC (Section 7.2) that the informants had experienced during their weight loss process and indicating the differential experiences involved in those specific stages that have not been adequately addressed by the quantitative TTM research in the TTM literature (DiClemente, 2006). Following this discussion, the interrelationships of the PoC that people experienced as merging or
complementary processes and as a necessary part of their change are explored (Section 7.3). Finally, the roles of informal online social support, as they emerged from these informants’ experiences are presented in Section 7.4 to demonstrate precisely how informal online social support can facilitate behaviour change in specific SoC and PoC.

7.2 Stage of Change

The common and yet divergent experiences that informants described regarding their current and previous weight loss experiences are discussed in the following sections to demonstrate the ‘qualitatively’ different attributes and the experiential basis of the SoC.

7.2.1 The Precontemplation stage

In the Precontemplation stage, three different types of precontemplators with different attitudes toward being overweight are identified. These types diverge from the description in the original TTM literature (DiClemente, 2006; Prochaska et al., 2009) to emphasise that individuals may all experience a specific stage, but that there are fundamental differences between those experiences. It is these differences that this dissertation argues help us to understand why some people move forward through the stages of change, whilst others remain static.

The first type of precontemplator is total unawareness of a particular weight state. The total unawareness informant is completely unaware of a weight problem and does not think that being overweight or being obese is a problem, which is similar to the description of the Precontemplation stage found in the TTM literature. It is difficult to influence this group to move on to the next stage as long as “the current pattern of behaviour seems functional or the individual or no compelling reason arises to disrupt this pattern” (DiClemente, 2006:26). A person may stay in this stage for a very long time or even a lifetime, accepting their particular weight states. One of the reasons that these precontemplators are not thinking about change is because they do not gain pressure from their strong ties networks to change their status quo. However, a strong push to awareness, such as, a diagnosis of severe health problems related to obesity, (for
themselves or the people around them) could be the trigger for informants to suddenly switch to total awareness of the weight problem.

The second type is gradual (re) awareness. This type of precontemplator is those who have relapsed to the Precontemplation stage, they had lost weight successfully before and always kept trying to lose weight. This second type of precontemplator does not take ownership of a total acceptance of their weight state because they still care about their weight. Instead, informants described being unaware of their weight state and gained weight unconsciously over a period of time for a variety of reasons (including, for example, work or study pressures). Contrasting with the first type of informant, this second type of informant and their experience was about gradual change (i.e., weight loss), and they kept trying to change, whereas the first type of precontemplator would not make any changes or make a sudden change.

The third type of informant was those who have a threshold approach, so when they reach a certain weight, they realise it is time for them to change. The threshold approach normally refers to certain weight figures or a specific size of clothes. When this type of precontemplator reaches a certain level of kilograms in weight, or they could not fit into a specific size of clothes, they realise that they need to change. The third type is similar to the second type, as they do not totally accept their weight states. They have tried to lose weight previously more than once and keep trying to lose weight. But they are unaware of their gradual weight gain and do not think about change during certain periods of time, so they relapsed back to the Precontemplation stage.

Contrasted with the first type of precontemplators, the second and third types yo-yo between the Precontemplation stage and the Action stage. However, they can be placed in the Precontemplation stage, as they are not thinking about their weight and not actively doing or planning during that period of time. The second and third types of precontemplators are influenced more easily and thus triggered to move to the next stage or even directly move to the Action stage. However, they have been treated the same as the first type precontemplator in the TTM interventions (DiClemente, 1993; Prochaska and DiClemente, 1994).

There may be other types of precontemplators that could not be identified through discussion with the informants, for example, the rejectors. The rejectors are those who reject making any change. I would not expect to recognise them necessarily because
they have never thought about weight loss, so that they would logically not be interested in doing weight loss-related interviews.

As Andreasen (1995) stresses, it is important for the social marketers to understand where the individual is and the current attitude regarding being overweight or obese to fully understand the reasons for not wanting to change. In this sense, when doing any health promotion, it is critical for the social marketers to identify what type of precontemplator an individual is, and different influence strategies should be provided to different types of precontemplators.

7.2.2 The Contemplation stage

In the TTM literature, decisional balance is stressed because the individual now weighs the pros and cons of making a change to make their decision (DiClemente, 2006, 1993; Prochaska et al., 2009, 1991; Tucker et al., 2001). However, this focus still leaves an unanswered question, namely, what really triggered the individuals to make the decision to change? That point has not been adequately addressed in the TTM literature regarding the triggers that cause one to make the decision to change (Chapman and Ogden, 2009). Studies on long-term weight loss success do illustrate the importance of ‘triggering events’ leading to weight loss success (Wing and Phelan, 2005). DiClemente (2006) stresses that human behaviour change requires a huge effort, so the reasons to support that change need to be important and substantive enough to cause the change.

In this research, the informants described the making up of their minds to start weight loss not because of one single reason, but rather a clear process of what Glenn (2013) has termed the ‘accumulation of evidence’. They were triggered to make the decision because of certain reasons, but before they made that decision to change, they had been thinking or waiting for a time about starting the weight loss. My informants described collecting evidence through the processes of dramatic relief and self-reevaluation discussed in Sections 5.2.2 and 5.2.3. Informants experienced different life events during the dramatic relief process that startled them to undertake a self-reevaluation, but not necessarily enough to make any precise plan/action decision. Informants in this research also described their experiences as triggering them to make the decision to lose
weight in the Contemplation stage. Relationships fears, social expectations, and shame and guilt were three aspects that influence the informants to make the decision. In this research, however, these three triggers may not be the only reasons for people to make their decisions, but they are the most important ones that actually moved the informants to the next stage.

Relationships fears emerged as one of the triggers that showed how the informants experienced and worried about their relationships with their partners, which then triggered them to decide to lose weight. Being overweight or obese directly affects an individual’s appearance, which results in body dissatisfaction. This body dissatisfaction leads to lower self-esteem, or as one of the informants stressed ‘you are not confident to do many things when you are too fat.’ The relationship fears emerged from the process of such an ‘accumulation of evidence’ due to body dissatisfaction.

In this research, the findings show that informants who were dissatisfied with body image lost confidence, so they started to compare themselves to what they believed is beautiful (in their case a slim/thin body), which then resulted in worrying about their relationships with their partners. For example, they found out that their partners admired thin girls, which was different from how they viewed themselves. Thus, they decided to lose weight to maintain their relationship. Making the decision to lose weight to change body image strengthened their self-esteem and helped them cope with these relationships fears.

Social expectations emerged as another trigger to start weight loss. People are living in a society where they compare themselves to others and thus learn about the social expectations regarding body image. Some informants did not think that they needed to lose weight; however, they started to self-reevaluate because they wanted to meet the social expectations from others within their strong ties networks. For example, they found out their partners admired thin girls, which was different from how they viewed themselves. For example, a few informants did comment that thin individuals are perceived to be more acceptable and welcome, and the whole society favours slim over ‘fat’. They believed that being slim could offer them more opportunities, including jobs, promotion, finding partners and so on in their lives. Thus, they decided to lose weight to meet others’ expectations and to maintain these important relationships.
The third trigger was *shame and guilt*, and it stimulated the informant to decide to lose weight. In line with some of the previous research, the informants described feelings of guilt and shame about particular episodes of over-eating or (perceived) shortcomings in their control of their eating (Conradt et al., 2008; Drapkin et al., 1995). In this research, the emergent theme of *shame and guilt* addressed those times when the informants experienced being triggered to make their decision to lose weight in ways that related to the *shame and guilt* they felt about their overeating behaviour and gaining weight. Descriptions of the experiences of feeling shameful and guilty because of an overeating behaviour elicited corrective coping responses to the problem behaviour rather simply than a ‘rational’ decision, which would be to make a decision to lose weight to solve the problem.

### 7.2.3 The Preparation stage

It was possible to categorise the informants’ experiences into *Preparation* and *Action* stages separately through their personal’ reflections on their experiences. However, the interpretation results also confirm that the experience of these stages was “*a fluid and ongoing process where a person may oscillate between preparation and action in order to find the easiest way to achieve a goal*” (Chapman and Ogden, 2009:1235). Andreasen (1995) modified the *SoC* from simple the consumer perspective by collapsing the *Preparation* and *Action* stages into a single stage, the *Action* stage. The descriptions from this group of self-help weight loss individuals, but without the professional support of formal weight loss intervention programmes, indicated why this circumstance might indeed be so. Informants described how, even after they decided to lose weight, they did not necessarily have a clear weight loss plan to follow. They were trying out the methods they collected from forums while searching for the best weight loss methods. Weight loss plans were also modified or changed while taking their action to lose weight in the *Action* stage. Consequently, it was difficult to separate the *Preparation* and *Action* stage in actual practice.

It is within this context where the experiences below may actually be enacted more than once that the following discussion must be considered. The first point concerns the goals and purposes of the weight loss actions thought about and then acted on.
Informants described their experiences of setting different goals for themselves when reflecting on their personal weight loss experiences. Two main goals were identified, namely, ‘approach goals’ and ‘avoidance goals’ (Chapman and Ogden, 2009) to serve different weight loss purposes. It was common that the individuals set themselves an ‘approach goal’ as documented in the literature (Chapman and Ogden, 2009). For example, they might set a goal to improve health and fitness and lose certain amount of weight. However, in this study, there is evidence of the use of ‘avoidance goals’, for example, one informant with an overeating history set herself certain ‘avoidance goals’ to change her problem eating behaviour.

The second point is that informants in this study set themselves short-term rather than long-term goals at this stage, which helped them initiate the action to lose weight. Setting long-term goals seemed to be too ambiguous at this stage, and they were reluctant to take action without a specific plan. The informants indicated they needed clear plans and methods to start any weight loss. However, as they were trying to lose weight without professional support or intervention, most did not have the knowledge or methods to lose weight. They could not find the relevant weight loss resources through their strong ties networks, so they made use of weak ties instead (See Section 2.4.2). This need for informational support was the reason most went to the online community forums to search for weight loss plans, methods, and information.

However, another important feature of this stage was that the informants were also looking for experiential knowledge through the online community forums. The informants looked for experiential knowledge during the struggling phase to break through their weight loss plateaus (See Sections 2.4.3 and 7.2.4.2). In addition to reading successful weight loss stories and experiences on the forums, which helped the informants choose their weight loss methods at this stage, they could also ask questions. Thus, importantly, the informants understood what to expect (e.g. side effects of the methods or how many kilograms they could lose) after applying the weight loss methods, and that knowledge helped them to cope with uncertainty and anxiety before actually taking any action.

A third feature was that some informants initiated threads on the forums or followed existing threads to announce their weight loss commitments. Instead of self-liberation, they actually asked others to liberate them via these online weight loss threads. They
asked other community members to monitor their progress on their threads. The TTM literature highlights the point that individuals may make public announcements to show their commitment to change their behaviour, and thus the self-liberation process is important in the Preparation stage (DiClemente, 1993; 2006).

7.2.4 The Action stage

TTM intervention studies assume that individuals in the Action stage have the same experiences, so that similar support is provided to different individuals. However, behaviour change is a long-term and ongoing process, and it was found that informants changed both experiential and behaviour through this longitudinal phenomenological study, which is difficult to identify through self-reported questionnaires. Identifying changes during the Action stage is critical to help individuals to progress to the Maintenance stage as well as to understand why some do stop or relapse. The informants were facing challenges that were both internal and external throughout the Action stage. However, the influences of these challenges on the informants varied during the different phases.

7.2.4.1 The ‘honeymoon’ phase

The ‘honeymoon’ phase marks the beginning of the Action stage but only lasts for a short period of time. Informants in this phase were full of enthusiasm, very motivated, and also focused. During this phase, the informants were facing the challenges of the temptation to eat and the threat of hunger. However, it was the beginning of the weight loss, so they had strong self-efficacy and received great reinforcements from losing weight quickly, which then supported them to continue to lose weight.

However, such a strong motivation to lose weight does not mean that they did not need support. The informants still went to the online community forums very often. Informational support played a crucial role during this phase because the informants were trying out methods they had collected from the online community forums. Some
of them were still searching for weight loss information while at the same time taking action to lose weight. Emotional support through reading about other community members’ weight loss progress or successful weight loss stories also helped the informants to cope with the temptation to eat and deal with hunger during the stimulus control process. Reading online weight loss postings, even without interacting with other online community members, helped the informants to avoid the stimulus to eat, as discussed further in Section 7.3.3.

### 7.2.4.2 The struggling phase

The struggling phase is the critical phase of the Action stage because the informants were thinking about giving up occasionally. The informants had experienced the emotional struggling of living through intense relationships with temptation, hunger, and their weight issues during this phase. The informants were struggling during this phase because they understood the importance of losing weight, and they wanted to do it successfully for the very last time, while there were internal and external challenges to break their weight loss plan. The internal challenges, as the informants described, included lack of motivation to continue weight loss, lower self-efficacy, and weaker will power to control the temptations to eat. The external challenges included work and study pressures, a busy lifestyle, and group gatherings. They were experiencing the ups and downs repeatedly during the struggling phase. The weight loss process was slowing down for different reasons. The descriptions indicated that self-motivation was not enough to support informants to continue this phase. This is a time of high danger of relapsing. Similar results also showed that online community members experience emotional struggling during this phase through a review of the interpretations of the online thread in Section 6.2.2.

However, it would be too simplistic to categorise those informants who had stopped controlling their diets for a short period of time or even gained some weight as relapsing due simply to internal and external challenges. Some of the informants had stopped in this phase or relapsed, while others had applied different strategies to deal with both the internal and external challenges. They were looking for motivation and stimulation to stimulate them to continue, which is discussed further in Section 7.4.2.
The biggest challenge that the informants encountered during this phase was weight loss plateaus. The removal of the reinforcement of actual weight loss discouraged informants to continue their weight loss actions. The words that the informants used to describe their weight loss status in Section 4.3.4.2 were ‘confused’, ‘disappointed’, ‘anxious’, ‘depressed’, ‘bad’ and ‘struggling’, which indicated that emotional experiences followed their ongoing struggle to lose weight. Despite five cognitive processes included in the PoC to help individuals to progress through the early stages of SoC, great emphasis has been placed on the behavioural processes of the PoC for the Action stage.

TTM fails, however, to address the emotional experiences that occur during the behaviour change process, which is one of the most cited criticisms of TTM (Bandura, 1997; Brug et al., 2005; Chapman and Ogden, 2009; Povey et al., 1999; Weinstein et al., 1998). As stressed by the informants as well, this is the time when they would give up easily, thus, providing both timely and ongoing support becomes crucial. However, it is unrealistic to expect health professionals to provide timely and ongoing support for the individuals in a large population (Jain, 2005).

The characteristics of CMC allow individuals to access the online communities at the most convenient, indeed the most vital, time and have a variety of resources without geographical barriers. It creates an opportunity for the individuals to gain timely and ongoing support from the online community members (Eysenbach et al., 2004; Wright, 2002; Wright et al., 2010, 2003). This study supports this contention, in that informal online social support can offer timely and ongoing support for community members and help them to break through their weight loss plateaus and cope successfully with the emotional struggling that can take place during this phase.

The discussions with the informants also showed that emotional support becomes more important than informational support during this phase. Empathy and experiential knowledge (See Section 2.4.3) played a remarkable role in helping the informants to cope with their challenges. Informants went to these online community forums to look for support because they believed that there were many others also experiencing the same struggling process and facing the same problems in the online community. They
also stressed that people who were not losing weight could not understand their feelings, so it was important to highlight the importance of *empathy* to them.

People online were also able to respond to the informants’ distress empathically by acknowledging their difficulties to deal with the weight loss plateaus and share *experiential knowledge* to get through the weight loss plateaus. This finding echoes other research on the nature of online *empathy* (Feng et al., 2004; Preece, 1999) and the value of information from first-hand sources when coping with depression (White and Dorman, 2001). Since the informants could not gain sufficient support to tackle the problem through the *strong ties* networks and no professional support was available, they thus valued *experiential knowledge* from other community members. By interacting with a wider network of individuals’ experiencing similar problems, assessments can be made about how one is coping with a problem compared to how others are, which further helps to reduce uncertainty and anxiety (Wright et al., 2010).

The important roles that informal social support plays in different *SoC* and *PoC* are discussed in Section 7.4.

### 7.2.4.3 The sustaining phase

*The sustaining phase* is the final phase of the *Action* stage, where the informants were more stable in terms of their weight changes and their confidence to lose more weight. They have learned through their ongoing weight loss experiences as well as the experiences gained from other online community members that weight loss is a long-term management process. Contrasted with to *the struggling phase*, the informants did not feel ‘*depressed*’, ‘*anxious*’ and ‘*disappointed*’ even if they had not lost any weight for a few days. The informants used the words ‘*peaceful*’, ‘*great*’ and ‘*satisfied*’ to describe their feelings during this phase. It was a transformation for the informants that was both emotional and behavioural. Although the informants in this phase had not progressed to the *Maintenance* stage, some of the psychological and behavioural experiences that are associated with weight maintenance (Byrne, 2002; McKee et al., 2013; Wing and Phelan, 2005) were found during this phase, which become important for the informants realize in order to progress to the *Maintenance* stage.
First, during this phase, the informants self-reevaluated and set more achievable weight goals with which they were satisfied. For example, one of the informants, Anuo, understood that she could not achieve her original goal, but instead of feeling depressed and disappointed, she set herself a more achievable goal and persisted in her weight loss. Byrne (2002) and McKee et al. (2013) found a similar result for maintainers.

Secondly, the informants described stronger *self-efficacy* and *self-control* abilities compared to the other two phases. Informants’ *self-efficacy* had strengthened through learning from their ongoing weight loss experiences and other community members’ successful weight loss experiences, so that their *self-control* abilities also became stronger. They were more confident and had a more positive attitude toward solving the weight loss problems they confronted. Controlling diet and doing exercise had gradually become part of their daily routine, so that they did not think weight loss was a miserable experience.

For example, Chengmen originally stressed that ‘*my self-control ability is weak*’ when eating out (Section 4.3.4.2). Nevertheless, she had developed a good habit of swimming regularly and paying attention to her diet to control her weight during the *sustaining phase*. Keke used the words ‘*feel depressed*’, ‘*feel irritated*’ and ‘*miserable process*’ to describe her feelings when she ate less (Section 4.3.4.2), and now she ‘*feels satisfied*’ even after a small amount of food.

Finally, the informants were more satisfied with their *self-image* compared to other stages. Previous research shows that people are more likely to maintain their weight losses if they are satisfied with their appearance through seeing steady improvement during the weight loss process (Thomas et al., 2010). Keke is a very good example to use to illustrate the changes in *self-image* perception. Keke used the words ‘*fat*’ and ‘*not pretty*’ to describe herself (See Section 4.3.2) with ‘*feelings of inferiority*’. During the *sustaining phase*, Keke then said that ‘*I am feeling great,*’ which was the first time she had used positive words to describe herself.
7.2.5 The Maintenance stage

Prochaska and Diclemente (1992) used the timescale of six months to differentiate the Action stage and the Maintenance stage, although Bandura (1997: 8) found this scale to be problematic, as “the latter (Maintenance) is simply an extension of the former (Action) rather than a qualitative transformation of it.”

However, the results of the current research indicate that the Maintenance stage is ‘a qualitative transformation’ and is different than the Action stage. Although the later points of the action stage do reflect some similarities to attitude and behaviour change demonstrated in Maintainers (see previous section), the narratives revealed differences in internal motivation as well as the relationship with the online community forum in the Maintenance stage.

**Internal motivation:** It is found that informants are more motivated to lose weight for personal reasons, for example, to be more confident rather than because of the pressures from others or even medical reasons as described in the Contemplation stage (section 4.3.2). Different weight loss triggers, which were related to pressure from others, were discussed in Section 7.2.2 during the Contemplation stage. In Section 4.3.2, one of the informants, Luna, expressed the view that she decided to lose weight because her boyfriend admires slim girls. However, when she progressed to the Maintenance stage, her weight loss attitude was transformed. She was no longer losing weight because of the pressure from her boyfriend, but for herself as described in Section 4.3.5. She understands that weight loss is an important part of her daily life, which she should be doing continually. She also expressed the view that she became ‘more confident’ because of the changes to her body and her self-esteem increases because of her body image. The transformation of her weight loss attitude also changed her weight loss perception.

In contrast to her experiences of rationality in the Maintenance stage, Luna used the word ‘miserable’ to describe the beginning of her weight loss because she was tempted to eat when she was reflecting on her weight loss experiences in the second interview. The transformation of weight loss attitude is important in order to distinguish the
Maintenance stage from other stages because it determined the change occurring in the informants’ behaviour.

Social support is considered to be an important factor for successful weight loss maintenance (Wolfe, 2004). However, no evidence has been found on exploring the relationship of transformation in the online communities in the online social support literature to the TTM literature on weight loss behaviour. This research shows that the role in the online community forum has transformed in two aspects. First, informants have moved from reading many kinds of weight loss threads for emotional and informational support toward identifying and using only the ones actually useful to them. Secondly, informants are contributing to the forums, thus becoming a support giver. Some people in the Maintenance stage are able to provide both informational and emotional support to other community members on the forum compared to other stages. However, this does not mean that all people in the Maintenance stage are willing to contribute to the online community.

For example, Luna described how she contributed to the online community (Section 5.2.10). Three initiators of the selected threads presented in Section 6.1 were also in the Maintenance stage and actively provided support to other online community members through the weight loss threads. They were able to provide support to others based on their own weight loss experiences in terms of breaking through weight loss plateaus, specific weight loss methods, encouragement, and motivation to persist in weight loss. These results show that people in the Maintenance stage are able to provide support and contribute to the online community forums instead of simply requesting and receiving support as they did in other stages, indeed an important qualitative distinction between the Action stage and the Maintenance stage.

7.3 The Interrelationships of the Processes of Change

PoC is the most complicated construct of the TTM. Previous research applied mainly quantitative methodology to predict behaviour change and which of the processes have stronger associations to specific behaviours based on PoC (Di Noia and Thompson, 2012; DiClemente and Prochaska, 1982; Petrocelli, 2002; Rossi et al., 2009; Tejero et
al., 1997). This current research fills a gap in describing here the lived experiences of individuals’ self-help weight loss process and exploring the interrelationships of the PoC.

When interpreting these narratives, it was impossible to disaggregate some of the processes, as some processes intermingled and could not be separated. An important implication of these interrelationships, borne out by the narratives, is that the informants experienced merging or complementary processes as a necessary part of behaviour change. So far, this aspect has not been addressed in the TTM literature. In this section, the interrelationships of the PoC are discussed to demonstrate the importance of merging or using complementary processes for the behaviour change process.

7.3.1 Consciousness raising, dramatic relief and self-reevaluation

The informants described their experiences of consciousness raising (Section 5.2.1), dramatic relief (Section 5.2.2) and the self-reevaluation (Section 5.2.3) process as being closely related and working in tandem during their weight loss journey. Emotional activation is the starting point for these three processes. DiClemente (2006:33) highlights the point that “emotional experiences interact with and contribute to the consciousness raising and the reevaluation processes.” Although they mentioned the emotional experiences of these two processes, there was no further illustration for how they do work together. This research strengthens this point by demonstrating how consciousness raising, dramatic relief and the self-reevaluation processes can and do work together.

The evidence from this research indicates that the experiences of dramatic relief interact with those of consciousness raising and self-reevaluation. The informants described experiences of dramatic relief where they had negative emotional reactions to internal or external stimuli because of their weight problems, which then did contribute to the experience of consciousness raising. It was the emotions aroused by the internal or external stimuli in the dramatic relief process that activated their awareness in the consciousness raising process, so that the informants started to search for more weight loss information and successful weight loss stories. For example, Anuo’s negative
emotional experiences after being called ‘Auntie’ by some 20-year-old girls (Section 4.3.2) activated her weight loss awareness and she started searching for relevant information through the subsequent purchase of weight loss books and VCD.

The *emotional activation* involved in the experiences of *dramatic relief* also stimulated the experiences of *self-reevaluation*. Self-evaluation is difficult when accompanied by distress, as it is too often for those who are overweight (Conradt et al., 2008). In this research, the informants did not do *self-reevaluation* until some trigger events happened during the process of *dramatic relief*. Three different informants described different unpleasant experiences during the process of *dramatic relief* that stimulated them to re-evaluate themselves (Section 5.2.3). They realised that their current body image did not fit in with their current values, so they decide to change. For example, Aizi ascribed her negative experiences not having a boyfriend and an unsuccessful blind date due to her body image. She realised that if she wanted to have a boyfriend, she must lose weight. These experiences of *dramatic relief* contribute to finding out who the informants really wanted to be through the process of *self-reevaluation*.

Another interesting interaction is that of consciousness raising with the experiences of *self-reevaluation*. The informants stressed that the experiences of *consciousness raising* or searching for weight loss methods, information, and successful weight loss stories increased or enhanced their awareness to lose weight. The *consciousness raising* here is not about information becoming knowledge for how to lose weight, but also how to activate the awareness to start weight loss. Some informants indicated that after they read other people’s successful weight loss experiences, they always felt very motivated and were stimulated by these stories. Thus, *consciousness raising* can act as a source of *emotional activation* rather than just information for a cognitive decision.

Reading online successful weight loss stories on the process of *consciousness raising* generates a condition in which the informants revaluated themselves and visualised the kind of person they would become after their successful weight loss. The important role that informal online social support plays during the early stages of *SoC* are further discussed in Section 7.4.1.
7.3.2 Social liberation and self-liberation

Social pressure is a starting point for both social liberation (Section 5.2.5) and self-liberation (Section 5.2.6) processes. Social pressure is often viewed negatively because it is always associated with stressful life events or situations that people are forced to deal with. However, in this study, there was evidence that these two processes started from a common point where social pressure was viewed and experienced in a very positive way.

Informants did not express social liberation as it was originally described in the previous literature (DiClemente, 1993; 2006; Prochaska et al., 2009), but they were still stressing social pressure. Weight loss behaviour is different from other problem behaviours like smoking because it is difficult for the individual to join or seek assistance from advocacy organisations that offer assistance to those who want to lose weight by themselves in China. The external environment does not actually allow social liberation in China. Therefore, it is not surprising to learn that the informants did not describe social liberation as part of their experience. However, that does not mean the informants did not need social liberation as part of their weight loss process because they were very aware of social pressure or had experienced it.

Previous research shows that obese individuals are stigmatised and discriminated in different areas of society (Conradt et al., 2008; Thomas et al., 2010; Wang et al., 2004). Although the informants did not directly describe any stigma or discriminatory experiences related to their weight, they did comment that they had repeatedly felt pressure from emerging social norms to be thin, which then stimulated them to lose weight (Section 5.2.5). Although the informants had experienced this pressure, they described this kind of social pressure as stimuli that would ‘push’ them when their own motivations were not enough. When they were talking about social pressure, they described it very proactively as a motivator or stimuli, which was similar to the experiences of self-liberation.

Some informants stressed that their families and friends were against them, believing they did not need to lose weight, so they used the online communities to express how they felt. The informants viewed their responsibilities and commitments in a different way. In the social liberation process, they experienced social pressure from the wider
community, which is the society in which they are living daily. In the self-liberation process, they experienced social pressure from the weak ties support groups within the online community. They described the self-liberation experience of posting threads to ask other community members to monitor their progress. Hence, this became an extension of self-liberation where people actively seek others as well as the social pressure from the community members to liberate them.

Meanwhile, the social pressure of knowing other community members were also working hard to lose weight or had lost weight successfully because of their strong determination from reading the online postings strengthened the informants’ self-efficacy to lose their own weight. The self-help weight loss process is different from formal weight loss intervention in terms of taking responsibility and making the individual commitment to take action. For formal weight loss intervention, individuals are often encouraged to make their commitments by health professionals. Self-help weight loss individuals have to seek their motivations or stimuli by themselves. Social pressure from the online community forums could be just the right motivation and stimuli to help them make the decision to lose weight.

7.3.3 Stimulus control, counterconditioning, and reinforcement management

Prochaska and Norcross (2013:13) highlight that “changing our behaviour to the stimuli is known as counterconditioning, whereas changing the environment involves stimulus control,” which indicate there is an important relationship between stimulus control and counter conditioning. This research found that reinforcement management is a process that rewards the efforts that the informants made in the stimulus control and counter conditioning processes. The evidence from this study suggests that informants find the experiences of stimulus control, counterconditioning and reinforcement management processes are involved with emotional struggling and are a necessary part of the behaviour change process.

The important interrelationship between these two processes is not only that the process of counterconditioning depends on how well the individuals work on stimulus control,
but most importantly, on the emotional struggling involved in these two behavioural processes, but neglected by the TTM literature. Coping with emotional struggling in these two processes is a vital part of continuing the weight loss process. In order to lose weight successfully, individuals need to work on counter conditioning continually, which most of the informants described as a ‘miserable’ process because changing their problem behaviour required a lot of effort.

The informants in Section 5.2.7 described different methods to control the temptations to eat as well as add prompts to avoid eating or binge eating as part of the process of stimulus control, and it created the environment for counterconditioning. However, the informants also experienced the stimulus control and counterconditioning processes as involving a lot of emotion while making huge efforts. It is not simply, as the TTM literature describes, avoiding these stimuli or creating an environment that encourages healthy behaviour, eating healthy diets and doing physical exercises (DiClemente, 2006).

In fact, reinforcement management was effective in helping the informants to cope with the emotional struggling if they lost weight continually. It was an arduous process when they experienced the weight loss plateaus presented in Section 4.3.4.2, and reinforcement management stopped supporting the processes of stimulus control and counterconditioning. Informants experienced the emotional struggle of living through their intense relationships with temptations, hunger, and weight. As discussed in Section 7.2.4.2, it was easy for these individuals to stop their weight loss or even relapse during this critical phase.

Food and weight were an ongoing battle for the informants, and therefore, it was common to hear this kind of emotional statement during the interviews and also read online postings where people described their experiences of stimulus control and counterconditioning. Controlling the temptation to eat is difficult for people who are losing weight, especially for those who try to lose weight by themselves. Informants felt very stressful and depressed because they were trying hard during stimulus control and counterconditioning. The harder they tried to control, however, the more tempting it was to eat. Therefore, informants described that they needed some ‘stimuli’ to stimulate them to continue control. The informants needed continual motivations and stimulations to strengthen their self-efficacy while they were trying to avoid the triggers that might
lead them to relapse during the *Action* stage. The important roles that informal online social support plays during this stage will be discussed in Section 7.4.

## 7.4 The Multiple Roles of Informal Online Social Support

Throughout the weight loss process, the informants described their ongoing weight loss experiences along with their experiences of receiving informal online social support from the online community forum. The experiences of informal online social support were embedded in their weight loss process, which was impossible to separate from the experiences of *SoC* and *PoC*. The informants’ informal online social support experiences are presented in Sections 4.3 and 5.2 along with descriptions of the experiences of *SoC* and *PoC*. Informal online social support plays different roles during the different stages of the weight loss process.

Interestingly, in the online community forum, members were at different weight loss stages, and therefore, they could view the same thread differently and gain or provide different types of support on the same thread. Three different roles of informal online social support that are important in different *SoC* were identified through the longitudinal interviews and the analysis of four ongoing weight loss threads (see Table 7-1).

### 7.4.1 Activator

In line with the *TTM* literature (DiClemente, 2006; Prochaska and DiClemente, 1994; Prochaska et al., 2009; Reisnnyder et al., 2010) the findings presented in Sections 4.3.1 and 4.3.2 clearly demonstrate the importance of activating the awareness of a need for change and triggering the informants to make the decision to change. The findings presented in Section 5.2.1, Section 5.2.2, and Section 5.2.3 demonstrate how informal online social support can work as an *activator* to activate the awareness and emotions needed to lose weight. Andreasen (1995) indicated that information from different sources can deliver facts and opinions to individuals that will have direct influence on
those individuals in terms of their attitudes toward specific consequences and the value attached to them.

<table>
<thead>
<tr>
<th>The interactional social support process in the online community</th>
<th>Roles for informal online social support</th>
<th>Stages of Change</th>
<th>Processes of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting involved (Reading different weight loss threads and collecting weight loss information)</td>
<td>Activator</td>
<td>Pre-contemplation</td>
<td>Consciousness raising; Dramatic relief; Social liberation; Environmental reevaluation; Helping relationships</td>
</tr>
<tr>
<td>Maintaining interaction connectivity (Applying weight loss methods and solving the difficulties in the weight loss process)</td>
<td>Motivator Stimulator</td>
<td>Preparation</td>
<td>Self-reevaluation; Self-liberation; Helping relationships</td>
</tr>
<tr>
<td>Role transformation (Identifying useful weight loss threads and contributing to the forum)</td>
<td>Maintainer</td>
<td>Maintenance</td>
<td>Stimulus control; Counterconditioning; Reinforcement management; Helping relationships</td>
</tr>
</tbody>
</table>

Table 7-1 The relationships between informal online social support, Stages of Change, and Processes of Change

These sources of information do not simply just provide factual information, but also more significantly influence the way that individuals value various consequences. In this research, the sources of information delivered by the informants were from both offline (families, friends, and co-workers) and online (mainly online community forums) sources. During the early stages of the SoC, these sources of information activated the informants and their community members’ awareness of the need for change and triggered them to make the decision to start their weight loss. The challenge for social marketers is to deliver appropriate educational information to the people that do need to make a change (Andreasen, 1995). The range of combinations of precontemplators and attitudes toward being overweight make this task a difficult one for designed
programmes, but the online community forum with its diversity and persistence of information can and does produce a sufficient variety of information that can activate an awareness for change.

As discussed in Section 7.3.1, emotional activation is the key to the consciousness raising, dramatic relief and self-reevaluation processes. Yet for self-help weight loss individuals without professional support, activating emotions is accomplished where? As described by the informants, there is no doubt that some triggering events that happened in their offline environment helped in activating their individual awareness to lose weight. But most importantly, reading online weight loss threads and interacting with other community members surely activated that awareness.

Although these trigger events helped activate the informants’ awareness to lose weight, these events would not happen very often. The important role of informal online social support is to provide continual stimulation to activate an awareness through the diversity of the information and successful weight loss stories available on the online community forums, which also relate to the advantages of weak ties support, presented in Section 2.4.2 (Granovetter, 1983; Wright et al., 2010; 2003).

As one of the informants, Chengmen, stressed ‘when you go to the forum…. you may read something that would touch your heart’ in Section 5.2.10. As such, informal online social support also served as an activator that complemented the experiences of consciousness raising and dramatic relief in the early stages of behaviour change. As presented in Section 5.2.1 and 5.2.2, the informants did search for weight loss information, methods, and success weight loss stories on the online communities to activate or reactivate their awareness of weight loss. They looked for threads that motivated them to make the decision to lose weight. Successful weight loss stories also strengthened the informants’ self-efficacy to overcome the difficulties of losing weight, which made them then believe that successful weight loss was achievable through the process of self-reevaluation.

7.4.2 Motivator and Stimulator

The different Chinese meanings for the words ‘motivation’ and ‘stimulation’ are highlighted in Section 3.7. In Chinese, ‘stimulation’ is normally used to describe
negative triggers that cause someone to take a certain action, whereas, ‘motivation’ is normally used to describe positive triggers. Therefore, motivator and stimulator are used to describe the role that informal online social support can play during the weight loss process.

As discussed in Section 7.2.4, the Action stage is a complex and critical stage of the weight loss process, where the informants and the online community members face different weight loss challenges, both physically and emotionally. Coping with the emotional struggling is the key to achieving weight loss success in the Action stage. Maintaining ongoing self-motivation is difficult for the self-help weight loss individual. Thus, the informal online social support serves as a motivator and a stimulator to help the informants cope with emotional struggling. Other community members acting as a support group also a relief effect (Barak et al., 2008). Both emotional relief and emotional bonding motivate people to continue to lose weight. Indeed, it can be sufficient motivation to just read the weight loss threads without interacting with other members. In Section 4.3.4.2, Keke described her struggle during the struggling phase of the Action stage, ‘.... Or sometimes I felt really uncomfortable, ...... very struggling. So I went to the forums to find people who have the same feeling as me. We encouraged each other, so that I have the motivation to continue....’ She went to the online community to look for motivation, particularly during the stimulus control and counterconditioning processes, while struggling with the temptation to eat and thinking about giving up. Informal online social support worked as a motivator in these two situations to support Keke and help her persist in weight loss. Other online community members had similar experiences as Keke during the Action stage. It is common to find postings on the same theme when the process of reinforcement management is not rewarding.

In addition to directly seeking motivational support, informants also described experiences of reading online weight loss threads to motivate them to persist in weight loss during the process of counterconditioning. The individuals would confront different difficulties during these two processes, so receiving sufficient and timely support is crucial to motivate them to continue the weight loss process.
Stimulation is closely allied with motivation. Different people viewed the same thread in different ways; some of them treated it as motivation, while others viewed it as stimulation. Informants indicated that stimulation from a certain weight loss thread was important for them to persist in their weight loss. Thread 1 presents in Section 6.1.1 as a typical example that demonstrates how the initiator used harsh language to stimulate the online community members to lose weight; the online community members were stimulated to take action to lose weight through observation on this thread.

It seems stimulation had a stronger influence than motivation on the informants or online community members when they were thinking about giving up or relapsing. For example, one of the informants, Dilidili, stressed that she needed stimulation when the process of reinforcement management stopped supporting her to continue. She expressed this opinion in Section 5.2.9, ‘I feel so down these two weeks, no progress at all these two weeks. I feel really frustrating, looking for stimulation!!’ Chengmen in Section 5.2.10 also described similar experiences when she needed stimulation, after she lost motivation to persist in weight loss. She stressed that ‘... I know the keys to lose weight, but sometimes I would slack off because I was not motivated. I really needed some motivation and stimulation at this time; if not, I would go back to the original point.’ The solution that both chose was going to the online community forum to read weight loss threads and look for stimulation to persist in their own weight loss. Informal online social support is not only important in the early stages and the Action stage of the SoC, but also in the Maintenance stage presented in Section 7.4.3.

### 7.4.3 Maintainer

In Section 7.2.5, the qualitative transformation from the Action stage to the Maintenance stage in terms of internal motivation and the relationship with the online community forum was discussed. The individuals were still working on the stimulus control and counterconditioning processes to maintain their weight from a behavioural perspective. Retrospective studies on successful weight loss maintenance acknowledge the difficulty of maintaining weight loss results over the long term especially for obese people who have lost significant weight (Berry, 2004; Wing and Phelan, 2005). Therefore, people will put great effort toward sustaining that change. Since they have higher self-efficacy and are very self-motivated, they are not going to go to the online
community forums for motivation and stimulation, but they will go to the forums to maintain their weight loss success. As such, informal online social support can serve as a maintainer at this stage to help maintain the behavioural processes.

The informal online social support helps the Maintainer maintain individual weight loss success in two different ways. For one hand, going to the online community forums regularly maintains the informant’s awareness to lose more weight. Some informants described their experiences of regaining weight after successful weight loss in Section 4.3.1. One of the informants, Luna, stressed that she still went to the online community forums regularly to read weight loss threads even though she was maintaining her weight. Luna expressed her experience of being in constant change in Section 4.3.5. In this sense, it is important to maintain weight loss awareness to achieve long-term weight loss success. For another, as discussed in Section 6.2.3, the Maintainers’ relationship with the online community has transformed, and they are able to contribute to the community using their own weight loss experiences and the knowledge they have learned from other community members. Contributing to the online community forums by providing support to other members online is also helping to maintain their weight loss success.

For example, in order to provide support to other online community members who are following one’s weight loss threads, the initiators of these selected threads often collected weight loss information from different sources to respond to the requests. They also reflected on their successful and unsuccessful weight loss experiences on these same threads. Answering different weight loss-related questions further helped the initiators to rethink or re-evaluate their own weight loss experiences. Providing frequent and high quality support to the online community made a person who was maintaining believe that she had a strong personal impact on the group (Wang and Fesenmaier, 2003), which could also be helpful to maintain her own weight loss success.
7.5 Summary

Comparisons were made in this chapter between selected informants’ experiences and other online community members. The global themes that emerged from the descriptions of informants’ weight loss experiences, including SoC, PoC, and the multiple roles of informal online social support were discussed. The differential experiences of the informants were highlighted in this chapter to demonstrate the important insights that individual experience can bring to further understanding of the TTM. The roles of informal online social support, as they emerged from the informants’ experiences were presented to demonstrate how informal online social support can facilitate behaviour change in specific SoC and PoC. The conclusions of the full research effort are presented in the next chapter.
Chapter 8 Conclusion

Figure 8 Map of Chapter 8- Conclusion Chapter

Chapter 1: Introduction

Chapter 2: Literature Review

Chapter 3: Methodology

Chapter 4: Findings for The Stages of Change

Chapter 5: Findings for The Processes of Change

Chapter 6: Findings for Informal Online Social Support

Chapter 7: Discussion

Chapter 8: Conclusion

Chapter Contents
8.1 Theoretical Contributions
8.2 Methodological Contributions
8.3 Implications for Practice
8.4 Limitations and Future Research
8.1 Theoretical Contributions

This thesis challenges the dominant focus on structured methods and numerical accounting of behavioural changes by examining and proposing the adoption of an alternative lens. Although research on both online social support and the Transtheoretical Model (TTM) interventions has demonstrated positive effects on health, a significant gap still exists in the current understanding of the individual’s experiences during the behaviour change process. It has been overlooked by the formal TTM intervention studies. Elements of the existing TTM framework were evident in the natural discussions, and thus, the TTM is used in this research as a guiding framework to understand the individual’s complex weight loss experiences. The result of this effort extends what we currently know about the TTM and the health behaviour change process experience, as well as the experiential aspects of the TTM, which did meet the first aim set forth in Section 1.3 of this examination.

Accordingly, one of the main theoretical contributions of this research is a rejection of the oversimplifications of the behaviour change process and the quantitative categorisation of the Stages of Change (SoC). Instead, through describing the actual lived experiences of the individual self-help weight loss process, the TTM is expanded through a mapping out of the critical moments involved in change and the capturing of the differential experiences of ‘transitions’ involved in the SoC (Section 7.2). This meets both the first and the third aims set forth in Section 1.3 and helps to explain why some individuals involved in weight loss behaviour do not move to the next stage.

The second aim of this research is also met in several unique ways. Despite the fact that the TTM acknowledges the importance of social support by including the ‘helping relationships’ process in the Processes of Change (PoC), the complete influences of social support are not yet properly addressed in the TTM literature (Wilson and Schlam, 2004). Thus, another significant gap exists in understanding how social support works to enhance or facilitate the TTM and the relationships between informal online social support and the TTM. The research reported in this thesis has made headway in exploring the self-help individual’s weight loss experience with its focus on the influence or role of informal online social support communities.
In addition, this research explores the interrelationships of different PoCs and demonstrates how informants actually experienced merging or complementary processes as a necessary part of change in the behaviour change process and the emotional experiences involved in these processes, both of which are critical for initiating and sustaining weight loss change, but also not addressed in the TTM literature (Section 7.3). Finally, this research identifies the multiple positive roles of informal online social support for facilitating behaviour change. This finding has met the third aim set forth in Section 1.3 by demonstrating the different roles informal online support plays in different SoC and PoC and explain why some individuals succeed while others do not (Section 7.4).

8.1.1 Theoretical contributions to the Stages of Change

“TTM and other models (e.g. the precaution adoption processes model, Weinstein, 1988; the health action process approach, Schwartzer, 1992) explain the behaviour change in terms of discrete stages. These models attend to the dynamic quality of behaviour over time by incorporating the element of relapse, but they are mostly linear in nature and less than successful in mapping the emotional processes and the role of social and environmental contexts in influencing behaviour” (Cameron and Leventhal, 2003:7).

Formal TTM interventions apply mainly to quantitative methods to categorise people into groups based on self-reported methods, which fail to map out the ‘qualitatively’ different attributes of the stages. In this sense, this research fills a gap by describing the lived experiences of the studied individuals’ self-help weight loss processes. It expands the TTM by mapping out the critical moments involved in change and thus captures the differential experiences of ‘transitions’ involved in the SoC.

In the Precontemplation stage, people during TTM intervention studies have been considered to be the same, and accordingly, there has been no modification of influential strategies applied to different individuals. This may be one of the reasons why for people in the Precontemplation stage to change has sometimes been difficult. In this research, three different types of precontemplators including total unawareness, gradual awareness, and precontemplator with the threshold approach, are identified, thus emphasising that there can be fundamental differences in individuals involved in the Precontemplation stage. It is these differences that will help us better understand why some precontemplators move forward through the later stages of change, while others remain static.
To be healthy is the primary goal for weight loss, so thus, when promoting behaviour change, the benefits for an individual’s health have always been emphasised. However, that may not be the main reason to lose weight for every individual. It is critical to understand what triggers each individual to make the decision to change during the Contemplation stage, which Chapman and Ogden (2009) argue has not been adequately addressed in the TTM literature. This research identifies three important reasons not related to personal health that actually moved the informants to the next stage through the process of ‘accumulation of evidence’, and these reasons relationship fear, social expectations, and shame and guilt.

In the TTM literature, the Preparation stage is separated from the Action stage and seen as two individual stages. It was possible to categorise the informants’ experiences into these two specific stages separately through their reflections on their experiences. However, the findings also confirmed that the experience of these stages is “a fluid and ongoing process where a person may oscillate between preparation and action in order to find the easiest way to achieve a goal” (Chapman and Ogden, 2009:1235).

Three important features of this stage are identified through the descriptions of the informants’ experiences, which resulted from a lack of knowledgeable or sufficient support from the strong ties networks for self-help weight loss individuals. The first point concerns the goals and purposes of the weight loss actions that are thought about and acted on, and as such, different goals will serve different weight loss purposes. The second point is that informants in this study set themselves short-term rather than long-term goals at this stage, which helped them to initiate their actions to lose weight. While setting short-term goals to start weight loss, the informants were also looking for experiential knowledge through the online community forums, which they could not access through their strong-tie networks. A third feature indicates that some informants initiated threads on the forums or followed existing threads to announce their weight loss commitments. Instead of self-liberation, they actually asked others to liberate them via these online postings. They also asked other community members to monitor their progress on their own threads that they initiated.

The Action stage is the critical stage that determines weight loss success. TTM intervention studies assume that individuals in the Action stage have the same experiences, so similar supports are provided to all individuals during this stage.
However, in the current research, three different phases were identified, which explains why some people stop their weight loss efforts or relapse, while others do progress to the next stage. Thus, different types of support are necessary for the individuals in different phases even when in the same stage.

The first phase is ‘the honeymoon phase’, where the informants were full of enthusiasm, very motivated, and well focused, so they were able to cope with the temptation to eat and hunger during the stimulus control process. Not a lot of support was needed because the informants were very self-motivated at this point in time.

The second phase was ‘the struggling phase’, which is the critical phase of the Action stage because informants then experienced the emotional struggling of living through intense relationships with temptations, hunger, and weight, and the TTM fails to address these emotional experiences during the behaviour change process (Bandura, 1997; Chapman and Ogden, 2009; Povey et al., 1999; Weinstein et al., 1998). This is a time of high risk of relapsing. Informal online social support can offer timely and ongoing support for the community members to prevent relapse or help them to break through their weight loss plateaus and cope with emotional struggling during this phase.

The third phase is ‘the sustaining phase’ where the informants were more stable in terms of their weight changes and their confidence in losing weight. Some of the psychological and behavioural experiences that are associated with the next stage of weight maintenance were found during this phase.

Prochaska and Diclemente (1992) use the time scale of 6 months to differentiate the Action stage from the Maintenance stage, although Bandura (1997) finds this categorisation to be problematic. The current research indicates that the Maintenance stage has qualitative differences from the Action stage in terms of internal motivation and the relationship with the online community forum. During the transformation of weight loss attitude, it is important to distinguish the Maintenance stage from other stages because it determines the informants’ behaviour change. Furthermore, people in the Maintenance stage are able to provide support and contribute to the online community forums instead of simply requesting and receiving support in other stages, also an important qualitative distinction between the Action stage and the Maintenance stage found in this research.
8.1.2 Theoretical contributions to the Processes of Change

**TTM** describes how individuals progress from stage to stage by applying specific **PoC** in each stage, which also tends to consider each **PoC** as a separate process that facilitates individual progress through the **SoC** in the typical formal intervention programmes. However, in this research, it was impossible to disaggregate some of these processes for the reason that the informants experienced merging or complementary processes as a necessary part of change. This finding is not addressed in the **TTM** literature. Far from the level of rationality indicated in the **TTM**, in this study, the informants’ **emotional struggling** dominated their weight loss progress alongside the social and environmental contexts involved in the **PoC**. It is these elements that **TTM** has failed to map out (Cameron and Leventhal, 2003). Although DiClemente (2006) highlights the fact that emotional experiences interact with and contribute to some processes, no explanation has been given on how emotional experiences work on those processes or with them. Thus, this research fills a gap in examining the interrelationships of **PoC** and demonstrating more precisely how emotional experiences are involved in the **PoC**.

First of all, the experiences of **dramatic relief** interact with those of **consciousness raising** and **self-reevaluation**. It was the emotion aroused by the internal or external stimuli in the **dramatic relief** process that activated awareness in the **consciousness raising** process, so that the informants started to search for weight loss information and successful weight loss stories. The **emotional activation** involved in the experiences of **dramatic relief** also stimulated the experiences of **self-reevaluation** because the informants were stimulated by the trigger events that happened during the process of **dramatic relief**. Another interesting interaction was that of **consciousness raising** with the experiences of **self-reevaluation**. **Consciousness raising** can act as a source of **emotional activation** rather than just providing information for cognitive decision-making.

Secondly, **social pressure** is the starting point of the **social liberation** and **self-liberation** processes, where **social pressure** was viewed and experienced in a very positive way,
which facilitated the informants and let them make their decisions to lose weight. The informants repeatedly experienced social pressure from the emerging social norms that then stimulated them to lose weight when they described the experiences of social liberation. Some of the informants also described their self-liberation experiences of posting threads’ asking other community members to monitor their progress because their strong ties networks were not supportive. Hence, this finding became an extension of self-liberation where people actively seek others and the social pressure from the community member to liberate them.

Finally, the informants described the experiences of the stimulus control, counterconditioning and reinforcement management processes involved with emotional struggling as a necessary part of the full behaviour change process, which is also currently missing in the TTM literatures. The stimulus control and counterconditioning processes were not rational processes; they involved a lot of emotion while the informants were making huge efforts, especially when reinforcement management stopped supporting the processes of stimulus control and counterconditioning. It is not as simple as the TTM literature described, namely, avoiding the stimuli or creating the environment that encourages healthy behaviour, eating healthy diets, and doing physical exercises (DiClemente, 2006), but rather includes the processes of emotional struggling while living through intense relationships with weight, temptations and hunger. These help to explain why some people move forward through the stages of change, while others remain static.

8.1.3 Theoretical contributions to online social support

The research on online social support mostly has focused on exploring the potential benefits and the different types of social support within virtual communities (e.g. Fox et al., 2005; Coulson et al., 2007). Online social support studies have extended the types of social support via online communities in terms of specific health problems (e.g. Malik and Coulson, 2008; Hwang et al., 2009). However, little evidence has determined how online social support actually works and the roles that online social support can play in the health behaviour change process; it is difficult to identify these through only content analysis.
The TTM literature does acknowledge the important role of social support in helping people to progress through different stages/processes (Keller et al., 2006). However, there is little substantial research on the influence or the roles of informal social support during specific stages or processes and also how different types of informal social support may be more necessary at one stage of the process than another. This is also difficult to capture through only quantitative methods. Accordingly, this research fills that gap by identifying the multiple roles of informal online social support to facilitate behaviour change and demonstrate the influence and different roles of informal online support in the different stages and processes of the TTM. The three main roles of informal online social support, including activator, motivator/stimulator and maintainer, have been mapped out here by applying the online longitudinal phenomenological interviews with a close ‘analysis’ of certain selected threads.

First, informal online social support serves as an activator during the earlier stages of the SoC and activates the individual awareness to change, a very important task for social marketers. The range of combinations of precontemplators and the attitudes toward being overweight make this a difficult task for designed programmes. However, the online community forum with its diversity and persistence of information can and does produce a sufficient variety of information that can activate an awareness of needed change. This research also demonstrates the significant influence of informal online social support on reactivating a community member’s awareness to lose weight again. The influence of informal online social support continues when the individual progresses to the Action stage, where it helps the individual to sustain the behaviour change and prevent relapse.

Second, maintaining ongoing self-motivation is difficult for the self-help weight loss individual, and thus, informal online social support serves both as a motivator and stimulator to help informants cope with emotional struggling during the Action stage. The emotional relief and emotional bonding experienced by interacting with other community members or even simply reading weight loss threads without interacting can motivate people to continue to lose weight, especially during the stimulus control and counterconditioning processes.

Finally, retrospective studies on successful weight loss maintenance acknowledge the difficulty of maintaining weight loss results over the long term (Berry, 2004; Byrne,
Informal online social support can serve as a **maintainer** to sustain positive behaviour change, especially in the **Maintenance** stage. Individuals are able to maintain their weight loss results and weight loss awareness by interacting with other online community members and contributing to the online community forum.

### 8.2 Methodological Contributions

It is clear that the extant research into weight loss behaviour has been dominated by the application and assessment of structured or semi-structured weight loss intervention programmes. Many of these studies rely on quantitative self-report methods to assess an individual’s weight loss behaviours and patterns. However, this research argues that such approaches do not provide a sufficient enough understanding of the individual weight loss experiences. In addition, research on the input of online social support mainly has applied content analysis or structured interviews that cannot demonstrate how exactly informal online social support functions to enhance or facilitate the behaviour change process.

As such, the methodological contribution of this research is the application of a combination of online longitudinal phenomenological interviews and an ‘**analysis**’ of weight loss threads so as to understand the informants’ lived weight loss experiences. In the remainder of this section, three points are highlighted regarding the contributions to further research for conducting longitudinal phenomenological interviews online and adopting the phenomenological approach to interpret online weight loss threads.

First, recruiting informants from an online community forum is challenging; however, no clear guidance has been documented at this point in the literature. After posting the recruitment announcement, it is common to receive private messages through the forum that show their interest in taking part in the research, while at the same time worrying it might be a marketing scam. Therefore, it is crucial to recruitment that all potential informants are given full information about the nature of this study and a detailed explanation about the researcher during the recruitment process to build rapport and gain trust from the potential informants. In addition, if such research is conducted in non-English speaking countries, it is important to gather informed consent in both the
home country language and English (see Appendix 2 and 3). The recruitment advertisement should also be written in the home country language.

Secondly, informants are not familiar with doing a phenomenological interview, as they have the preconception of the traditional interview method, which consists of being asked a question and then answering that question. During the first interview, the informants may expect to be asked specific questions and then answer the questions. Consequently, it is important to explain the process for how the interview will be conducted before starting the interview; theoretical language should be avoided and more everyday terms used. It is suggested that using the term ‘storytelling’ at the beginning of the interviews would help the informants to talk more freely about their weight loss experiences. In addition, when conducting the phenomenological interview through online instant messaging, it takes very long time for the informants to think and type whatever they want to tell. However, the informants do not know what is happening to the researcher while they are typing, it is important to emphasise that the interviewer will remain silent without interfering when they are typing to make sure the informants are aware of this particular circumstance.

Finally, since most of the online social support studies apply content analysis to analyse online threads, this research contributes by demonstrating an application of the phenomenological approach to interpret online threads, which allows exploring the social support process and the interaction process between online community members over time. It is focal to the research effort to interpret the online threads on two levels, involving first an idiographic and, secondly, an across-thread interpretation (Fournier and Mick, 1999; Thompson et al., 1989), as these allow a precise exploration of the emerging roles of informal online social support. It is time consuming to apply the phenomenological approach to interpret online threads and difficult to manage and organise the large amount of threads collected from the forum. Hence, it is useful to use software like Nvivo 10, which significantly facilitates the process of organising, rearranging, and managing the considerable amount of data that is gathered. In addition, as there may be thousands of online community members who are interacting on one thread; thus, it is very difficult to locate an individual community member in a thread. Therefore, it becomes critical to take notes of the community members while reading the threads before doing any ‘analysis’.
8.3 Implications for Practice

The implications of this research for practice are twofold: First, for developing social marketing campaigns to promote weight loss behaviour including practical implications for health promotions and interventions, and secondly for incorporating informal social support into social marketing campaigns.

8.3.1 Health promotions and interventions

The differential experiences described by the informants that influenced the progression through stages shows that individuals may be classified as a common stage although there are fundamental experience differences between them. It is these differences that help us understand why some people move forward through stages of change, while others remain static. In this sense, it is important for social marketers to be aware of these differences, so that different health promotion strategies can be applied.

For example, three different types of *precontemplators* were identified in this research. *Precontemplators* are considered to be difficult to influence when social marketing health promotions. Thus, it is important for social marketers to identify what type of *precontemplator* the individual is and that person’s current attitude about being overweight or obese to understand the reasons for wanting to change or not wanting to change. Different educational strategies should be applied to different *precontemplators* when social marketers promote positive health behaviour. This research also divided the *Action* stage into three phases, as different individuals have different experiences even within the same stage, so different and appropriate support should be provided to each person during the different phases.

In order to tackle the overweight and obesity epidemic effectively, tailoring the health promotions and interventions to the individuals in specific weight loss stages is very important. However, due to the individual differences and different needs during different weight loss stages found on this research, it is unrealistic for the healthcare providers e.g. the NHS in the UK, hospitals in China to provide tailored services to the individuals to the large populations. Therefore, it is critical for the organisations like the
Chinese Centre for Disease Control and Prevention to incorporate informal online social support when promoting health behaviour change.

### 8.3.2 Incorporating informal social support into social marketing campaigns

Current weight loss interventions, while successful in the short term, are often not cost effective enough to deliver on a large scale. This research explored the informants’ experiences of going to an online community forum during the weight loss process and the interaction between the online community members. In doing so, most importantly, the research identifies the multiple roles of informal online social support to facilitate the weight loss processes. This knowledge could help the healthcare providers like the NHS in the UK or organisations like the Chinese Centre for Disease Control and Prevention effectively incorporate informal social support into viable campaigns as a technique to improve weight management in the long term. This focus may be a way of addressing the issue of support availability for large populations in a cost-effective way.

This research also demonstrates the importance of timely and ongoing support for the self-help weight loss individuals, especially during *the struggling phase* of the *Action* stage (Section 4.3.4.2). The informants and the online community members were able to access free, timely and ongoing support through the online community, and it was critical to help sustain weight loss changes and prevent relapses. The weight loss individuals could also look for specific threads that would meet their needs during specific weight loss stages, which would be difficult to be provided by the healthcare providers.

This finding will contribute to social marketing as a way of offering a cost-effective and efficient way to assist the self-help individual to self-manage their weight in the long term. It may also be a viable way of addressing the issues of costs and labour intensity found in the current weight loss interventions that want to serve large populations.
8.4 Limitations and Future Research

Although attempts were made to recruit male informants to take part in this study through the online community forum, no male online community member responded to the announcement posted on the Tianya forum. Therefore, only female informants were recruited for this study. That no male online community members showed any interest in participating in the study may relate to the gender differences regarding body image dissatisfaction (Furnham et al., 2002; Heatherton, 1993). Retrospective research on social support also shows that femininity is more highly associated with seeking and providing emotional social support (Reevy and Maslach, 2001). Future studies might investigate the influence or roles of informal online social support on health behaviour change processes for males alone.

Since the primary aim of this research was to explore individuals’ experiences of self-help weight loss with a focus on the influence or role of informal online social support, the study sample was selected based on that purpose. As such, the informants who were selected all had experience in reading online weight loss threads in online community forums. The stages of weight loss that the informants were in were not considered because the TTM was used as an opening framework rather than as a thematic guide for discussing the informants’ weight loss experiences. Indeed, fifteen informants were in the Action stage when doing the interviews, one in the Preparation stage, and one in the Maintenance stage. None were in the Precontemplation or Contemplation stages, so the experiences of these stages were captured through the descriptions of previous experiences. The descriptions of their experiences of the Precontemplation and Contemplation stages presented in Sections 4.3.1 and 4.3.2 were captured through the reflections of previous experiences, not current weight loss experiences. Future studies might recruit people currently in these two stages to explore the differential experiences involved in them, which might be different then the reflections of previous experiences.

Finally, there was no specific guidance on the length of a longitudinal phenomenological study; therefore, three months was selected after pre-screening 832 weight loss threads as explained in Section 3.4.1. It is difficult to conclude whether three months is long enough to fully map out the behaviour change process. Future studies might conduct a longitudinal phenomenological study for a longer period of
time to illustrate the behaviour change process in a different manner. In addition, only four selected threads mentioned by the informants were interpreted in this research to explore the influences and the roles of informal online social support. Future studies might include more online weight loss threads for this interpretation and thus identify more influences of informal online social support during the full time frame for the entire weight loss process.
Appendix 1: Recruitment Posting Posted on Tianya Forum
(English translation)

Dear all,

My name is Zemin Chen. I am studying in Manchester Business School, the University of Manchester for my PhD degree. I am conducting a research project for my PhD degree. This research project is to explore the self-help weight loss individuals’ experiences and the interaction experiences on the forum.

I am recruiting participants both male and female to take part in my research. Although this research is about weight loss experiences, it doesn’t matter if you don’t have any weight loss experiences or you are not losing weight. The only requirement is that you should have the experiences of accessing to Tianya forum. You will be asked to tell your stories of reading the online weight loss threads and experiences of interacting with other online community members during your weight loss process if you have any.

You will be asked to do a three-month interview (six interviews in total for each participant) via Tencent QQ. The first interview will start on 25th February 2012. Each interview will last about 40-60 minutes. A 200 RMB Amazon gift certificate will be given to the participants, who completed the three months of interviews as a way of saying thank you.

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason and without detriment to yourself.

If you are interested in taking part in the research or you have any questions or doubts regarding the research, please contact me via my university email: zemin.chen@postgrad.mbs.ac.uk or send a private message via Tianya forum.

Your help will be greatly appreciated!!

Best wishes,

Zemin Chen
Appendix 2: Informant Information Sheet and Consent Form

Maintaining Long-term Behaviour Change: A Role for Informal Online Social Support?

Participant Information Sheet

You are being invited to take part in a research study. The overall aim of the research is to explore the self-help weight loss individuals’ experiences with the assistance of informal online social support. This research conducts for a PhD degree. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

Who will conduct the research?

ZEMIN CHEN Manchester Business School The University of Manchester Booth Street West Manchester M15 6PB, UNITED KINGDOM

Title of the Research

Maintaining Long-term Behaviour Change: A Role for Informal Online Social Support?

What is the aim of the research?

The long-term aim of the research is to explore the self-help weight loss individuals’ experiences with the assistance of informal online social support as a means to improve long-term maintenance of desired behaviours.

Why have I been chosen?

You have been chosen because you are willing to take part in the research and also you are with the experience of accessing to the Tianya online community forum.

What would I be asked to do if I took part?

You will be asked to tell about your weight loss stories regarding your online and offline weight loss experiences. You will also be asked to tell about your experiences of reading the online weight loss threads and experiences of interacting with other online community members during your weight loss process.

What happens to the data collected?

The data will be used for the researcher’s PhD thesis, and maybe published in conferences and journals.

How is confidentiality maintained?
All the textual data and interview data will be imported into a database only after omitting any personally identifying information. Pseudonyms will be used to hide the informants’ real identities.

What happens if I do not want to take part or if I change my mind?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason and without detriment to yourself.

Will I be paid for participating in the research?

You will not be paid for participating in the research. However, gift vouchers from Amazon, RMB 200 (about £20.00 value) will be given to the participants who take part in the longitudinal study. These are not payments to you but small token to say ‘thank you’.

What is the duration of the research?

3 months (6 interviews)

Where will the research be conducted?

All the interviews will be conducted over Tencent QQ.

Will the outcomes of the research be published?

The outcomes of the research will be published in journals and conferences.

Criminal Records Check (if applicable)

N/A

Contact for further information

zemin.chen@postgrad.mbs.ac.uk

What if something goes wrong?

Contact details: zemin.chen@postgrad.mbs.ac.uk or +44(0)7880723196

If a participant wants to make a formal complaint about the conduct of the research they should contact the Head of the Research Office, Christie Building, University of Manchester, Oxford Road, Manchester, M13 9PL.
Maintaining Long-term Behaviour Change: A Role for Informal Online Social Support?

CONSENT FORM

If you are happy to participate please complete and sign the consent form below

1. I confirm that I have read the attached information sheet on the above project and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.

2. I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to any treatment/service.

3. I understand that all the interviews will be audio recorded.

I agree to take part in the above project

Name of participant Date Signature

Name of person taking consent Date Signature
Appendix 3: Informant Information Sheet and Consent Form in Chinese

你好，在签署受访者同意书前，请花几分钟仔细阅读以下研究信息内容书：

1. 谁执行这个研究？
我本人（陈泽敏）执行这项研究。本人就读于英国曼彻斯特商学院。学校地址：Booth Street West  Manchester  M15 6PB, 英国

2. 这个研究的主要目的是什么？
这是一个博士学位的研究，本次研究主要的目的是探索自助减肥者利用网络论坛这种非正式的帮助来协助减肥的经历。

3. 为什么选择你？
因为你自愿参加这个访问而且你有上论坛的经历与习惯。

4. 访问的内容是什么？
主要是你讲述你减肥的经历以及你上论坛跟其他网友关于减肥方面的互动与支持和帮助的经历。

5. 访问的数据将如何保存？
访问的内容是绝对保密的和匿名的，只有我和我的导师可以看到访问的原始内容。

6. 如果我中途想退出访问怎么办？
如果你不愿意继续接受访问，你有权利可以随时退出，不需要说明什么理由。

7. 访问的方式和时间？
访问将会通过腾讯 QQ 进行。一共 3 个月，每 2 个星期一次，总共 6 次访问。因为不是直接谈话，需要时间打字，所以预计每个访问是 40-60 分钟。

8. 研究员的联系方式
邮箱：zemin.chen@postgrad.mbs.ac.uk
电话：(+44) 7880723196

10. 如果你有任何不满需要投诉，请联系以下部门。

Head of the Research Office, Christie Building, University of Manchester, Oxford Road, Manchester, M13 9PL.
如果你同意参与这次研究，请签署以下的研究参与者同意书

1. 我确认我已经读过以上研究项目的研究信息内容。我也已经认真考虑过内容书里面的信息以及问了相关问题并且得到满意回答。

2. 我清楚明白我是自愿参与这个研究的而且我享有随时退出研究的。不需要给予任何的理由。

3. 我明白所有访问内容会被记录。

我同意参与以上研究项目

受访者名字

日期

签名

研究员名字

日期

签名

研究参与者同意书

Maintaining Long-term Behaviour Change: A Role for Informal Online Social Support?

《研究参与者同意书》

《研究参与者同意书》
Appendix 4: *Keke’s Three-month Interview Translation*

1st interview (02 March 2011)

Interviewer: Before we get started, I need to tell you something regarding doing the interviews first.

Interviewer: Our interview is not like question and answer interview. It is more like telling stories. So please describe in detailed.

Interviewer: During the interview, I will not disturb you but I am here listening to what you say till the interview finishes. I will not give them any comments on what you say because I don’t want to disturb and interfere with you.

Keke: ok.

Interviewer: First please tell me something about yourself, you don’t need to tell me your name. You can say something about your age, occupation, your weight, height and when have you started weight loss.

Keke: I am 33 years old. I think I am half housewife. My husband owns a store, I will go there to help in the morning and in the evening. I am 164 (cm), now I am really fat about 75kg, I was even heavier not long ago, about 80kg. I have been losing weight for years, always fat, slim, slim and fat. In order to lose weight, I had tried many methods. Sometimes I succeeded and sometimes I failed. 50kg was my thinnest weight and now is almost the fattest time. I have great determination to lose weight this time, I have been losing weight for about two weeks until now.

Keke: The weight loss method I applied this time was from the Internet (forum), I saw a lady who wrote that. ‘Listen to me and you will be slim’ as the first week you eat vegetables for one day and then no starch and dairy foods for another day. Then the second week you can only eat no starch and just dairy foods. Now I am on my third week, but I only have vegetarian meals for one day and eat no starch and dairy-free meals for another day. So far, I think this method is quite good, I have lost 5kg now. But maybe because I have a high BMI so I lost weight easier...When I was losing weight, the most difficult time was the first three days. I really wanted to eat when I saw food because I ate less, so I felt very hungry. I felt like I had two of myself fighting all the time. But after these three days, I would not have that good an appetite. When I saw food, I didn’t feel like I wanted to eat that much, but I felt very tired. I couldn’t sleep well at night because I sometimes woke up at midnight because I was hungry.

Keke: I think the most horrible weight loss method is to eat cucumber and egg. Maybe is because I don’t like eating egg. I had used this method once, but I couldn’t eat them
after two days. Do you think I am describing enough details. Is there anything else you want to know?

Interviewer: It’s very good. Thank you. You mentioned that you have great determination to lose weight this time. Can you tell me more about this?

Keke: There are many reasons to support me to lose weight. But the most important should be my husband and my family. I was about 50kg from knowing my husband to get married. I become fat since I got married and stay at home as a housewife. I was a full-time housewife before. I only needed to do some cooking because we don’t have child. I was always online and sometime went shopping. My husband and me have married for four years and April this year will be five years. My husband treats me very well. I love eating fruits and snacks so my husband bought those for me nearly everyday. So I become very fat now. You are not confident to many things when you are too fat. For example, (I) think I am not pretty, don’t like dress up and make-up. You can’t wear a lot of beautiful clothes because you are fat. Now the Internet is very advanced, I started to worry when you see a lot of love affairs online. This is one of the reasons that I make the decision to lose weight. Of course, I still trust my husband a lot. But I think I should be prepared for unexpected hardship hehe (internet symbol means smile). I was also thinking about my own health. A lot of health problems caused by overweight. My mum is a doctor, she talked to me a lot when I went back home for new year this year, I know she meant I couldn’t continue to be fat like this now. I think that’s it.

Interviewer: Ok, can you tell me about your experiences of going to Tianya forum?

Keke: Fat people always have feelings of inferiority. For example, I am very afraid of others saying that I am fat. I feel fear when people ask me questions about my weight. Maybe it’s because of the psychological reason, I always feel like I can’t face it. I can’t accept it, especially when I see beautiful girls, I feel so depressed, and I think I am incorrigible. I think I am really fat, but I can’t lose weight. This is a very serious issue, and I feel like nothing can help me. My thinking is very negative and passive. When I am feeling bad, I like eating. It’s seems these things (food) make me feel relief for a while. But eating makes me fat, so I blame myself and feel so regret.

Keke: When I was losing weight, I went to the forums to read other people’s threads which really motivate me. I also posted a thread to record what I have been eating every day and (reported) my weight, just like a dairy, a lot of people replied and encouraged me. A lot of overweight people like me also followed my thread and wrote down what they had been eating and doing every day. Fat people really need other people’s support and companion when losing weight. It is like having a competition and also like having a buddy. It would not be that difficult to persist, and would not fail easily. People always want to follow the crowd, when other people are doing this, you also want to do it. In a good weight loss forum, this kind of atmosphere is very important to my weight loss. Most of the time, only the people who are losing weight with you can understand
what you have been suffering. Seeing other people’s weight loss success is also a great motivation to myself.

Keke: I think that’s it.

Interviewer: You have mentioned it’s good to have someone to lose weight together with you. Can you tell me your experiences of losing weight with others?

Keke: Most of the time is with other online community members. You know read the postings and see what they are doing. This time I am also losing weight with my sister. My sister had eaten too much during New Year, and she gained some weight. So we lose weight together. But my sister has nearly reached her goal. So I am planning to initiate a thread online. Yes. I think that’s everything I wanted to say.

Interview: Ok, thank you very much for your time, I will be in touch with you next week to schedule our next meeting.

Keke: Ok, no problem. See you.

Interviewer: See you.
Interviewer: Can we start now?

Keke: Ok.

Interviewer: Can you describe your past two weeks’ weight loss experiences to me?

Keke: My weight did not have huge changes these two weeks. I lost about 1.5-2kg. I think I should have hit a plateau. I did not lose any weight these few days. But I look a little bit thinner than before. I have read some ladies’ experiences online, so I think my body is digesting my previous weight loss achievement. I used to weigh myself twice a day, once in the morning and once before I went to bed. But I don’t do that now. I weigh once about every 2-3 days. Now I can’t see my weight changes and sometimes even when they are heavier. I felt really bad, and I lost confidence. Now I think this is the moment that I will fail very easily. The weight drops very slowly. And I have been eating very little for a very long time, so sometimes, I feel I don’t have the motivation. I really want to eat when I see delicious food or my favourite food. I really have the compulsion to eat a lot most of the time.

Keke: My weight loss method for these two week is similar the previous method, mainly on diet and then do a little bit of exercises. Not a lot, about 20 minutes everyday. I don’t have the strength and feel tired when I eat very little and do exercises. I always have a glass of milk, about 200cc in the morning, have an apple during the day, sometimes a cucumber. In the evening, I have a bowl of egg and tomato soup without oil and only use an egg. Sometimes, I would have 10-20 fried soya beans in the evening. They smell especially great and I feel very satisfied when I am eating them.

Keke: I think that’s it. About these two weeks’ weight loss experiences.

Interviewer: Can you tell me about your experiences of going to the online community forums these two weeks?

Keke: I go to the forums on average once every two days these two weeks. Half of reasons that I went to forums were because I had some problems that I did not understand. Or sometimes I felt really uncomfortable, for example, very hungry but I did not want to eat. Very struggling. So I went to the forums to find people have the same feeling as me. Encouraged each other so that I have the motivation to continue. Sometimes, I go to the forum to look for weight loss methods.

Keke: But now I always feel strengthless when I eat less. I don’t feel too hungry. But when I eat a little bit more, I feel very guilty (emotional struggling). My husband and my mum both know I am losing weight. My mum is worry about me. She worries that I
will be sick if I eat little. My husband’s attitude is supportive. But sometimes he would ask me to eat more. When I ate more, he wouldn’t stop me as well.

Keke: It’s very motivating to see the weight becomes less and less everyday. Sometimes I was very struggling and felt like I could not continue. I went to the forum and I felt motivated when I knew there were people experiencing the same period of time as me. People who are not losing weight cannot understand the feeling of weight loss. I think it is a very miserable process.

Keke: On the forum, there are many others who are losing weight are experiencing the same process as me. So I could understand what they said most of the time. Seeing them becoming thinner and thinner is also a motivation to me.

Keke: Recently, I have been reading a book called ‘tomato weight loss method’, which was recommended by the ladies on the forum. I don’t think the method will help me, but reading a book like this could remind me that I am losing weight. I feel like if I pay more attention to the weight loss information, I will be more motivated to lose weight. For example, I would read a weight loss book before I went to bed, then I would eat less at night. I really liked eating on my bed at night before.

Keke: I think that’s everything I wanted to say.

Interview: Ok, thank you very much for your time, I will be in touch with you next week to schedule our next interview.

Keke: Ok, no problem. See you.

Interviewer: See you.
3rd interview (08 April 2011)

Interviewer: Can we start now?

Keke: Ok.

Interviewer: Can you describe your past two weeks’ weight loss experiences to me?

Keke: I am very busy recently so that I didn’t go (to the forums) very often. But I am feeling great. I would feel depressed if I ate less before. When I saw so many delicious food but I couldn’t eat. Especially, I love eating a lot. Sometimes, I would feel irritated if I could not eat. Now I can just eat a little bit of what I want, and I would feel very satisfied. When I ate very little before, I would feel dizzy. Now I think it’s a more healthy weight to lose weight, but it is very slowly.

Interviewer: Can you tell me more about your changing?

Keke: It is because of my period. My period cycle changed and it was not on time. I used to have period on time. I went to the forum to search for relevant threads. I was very worry about this because there are a lot people like me having the same problem. And also, there are a lot of people very regretted because the period does not become normal even after a lot of treatments. So I was worry about it. I think it’s not worth exchanging your health for a slim body.

Keke: Also, I think it’s time for my body to have a rest because I have lost 10kg so far. If I lost weight too quickly, I may have loose skin. I think now it’s the time to adjust myself. It’s kind of maintaining my previous weight loss result and also preparing for my next weight loss stage.

Keke: I think my body can’t take it any more if I continue not eating any rice. At the beginning, I really wanted to lose weight very quickly, I felt very anxious when I didn’t any weight for few days. Now I am feeling a lot more peaceful. I have a different feeling when I read (the postings now). I felt very anxious when I see others were losing weight before. I always thought how much weight others had lost today and whether I had lost less than others. Sometimes when I couldn’t continue, I would go to the forums to seek for some motivations. Now I am feeling peaceful. It seems it’s their business when I see them losing weight.... Not that exciting.

Keke: I think that’s everything.

Interviewer: Ok, thank you very much for your time, I will be in touch with you next week to schedule our next interview.

Keke: ok, no problem. See you.
4th Interview (19 April 2011)

Interviewer: Can we start now?

Keke: Yes.

Interviewer: It’s the same as the previous interviews. Can you describe your past two weeks’ weight loss experiences to me?

Keke: These two weeks are very stable. I have lost about 2kg. Not a lot. But now I am having normal three meals a day.

Keke: I would only eat until 80% full every meal, about half bowl. I eat more vegetables and some meat. But I don’t eat a lot of meat, just a little. It’s very light meal. My friend told me that Spirulina is good, so I am taking it now.

Keke: It’s quite good recently. When I ate very little before, I would feel dizzy. Now I would not, very healthy. I don’t have huge changes recently. You can ask me.

Interviewer: Ok. Can you tell me something about going to the online community forum?

Keke: I have paid more attention to health, so when I go to the forum, I normally read threads that related to healthy diets.

Interviewer: Can you tell me about this in detailed please?

Keke: For example, I tried to make the weight loss detox congee for several times. I have also learnt something about floral tea.

Keke: I have been researching on the forum for very long time before I decided to buy the Spirulina. I think it contains a lot of nutrition, it should be better than weight loss drugs.

Interviewer: Can you tell me more about the threads that you have read?

Keke: I have really enjoyed cooking recently, so I always go to read those threads that contain both beauty and weight loss information. And I also tried to do it by myself. I think it’s quite good. Online forum is a very good communication platform. People can share good things with others. I have read a thread on Tianya forum. The lady teaches people to make congee. She put some Chinese herbal into every congee she made. I think this is one of the ways to achieve healthy weight loss. It is better than not eating.

Keke: Now I am feeling a lot more peaceful, I am not that radical now. I think my condition is very good now. Even I am losing weight slowly, but having good habit and
good health is also important to me. I will maintain this condition and continue to do it. Maybe the result will not be that obvious, but it should not relapse easily.

Keke: But sometimes when I see delicious food, I still could not control myself to eat a little bit more. But I would eat less in the next meal and remind myself to balance the total quantity I have had for one day.

Keke: Now weight loss is not a miserable thing to me anymore. I have gradually got used to this kind of lifestyle, so I don’t actually have the difficulties.

Interviewer: Ok. Can you tell me more about the reasons for changing?

Keke: I think there are two main reasons. First, I look much better because my weight loss result is quite obvious. I was worried about rebounding if I lost too much weight very quickly. Also, once the skin becomes loosen, it is difficult for the skin to become tight again. If I don’t slow down, I was also worried about having wrinkles on my skin because my body is lack of nutrition.

Keke: I think that’s it. I have a very stable and normal lifestyle recently so that I don’t have a lot of changes.

Interviewer: Ok, no problem. It’s good to know your healthy changes. Thank you very much for your time, I will be in touch with you next week to schedule our next interview.

Keke: Ok, no problem. See you.

Interviewer: See you.
Interviewer: Can we start now?

Keke: Yes.

Interviewer: It’s the same as the previous interviews. Can you describe your past two weeks’ weight loss experiences to me?

Keke: I eat quite normally these two weeks, so my weight doesn’t have change. I am not sure whether it is still a weight loss stage.

Keke: I am back to normal meals because I am quite happy about my weight loss result.

Interviewer: Just keep telling me these two weeks’ weight loss experiences, I am still interested in.

Keke: As I said, I have very normal meals now. I don’t overeat. I would not feel hungry or very full. I am not actually paying a lot of attention to lose weight now.

Keke: It’s more about maintaining my weight. I am quite satisfied with my current condition, it is not too fat but quite healthy.

Interviewer: Ok. Can you tell me something about going to the online community forum?

Keke: I am not going to the forum that often now because I don’t pay a lot of attention to weight loss. When I was working hard on losing weight, I really need the information and support from the forum.

Keke: At the beginning, I was very anxious and wanted to lose weight very quickly. So I always went to the online forum to read the weight loss threads and checked what others are doing. Then after I lost some weight, I was slowing down, I still go to the forum, but not that often.

Keke: Weight loss is a long-term project. I know I could not do it in very short time.

Keke: I don’t go to the forum very often now is also because I have found my weight loss method. I think that’s it.

Interviewer: Ok, no problem. Thank you very much for your time, I will be in touch with you next week to schedule our next interview.

Keke: ok, see you.

Interviewer: See you.
Interview (25 May 2011)

Interviewer: Can we start now?

Keke: Yes.

Interviewer: It's the same as the previous interviews. Can you describe your past two weeks' weight loss experiences to me?

Keke: Now I think it’s the maintaining stage for me because I have achieved my weight loss goal and I am quite satisfied with it. I have very light meals these two weeks because it is very difficult to achieve my goal, so I still pay attention to my meals.

Keke: I only have a very small bowl of rice. I only eat until I don’t feel hungry.

Keke: My weight is about 55kg now, not very slim, but I am very happy about it. I have very healthy diet now. That’s it.

Interviewer: This is our last interview. Can you have a review on these three months’ weight loss experiences? Tell me anything you think it's important to you.

Keke: After New Year, I have gained a lot of weight. A lot of my clothes did not fit any more. I noticed that I became very fat so that I decided to lose weight.

Keke: At the beginning, I was very concentrate on weight loss, so I went to the online forum to read many different weight loss threads and also learned other people’s weight loss methods.

Keke: Weight loss is very miserable. Fat people always like eating and delicious food. You can’t eat. And for me, it is very difficult to tolerate being hungry. So at the beginning, when I felt like I couldn’t persist in, I would go to read other people’s weight loss threads. Having a buddy is very important for people who are losing weight. I would have the motivation when I saw other members lost weight successfully because of their determinations.

Keke: Going to the forum is a very good way to attract your attention from food and eating.

Keke: At the beginning, I weighed myself everyday to check how much I have lost. I felt very anxious. And then when I hit the first weight loss plateaus, I didn’t lose weight for one week. I was very disappointed and then I went to eat buffet. I gained 1.5kg because of the buffer. I really regretted. I was thinking that I had been suffering a lot to lose some weight, but after one meal, I had gained 1.5kg. I felt terrible about this.
Keke: But after I broke through the plateaus, my weight dropped again.

Interviewer: Can you tell me more about breaking through the weight loss plateaus?

Keke: During the weight loss plateaus, I went to the forum very often in contrast to other weight loss periods. I didn’t have any confidence at all at that time, a lot of people on the forum motivated each other, which made me feel very motivated.

Keke: What they had been experiencing are very similar to my conditions. And when I had questions, I would go to the forum to ask them.

Keke: And then after the plateaus, it was about the time to have my period. But I have problem with my period. So I was very worried about it. I was eating very very little before this happened. Sometimes, I would feel dizzy. So I went to the hospital to see the doctor. I was told that I had been eaten too little; I need to be back to normal diet.

Keke: After I had been to see the doctor, I also went to the forum to search for relevant threads. I found out that a lot of ladies have this problem. So of them have very serious problems, which are very difficult to treat.

Keke: So after that, I started to eat rice again. I didn’t have any rice at all before this happened, I only ate vegetables and fruits. I also barely ate any fat. I ate very little at that time and my stomach becomes smaller as well. I could not eat any more after I had little.

Keke: Now I am back to normal meal so my weight drops very slowly. I used to lose about 0.5kg everyday. Now my period is normal and I don’t feel dizzy. I think this is a very good method. It is not quick but healthy.

Keke: When my weight was about 54kg, I went back to normal meals. Then I gained 1kg. Now it is 55kg. But I am very happy about the result.

Interviewer: Ok. Can you tell me something about going to the forum during these two weeks?

Keke: I don’t go to the forum very often this two week. In the past, I go to the forum for myself, now I try to support others. Sometimes, when I read some threads that are similar to my previous experiences, I would write something to support them.

Keke: You know weight loss is very different. People who had never experienced it could not understand the pain of losing weight. Also, only the ‘people who had experienced’ weight loss could answer your weight loss questions. You can find these kinds of threads on the forum to solve your problems. I think that’s it.
Interviewer: Ok, no problem. Thank you very much for doing the interviews for 3 months. I really appreciate your help. Wish you all the best.

Keke: It’s my pleasure. Good luck with your research. See you.
Interviewer: See you.
Appendix 5: A sample of interpretations of the interview narratives

<table>
<thead>
<tr>
<th>Interview Date</th>
<th>Note</th>
<th>Interview Text</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st interview (02 March 2011)</td>
<td></td>
<td>Interviewer: Before we get started, I need to tell you something regarding doing the interviews first.</td>
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<td></td>
<td></td>
<td>Interviewer: Our interview is not like question and answer interview. It is more like telling stories. So please describe in detailed.</td>
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<td></td>
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<td>Interviewer: During the interview, I will not disturb you but I am here listening to what you say till the interview finishes. I will not give them any comments on what you say because I don’t want to disturb and interfere with you.</td>
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<tr>
<td></td>
<td></td>
<td>Keke: ok.</td>
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<tr>
<td></td>
<td></td>
<td>Interviewer: First please tell me something about yourself, you don’t need to tell me your name. You can say something about your age, occupation, your weight, height and when have you started weight loss.</td>
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Keke: I am 33 years old. I think
| Keke is not happy with her current weight. She had many weight loss attempts in the past years. She is always aware of her weight problem and wanted to make change. | I am half housewife. My husband owns a store, I will go there to help in the morning and in the evening. I am 164 (cm), now I am really fat about 75kg, I was even heavier not long ago, about 80kg. I have been losing weight for years, always fat, slim, slim and fat. In order to lose weight, I had tried many methods. Sometimes I succeeded and sometimes I failed. 50kg was my thinnest weight and now is almost the fattest time. I have great determination to lose weight this time, I have been losing weight for about two weeks until now. |
---|---|
| Through the description, it is possible to separate the Preparation and Action stages. However, Keke may experience both stages together? | Keke: The weight loss method I applied this time was from the Internet (forum), I saw a lady writing that ‘Listen to me and you will be slim’ is that the first week you eat vegetables for one day and then no starch and dairy-free food for another day. Then the second week is that you can only eat no starch and dairy-free food. Now I am on my third week, but I only have vegetarian meals for one day and eat no starch and dairy-free meals for another day. So far, I think this method is quite good, I have lost 5kg now. But maybe because I have high BMI so I lost weight easier. Weight loss is miserable. The most important thing should be determinations. I think it doesn’t really matter what method you use, it’s all about you can’t eat much. But for fat people, the most difficult thing is you can’t eat what you like. When I was losing weight, the most difficult time was the first three days. I really wanted to |
| Keke illustrated the depth of emotional internal challenges of living through the intense relationships with temptation and hunger during the Action stage. | Informational support (weight loss method collected from online forum) Descriptions of Preparation stage Descriptions of Action stage |

‘Miserable’ weight loss process
Emotional internal challenges
Keke described the process of making the decision to lose weight during the Contemplation stage. It was not a sudden change.

Keke was living with an unwanted self. She was struggling to make changes because she wanted to change but she knew the difficulties of weight loss, which she had experienced for many times. Making the decision to change was not easy for her.

Keke: I think the most horrible weight loss method is to eat cucumber and egg. Maybe is because I don’t like eating egg. I had used this method once, but I couldn’t eat them after two days. Do you think I am describing enough details. Is there anything else you want to know?

Interviewer: It’s very good. Thank you. You mentioned that you have great determination to lose weight this time. Can you tell me more about this?

Keke: There are many reasons to support me to lose weight. But the most important should be my husband and my family. I was about 50kg from knowing my husband to get married. I become fat since I got married and stay at home as a housewife. I was a full-time housewife before. I only needed to do some cooking because we don’t have child. I was always online and sometime went shopping. My husband and me have married for four years and April this year will be five years. My husband treats me very well. I love eating fruits and snacks so my husband bought those for me nearly...
everyday. So I become very fat now. You are not confident to many things when you are too fat. For example, (I) think I am not pretty, don’t like dress up and make-up. You can’t wear a lot of beautiful clothes because you are fat. Now the Internet is very advanced, I started to worry when you see a lot of love affairs online. This is one of the reasons that I make the decision to lose weight. Of course, I still trust my husband a lot. But I think I should be prepared for unexpected hardship hehe (internet symbol means smile). I was also thinking about my own health. A lot of health problems caused by overweight. My mum is a doctor, she talked to me a lot when I went back home for new year this year, I know she meant I couldn’t continue to be fat like this now. I think that’s it.

Interviewer: Ok, can you tell me about your experiences of going to Tianya forum?

Keke: Fat people always have feelings of inferiority, for example, I am very afraid of others saying that I am fat. I feel fear when people ask me questions like my weight. Maybe it’s because of the psychological reason, I always feel like I can’t face it. I can’t accept it, especially when I see beautiful girls, I feel so depressed and I think I am incorrigible. I think I am really fat but I can’t lose weight. This is a very serious issue and I feel like nothing can help me. My thinking is very negative and passive. When I am feeling bad, I like eating. It’s seems these
things (food) make me feel relief for a while. But eating makes me fat, so I would blame myself and feel so regret.

Keke: When I was losing weight, I went to the forums to read other people’s threads which really motivate me. I also posted a thread to record what I have been eating every day and (reported) my weight, just like a dairy, a lot of people replied and encouraged me. A lot of overweight people like me also followed my thread and wrote down what they had been eating and doing every day. Fat people really need other people’s support and companion when losing weight. It is like having a competition and also like having a buddy. It would not be that difficult to persist, and would not fail easily. People always want to follow the crowd, when other people are doing this, you also want to do it. In a good weight loss forum, this kind of atmosphere is very important to my weight loss. Most of the time, only the people who are losing weight with you can understand what you have been suffering. Seeing other people’s weight loss success is also a great motivation to myself.

Keke: I think that’s it.

Interviewer: You have mentioned it’s good to have someone to lose weight together with you. Can you tell me your experiences of losing weight with others?

Keke: Most of the time is with other online community
members. You know read the postings and see what they are doing. This time I am also losing weight with my sister. My sister had eaten too much during New Year, and she gained some weight. So we lose weight together. But my sister has nearly reached her goal. So I am planning to initiate a thread online. Yes, I think that’s everything I wanted to say.

Interview: Ok, thank you very much for your time, I will be in touch with you next week to schedule our next meeting.

Keke: Ok, no problem. See you.

Interviewer: See you.
Keke stressed that ‘now I think this is the moment that I will be fail very easily.’ She understood the relapsing process very well because she had experienced it for many times. She had searched for relevant threads online regarding her slow weight loss, she had learnt the reasons from the threads.

Although Keke was struggling during this phase, she still worked hard on stimulus control and counterconditioning process. She applied different strategies to cope with the temptations to eat and hunger.

Informal online social support plays an important role in motivating her to persist in losing weight.

| Keke: My weight did not have huge changes these two weeks, I lost about 1.5-2kg. I think I should have hit a plateau. I did not lose any weight these few days. But I look a little bit thinner than before. I have read some ladies’ experiences online, I think my body is digesting my previous weight loss achievement. I used to weight myself twice a day, once in the morning and once before I went to bed. But I don’t do that now. I weight once about every 2-3 days. Now I can’t see my weight changes and sometimes even heavier. I feel really bad and I lost confidence. Now I think this is the moment that I will be fail very easily. The weight drops very slowly and I have been eating very little for very long time, so sometimes, I feel I don’t have motivation. I really want to eat when I see delicious food or my favourite food. I really have the compulsion to eat a lot most of the time.

Keke: My weight loss method for these two week is similar the previous method, mainly on diet and then do a little bit of exercises. Not a lot, about 20 minutes everyday. I don’t have the strength and feel tired when I eat very little and do exercises. I always have a glass of milk, about 200cc in the morning, have an apple during the day, sometimes a cucumber. In the evening, I have a bowl of egg and tomato soup without oil and only use an egg. Sometimes, I would have 10-20 fried soya beans in the evening. They smell especially great and

| The struggling phase of the Action stage

| Experiential knowledge from informal online social support

| Reinforcement management process stopped supporting the stimulus control and counterconditioning processes

| Emotional struggling Counterconditioning process

| Strategy to cope with temptation to eat
Online empathy and motivation was important to Keke during this phase.

I feel very satisfied when I am eating them.

Keke: I think that’s it. About these two weeks’ weight loss experiences.

Interviewer: Can you tell me about your experiences of going to the online community forums these two weeks?

Keke: I go to the forums on average once every two days these two weeks. Half of reasons that I went to forums were because I had some problems that I did not understand. Or sometimes I felt really uncomfortable, for example, very hungry but I did not want to eat. Very struggling. So I went to the forums to find people have the same feeling as me. Encouraged each other so that I have the motivation to continue. Sometimes, I go to the forum to look for weight loss methods.

Keke: But now I always feel strengthless when I eat less. I don’t feel too hungry. But when I eat a little bit more, I feel very guilty. My husband and my mum both know I am losing weight. My mum is worry about me. She worries that I will be sick if I eat little. My husband’s attitude is supportive. But sometimes he would ask me to eat more. When I ate more, he wouldn’t stop me as well.

Keke: It’s very motivating to see the weight becomes less and less everyday. Sometimes I was very struggling and felt like I could not continue. I went to the forum and I felt motivated

Informational support and emotional support during the struggling phase

Informal online social support as a motivator

Strategy to cope with temptation to eat

Emotional struggling of living with temptations, hunger and weight

Attitudes towards weight loss from strong ties networks

Importance of reinforcement management

Online empathy
when I knew there were people experiencing the same period of time as me. People who are not losing weight cannot understand the feeling of weight loss. I think it is a very miserable process.

Keke: On the forum, there are many others who are losing weight are experiencing the same process as me. So I could understand what they said most of the time. Seeing them becoming thinner and thinner is also a motivation to me.

Keke: Recently, I have been reading a book called ‘tomato weight loss method’, which was recommended by the ladies on the forum. I don’t think the method will help me, but reading a book like this could remind me that I am losing weight. I feel like if I pay more attention to the weight loss information, I will be more motivated to lose weight. For example, I would read a weight loss book before I went to bed, then I would eat less at night. I really liked eating on my bed at night before.

Keke: I think that’s everything I wanted to say.

Interview: Ok, thank you very much for your time, I will be in touch with you next week to schedule our next interview.

Keke: Ok, no problem. See you.

Interviewer: See you.

3rd Interview (8 April 2011)
Keke’s weight loss attitude and behaviour had changed from the third interview. Entered into the sustaining phase

Keke: I am very busy recently so that I didn’t go (to the forums) very often. But I am feeling great. I would feel depressed if I ate less before. When I saw so many delicious food but I couldn’t eat. Especially, I love eating a lot. Sometimes, I would feel irritated if I could not eat. Now I can just eat a little bit of what I want, and I would feel very satisfied. When I ate very little before, I would feel dizzy. Now I think it’s a more healthy weight to lose weight, but it is very slowly.

Interviewer: Can you tell me more about your changing?

Keke: It is because of my period. My period cycle changed and it was not on time. I used to have period on time. I went to the forum to search for relevant threads. I was very worry about this because there are a lot people like me having the same problem. And also, there are a lot of people very regretted because the period does not become normal even after a lot of treatments. So I was worry about it. I think it’s not worth exchanging your health for a slim body.

Keke: Also, I think it’s time for my body to have a rest because I have lost 10kg so far. If I lost weight too quickly, I may have loose skin. I think now it’s the time to adjust myself. It’s kind of maintaining my previous weight loss result and also

Comparisons between the struggling phase and the sustaining phase

Changes both emotionally and physically

Triggers to make changes on diet

Online experiential knowledge

Triggers to make changes on diet
Keke: I think my body can’t take it any more if I continue not eating any rice. At the beginning, I really wanted to lose weight very quickly, I felt very anxious when I didn’t any weight for few days. Now I am feeling a lot more peaceful. I have a different feeling when I read (the postings now). I felt very anxious when I see others were losing weight before. I always thought how much weight others had lost today and whether I had lost less than others. Sometimes when I couldn’t continue, I would go to the forums to seek for some motivations. Now I am feeling peaceful. It seems it’s their business when I see them losing weight.... Not that exciting.

Keke: I think that’s everything.

Interviewer: Ok, thank you very much for your time, I will be in touch with you next week to schedule our next interview.

Keke: ok, no problem. See you.

Interviewer: See you.

| 4th Interview (19 April 2011) |
| From the third interview to the sixth interview, Keke’s weight loss state was quite stable. |
| |

Interviewer: Can we start now?

Keke: Yes.

Interviewer: It’s the same as the previous interviews. Can you describe your past two weeks’ weight loss experiences to me?

Keke: These two weeks are very stable. I have lost about 2kg. Not a lot. But now I am having normal three meals a day.
Keke compared her current self to previous self. Her weight loss attitude and behaviour had transformed when she entered into the sustaining phase. She had realised the importance of healthy weight loss.

Keke: I would only eat until 80% full every meal, about half bowl. I eat more vegetables and some meat. But I don’t eat a lot of meat, just a little. It’s very light meal. My friend told me that Spirulina is good, so I am taking it now.

Keke: It’s quite good recently. When I ate very little before, I would feel dizzy. Now I would not, very healthy. I don’t have huge changes recently. You can ask me.

Interviewer: Ok. Can you tell me something about going to the online community forum?

Keke: I have paid more attention to health, so when I go to the forum, I normally read threads that related to healthy diets.

Interviewer: Can you tell me about this in detailed please?

Keke: For example, I tried to make the weight loss detox congee for several times. I have also learnt something about floral tea.

Keke: I have been researching on the forum for very long time before I decided to buy the Spirulina. I think it contains a lot of nutrition, it should be better than weight loss drugs.

Interviewer: Can you tell me more about the threads that you have read?

Keke: I have really enjoyed cooking recently, so I always go to read those threads that contain both beauty and weight
loss information. And I also tried to do it by myself. I think it’s quite good. Online forum is a very good communication platform. People can share good things with others. I have read a thread on Tianya forum. The lady teaches people to make congee. She put some Chinese herbal into every congee she made. I think this is one of the ways to achieve healthy weight loss. It is better than not eating.

Keke: Now I am feeling a lot more peaceful, I am not that radical now. I think my condition is very good now. Even I am losing weight slowly, but having good habit and good health is also important to me. I will maintain this condition and continue to do it. Maybe the result will not be that obvious, but it should not relapse easily.

Keke: But sometimes when I see delicious food, I still could not control myself to eat a little bit more. But I would eat less in the next meal and remind myself to balance the total quantity I have had for one day.

Keke: Now weight loss is not a miserable thing to me anymore. I have gradually got used to this kind of lifestyle, so I don’t actually have the difficulties to change.

Interviewer: Ok. Can you tell me more about the reasons for changing?

Keke: I think there are two main reasons. First, I look much better because my weight loss result is quite obvious. I was worried about rebounding if I
lost too much weight very quickly. Also, once the skin becomes loosen, it is difficult for the skin to become tight again. If I don’t slow down, I was also worried about having wrinkles on my skin because my body is lack of nutrition.

Keke: I think that’s it. I have a very stable and normal lifestyle recently so that I don’t have a lot of changes.

Interviewer: Ok, no problem. It’s good to know your healthy changes. Thank you very much for your time, I will be in touch with you next week to schedule our next interview.

Keke: ok, no problem. See you.

Interviewer: See you.

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5th interview (11 May 2011)

Interviewer: Can we start now?

Keke: Yes.

Interviewer: It’s the same as the previous interviews. Can you describe your past two weeks’ weight loss experiences to me?

Keke: I eat quite normally these two weeks, so my weight doesn’t have change. I am not sure whether it is still a weight loss stage.

Keke: I am back to normal meals because I am quite happy about my weight loss result.

Interviewer: Tell me these two weeks’ weight loss experiences, I am still interested in.

Satisfied with the weight loss result
| Keke went to the online community forums less often comparing to the other two phases. She had found the weight loss method that was suitable for her and she was also happy with her weight loss result. Therefore, in contrast to the early stage of her weight loss process, she did not need a lot of support from the forum to motivate her to lose weight now. | Keke: As I said, I have very normal meals now. I don’t overeat. I would not feel hungry or very full. I am not actually paying a lot of attention to lose weight now. Keke: It’s more about maintaining my weight. I am quite satisfied with my current condition, it is not too fat but quite healthy. Interviewer: Ok. Can you tell me something about going to the online community forum? Keke: I am not going to the forum that often now because I don’t pay a lot of attention to weight loss. When I was working hard on losing weight, I really need the information and support from the forum. Keke: At the beginning, I was very anxious and wanted to lose weight very quickly. So I always went to the online forum to read the weight loss threads and checked what others are doing. Then after I lost some weight, I was slowing down, I still go to the forum, but not that often. Keke: Weight loss is a long-term project. I know I could not do it in very short time. Keke: I don’t go to the forum very often now is also because I have found my weight loss method. I think that’s it. Interviewer: Ok, no problem. Thank you very much for your time, I will be in touch with you next week to schedule our next interview. | **Sustaining the weight loss change** **Reduced the frequency of going to the online community forum** **Differences of going to the online community forum during different weight loss phases** **Weight loss attitude transformation** **Reason for not going to the online community forum very often** |
Reflection on the past three months’ weight loss experiences and the differences of going to the online community forum during different weight loss stages.

| 6th interview (25 May 2011) | Keke: ok, see you.  
Interviewer: See you.  
Interviewer: Can we start now?  
Keke: Yes.  
Interviewer: It’s the same as the previous interviews. Can you describe your past two weeks’ weight loss experiences to me?  
Keke: Now I think it’s the maintaining stage for me because I have achieved my weight loss goal and I am quite satisfied with it. I have very light meals these two weeks because it is very difficult to achieve my goal, so I still pay attention to my meals.  
Keke: I only have a very small bowl of rice. I only eat until I don’t feel hungry.  
Keke: My weight is about 55kg now, not very slim, but I am very happy about it. I have very healthy diet now. That’s it.  
Interviewer: This is our last interview. Can you have a review on these three months’ weight loss experiences? Tell me anything you think it’s important to you.  
Keke: After New Year, I have gained a lot of weight. A lot of my clothes did not fit any more. I noticed that I became very fat so that I decided to lose weight.  
Keke: At the beginning, I was very concentrate on weight loss, so I went to the online forum to read many different weight loss | Keke: Sustaining weight loss change  
Counterconditioning  
Reasons to lose weight  
Informal online social support during the early weight loss process |
threads and also learned other people’s weight loss methods.

Keke: Weight loss is very miserable. Fat people always like eating and delicious food. You can’t eat. And for me, it is very difficult to tolerate being hungry. So at the beginning, when I felt like I couldn’t persist in, I would go to read other people’s weight loss threads. Having a buddy is very important for people who are losing weight. I would have the motivation when I saw other members lost weight successfully because of their determinations.

Keke: Going to the forum is a very good way to attract your attention from food and eating.

Keke: At the beginning, I weighed myself everyday to check how much I have lost. I felt very anxious. And then when I hit the first weight loss plateaus, I didn’t lose weight for one week. I was very disappointed and then I went to eat buffer. I gained 1.5kg because of the buffer. I really regretted. I was thinking that I had been suffering a lot to lose some weight, but after one meal, I had gained 1.5kg. I felt terrible about this.

Keke: But after I broke through the plateaus, my weight dropped again.

Interviewer: Can you tell me more about breaking through the weight loss plateaus?

Keke: During the weight loss plateaus, I went to the forum

| Importance of informal online social support (motivator) |
| Informal online social support supports the stimulus control process |
| Reinforcement management Stimulus control and emotional struggling |
very often in contrast to other weight loss periods. I didn’t have any confidence at all at that time, a lot of people on the forum motivated each other, which made me feel very motivated.

Keke: What they had been experiencing are very similar to my conditions. And when I had questions, I would go to the forum to ask them.

Keke: And then after the plateaus, it was about the time to have my period. But I have problem with my period. So I was very worried about it. I was eating very very little before this happened. Sometimes, I would feel dizzy. So I went to the hospital to see the doctor. I was told that I had been eaten too little; I need to be back to normal diet.

Keke: After I had been to see the doctor, I also went to the forum to search for relevant threads. I found out that a lot of ladies have this problem. So of them have very serious problems, which are very difficult to treat.

Keke: So after that, I started to eat rice again. I didn’t have any rice at all before this happened, I only ate vegetables and fruits. I also barely ate any fat. I ate very little at that time and my stomach becomes smaller as well. I could not eat any more after I had little.

Keke: Now I am back to normal meal so my weight drops very slowly. I used to lose about 0.5kg everyday. Now my period

| Importance of informal online social support in breaking through the weight loss plateaus |
| Online similarities |
| Triggers to make changes on diet |
| Experiential knowledge from the online community forum |
| Changes on health condition |
is normal and I don’t feel dizzy. I think this is a very good method. It is not quick but healthy.

Keke: When my weight was about 54kg, I went back to normal meals. Then I gained 1kg. Now it is 55kg. But I am very happy about the result.

Interviewer: Ok. Can you tell me something about going to the forum during these two weeks?

Keke: I don’t go to the forum very often this two week. In the past, I go to the forum for myself, now I try to support others. Sometimes, when I read some threads that are similar to my previous experiences, I would write something to support them.

Keke: You know weight loss is very different. People who had never experienced it could not understand the pain of losing weight. Also, only the ‘people who had experienced’ weight loss could answer your weight loss questions. You can find these kinds of threads on the forum to solve your problems. I think that’s it.

Interviewer: Ok, no problem. Thank you very much for doing the interviews for 3 months. I really appreciate your help. Wish you all the best.

Keke: It’s my pleasure. Good luck with your research. see you.

Interviewer: See you.
References


