



Research report

Women's experiences of using drugs in weight management. An interpretative phenomenological analysis

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ABSTRACT

This study examines the experiences of women using drugs in weight management. Whilst some of the commonly used substances have been deemed to be safe, most, if not all, still have potentially dangerous side effects for the individual. Five women spoke of their experiences of using drugs in weight management through semi-structured interviews. These were analysed using Interpretative Phenomenological Analysis (IPA). Three themes arose from the analysis: the challenges of weight management, the appealing aspects of drug use and emotion and control. Findings revealed that participants believed they need to be thin in order to be happy and they found weight management difficult due to a variety of internal and external aspects. Drug use was seen as an easier and guaranteed way to manage weight. Participants felt that the use of substances for the purpose of weight management was erroneous with shame attached to it, and yet, drugs helped them to feel in control of their lives, their weight and also acted as a maladaptive emotion regulation strategy. Clinical implications and suggestions for future research are discussed.

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Introduction

Drug use in weight management appears to be the second most adopted weight management strategy amongst the unhealthy approaches, after fasting/skipping meals with prevalence ranging from 4.6% to 100% (Blanck et al., 2007; Holderness, Brooks-Gunn, & Warren, 1994; Liou et al., 2009; Lowry, Galuska, Fulton, Burgeson, & Kann, 2005; Lowry, Galuska, Fulton, Wechsler, Kann, & Collins, 2000). Indeed, there is an extensive variety of substances reported to have been used for weight management purposes from prescribed medication such as Orlistat to nicotine in cigarettes, and from laxatives and diuretics to over the counter pills (Holderness et al., 1994; Ryan et al., 2008; Moyers, 2005; Sherwood, Harnack, & Story, 2000); also used are illicit substances such as amphetamines and cocaine (Parkes, Saewyc, Cox, & MacKay, 2008). Many of these findings apply equally to weight loss and weight maintenance, herein grouped under the term 'weight management'. We use the term 'drugs' in the pharmacological sense to include non-food substances both licit and illicit that are used to attempt to provoke a biological effect.

Although there is no hard evidence that any drug leads to long-term weight loss or maintenance (Craighead, Stunkard, & O'Brien, 1981; Reba-Harrelson et al., 2008; Ryan, 1996), manufacturers and marketing of weight loss substances promote these drugs to

be effective weight loss strategies by reducing fat or carbohydrate absorption, suppressing appetite and accelerating the rate of fat conversion to energy amongst others.

The most studied phenomenon in the field is the observed association between eating disorder and drug misuse, which might be conceptualised as an extreme instance of the broader phenomenon of drug use alongside weight management attempts. There is a number of competing theories which aim to explain this observed link. An addictive personality style has been hypothesised to lead individuals to becoming addicted to both food and drugs (Jonas & Gold, 1988) with certain personality traits leading to both drug use and disordered eating. Corcos et al. (2001) argued that a vulnerability to dependence causes eating disorders and drug use, adding that narcissistic traits compensate for feelings of emptiness.

Another theory proposed that high levels of anhedonia in individuals with anorexia nervosa (AN) inhibit drug and food consumption, whereas low levels of anhedonia in bulimia nervosa (BN) lead to increased calorie consumption and drug use due to increased sensitivity to rewards (Davis & Woodside, 2002). On the other hand, Wiseman et al. (1999) found evidence that individuals with eating disorders use drugs to deal with feelings of anxiety or depression, in the same manner that those without eating disorders can use drugs as coping mechanisms (Holderness et al., 1994).

Other explanations such as genetic predisposition and susceptibility to cultural and social pressures have been proposed (Jonas & Gold, 1988; Wolfe & Maisto, 2000). Nevertheless, none of these theories has been fully supported empirically nor they fully explain

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the causal relationship between drug use and disordered eating behaviours on all of those affected.

Research on those who use drugs alongside weight management attempts has focused mainly on demographic aspects. Some aspects such as being female (Thompson, Rafiroiu, & Sargent, 2003), higher Body Mass Index (BMI) (Blanck et al., 2007) and white ethnicity (Blanck, Khan, & Serdula, 2004) appear to increase the likelihood of drug use in weight management. Although an awareness of which groups are more likely to engage in drug use in weight management is certainly helpful, it is not sufficient to develop successful prevention and treatment approaches.

With this in mind and the potential risks associated with taking drugs to manage weight, it is vital to further our understanding of drug use in weight management if we are to implement effective and long-lasting preventative and treatment measures, at the individual and population levels.

Given the contradictory evidence, e.g. regarding the role of demographic factors, we hope an in-depth analysis of drug users' experiences and their own reasons for engaging with this particular pattern of behaviour may shed light and hopefully in future lead to the development of explanatory theories.

In order to explore rich data on the experiences of people who were using, or who had used, drugs in an attempt to manage weight, we chose Interpretative Phenomenological Analysis (IPA; Smith, 1996). The exploratory, idiographic, and data-driven approach of IPA has the potential to contribute to the identification of possible factors involved in drug use in weight management. It is the nature of IPA that the researcher works with in-depth personal accounts of experiences in an attempt to understand these experiences from the perspective of the participant.

Here, we present the results of an interpretative phenomenological analysis with women who have made use of drugs as part of a weight loss programme. We trust the findings will aid theory development and provide material for future work aimed at generalising our results.

Methods

Participants

IPA requires purposive sampling so that data relevant to the research question are collected from a homogeneous group (Smith, Flowers, & Larkin, 2009). For the purposes of this study, participants who considered themselves as having a history of difficulties with their weight and currently engaging in weight management behaviours were recruited. Recruitment entailed the use of flyers and posters distributed in the communal areas of a range of university buildings, local weight loss groups, local gymnasiums and community centres, as well as emails to colleagues in the field and psychology undergraduates (one student participated, as part of an undergraduate research hours scheme).

Four participants were recruited in this manner and another one directly contacted the first author after having heard about the study through a researcher's workplace. Their ages ranged from 19 to 47 years old and they were all female. Two participants felt they had reached their target weight whereas three reported wishing to lose further weight. All had previously used drugs in an attempt at weight management. Due to concerns on the part of the ethics committee, we did not ask whether participants were still using drugs in this way. Table 1 provides a summary of the participants' demographic information, current weight management goals and strategies, as well as drugs they mentioned during the interview. All identifiable information including names was changed for purposes of anonymity.

Procedure

Semi-structured interviews were conducted in a soundproof room at the university, with the exception of one participant who was interviewed in an isolated office at her workplace. Interviews lasted between 39 and 70 min.

The interview agenda included relevant topics such as demographic information, their difficulties with their weight and experience of drug use in weight management. The schedule was developed with open and expansive questions that allowed participants to explore the topic being discussed (Smith et al., 2009) and any other personally relevant aspects. Questions aimed to explore the participant's weight history, past and present weight management strategies; as well as their experiences and perceptions of the use of substances in weight management. These questions were not asked sequentially but were introduced at points in the conversation where the researcher felt it was natural-sounding, allowing the participant to guide the interview. Interviews were recorded using a digital dictaphone and later transcribed verbatim by the first author.

This study was approved by the University of Wolverhampton's Behavioural Sciences Ethics Committee and the School of Applied Sciences Committee.

Data were analysed using IPA as described by Smith et al. (2009). An idiographic and double hermeneutic stance was adopted throughout the analysis. The first transcript was read and reread for familiarisation before initial annotations were made. Emerging themes were then identified and grouped into superordinate themes, which then yielded themes for that particular transcript. The same procedure was then followed for each transcript before a master themes table was produced.

Results and discussion

From analysis, three master themes were identified: (1) the challenges of weight management, (2) the appealing aspects of drug use and (3) emotion and control. Each of these will be explored in turn.

Master theme 1: the challenges of weight management

Participants spoke at length of the difficulties encountered relating to their body weight. They view being above the ideal weight negatively and feel there is an intrinsic relationship between body weight and their feelings in general. They also spoke of both external and internal factors that make weight management difficult, including social and environmental factors as well as eating to deal with affect and low dietary restraint levels.

Wrongness

Participants believed that being over their healthy weight is wrong and that efforts should be made to ensure they lost the excess weight.

'My weight has always been an issue and erm, I'd say I've been more unhappy with it than happy with my weight for as long as I can remember... I think I remember being an issue since I was probably about five... I didn't really look at it as being good or bad because I was quite young but I was aware that it wasn't right.' (Rebecca)

Participants seemed unable to accept themselves for who they are, with feelings about their body weight meaning more than simply the weight of their body per se, but reflecting on how they felt about themselves as individuals; even though, in reality, there is no objective relationship between body weight and the self as a

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