



## Research report

## Qualitative research using photo-elicitation to explore the role of food in family relationships among obese adolescents <sup>☆</sup>

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## ABSTRACT

Obesity in adolescence is a major public health issue. Family relationships have an important role, whether in the onset of the condition, its maintenance, or the way in which the problem is approached. Food and family relationships are two major elements in therapeutic care. The subject of the present study is the investigation of the place of food within family relationships among obese adolescents, so as to tailor care strategies. Twelve semi-structured interviews were conducted among adolescents presenting obesity and their parents. The investigation was qualitative, and used photo-elicitation. A photograph produced by the subject is used as the basis for narrative, and the verbal material obtained is analysed using Interpretative Phenomenological Analysis. The results can be categorised along two axes. The first describes the place of food in the one-to-one parent–child relationship; the second describes the organisation of the family group. This study evidenced two possible lines of approach in understanding the place of food in these families. There are major interrelations between food and relationships within the family, so that implications for therapy can be drawn: taking account of bonding between parent and child, and therapeutic orientation towards family functioning rather than towards individual eating patterns.

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## Introduction

Obesity prevention is a major public health issue in numerous countries all over the world. Prevalence rates are high, and have increased regularly over at least the last two decades. The number of obese individuals was estimated to be 500 million worldwide in

2005 by WHO (World Health Organization, 2011). Obesity now affects children, with constantly increasing numbers over recent years. It is thought that there are around 110 million children worldwide who are overweight or obese (Caprio et al., 2008). In the USA, childhood obesity has more than doubled in the last 30 years. Recent figures estimate this prevalence to be 11.9% (Ogden, Carroll, Curtin, Lamb, & Flegal, 2010). The consequences of obesity are well-known. They are orthopaedic, neurological, pulmonary, hepatic, endocrine, and cardio-vascular (Reilly & Kelly, 2011; Schwimmer et al., 2006).

Classically, the treatment of obesity has been based on altering behaviours, diet, and the amount of exercise (Doak, Visscher, Renders, & Seidell, 2006). This type of treatment is questioned today, following results that often proved positive in the short term, but not very efficient in maintaining the weight in the longer term (Murtagh, Dixey, & Rudolf, 2006; Oude Luttikhuis et al., 2009). The importance of the involvement by parents in the care process is increasingly highlighted in recent studies and recommendations

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(Chapman & Ogden, 2009; Lindelof, Nielsen, & Pedersen, 2010; Müller & Danielzik, 2007; Murtagh et al., 2006; Oude Luttikhuis et al., 2009; Shrewsbury et al., 2010; Thompson & Thomas, 2000). The parents create the eating and dietary environment of the child, and influence dietary behaviours and choices (Birch & Davison, 2001). Excessive restrictions imposed by parents on access to high-calory foods could for instance be associated with an increase in high-calory intake, and consequent weight increase (Kral & Rauh, 2010). Other factors such as the influence of parental dietary preferences, structured family meals, single-parenthood (less time spent preparing meals), and eating meals outside the home (Patrick & Nicklas, 2005), or again the degree of family cohesion, could also influence BMI in childhood and adolescence (Berge, 2009). Among children and adolescents the notion of dieting implicates the parents in a role of accompaniment and control, but this also requires a reappraisal by parents of their own beliefs and behaviours in the area of food. Certain authors claim that food plays a part within familial interactions, and that failing to take this into account could be a factor for therapeutic inefficacy (Wong, 2010). Others emphasise the need to take account of family issues in the treatment of these patients (Murtagh et al., 2006; Shrewsbury et al., 2010). Most specialists in this area seem unanimous on the need to implicate the family in the care strategy, although the mechanisms involved have not been evidenced. Understanding some of these mechanisms could enable the adaptation of care provision to each family, targeting the dysfunctioning areas. The question of the position and the role of food in family relationships is therefore central both to the understanding of obesity among adolescents, and to the way in which they are cared for. This is the theme of the present research. This research was developed in the QUALIGRAMH group. This multidisciplinary group comprises researchers, physicians, and psychologists specialised in the area of adolescence. Its aim is to develop qualitative research in adolescent psychiatry.

A qualitative methodology was implemented, using a tool known as photo-elicitation for the first time in psychiatric research. Qualitative methods are expanding fast in medical research. They are particularly suited to research in the field of psychiatry, where patient perspectives are central in both diagnosis and treatment (Revah-Levy, Birmaher, Gasquet, & Falissard, 2007; Taïeb, Révah-Lévy, Moro, & Baubet, 2008).

This photo-elicitation tool is a Visual Narrative method (Harper, 2005; Rose, 2006) that is already well-known in the social sciences. We chose a visual narrative method on account of the difficulty experienced by obese adolescents encountered in our clinical practice in putting issues of food and family relationships into words. The intention was to use a method that would facilitate verbalisation. Photo-elicitation consists in using one or several photographs taken by the subject as the basis of the interview. Among adolescents, photo-elicitation enables greater implication in the subject studied, greater control over discourse, easier verbalisation of difficult or complex concepts, and an alleviation of the hierarchical relationship with the adult investigator (Guillemin & Drew, 2010; Owen, Duncan, & Sawyer, 2010). The photograph is used as a mediator in the interview, facilitating verbal exchanges, recollection, and the expression of experience. It however remains a mere tool, and is not analysed for itself. The photo-elicitation method has rarely been used to date in clinical research. It has been used for instance to study pain, quality of life, the experience of chronic illness in children, or dietary choices (for example see (Hanna & Jacobs, 1993; Hanna, Jacobs, & Guthrie, 1995; Johnson, Sharkey, McIntosh, & Dean, 2010; Lassetter, Mandlco, & Roper, 2007). To our knowledge it has hitherto never been used in psychiatric research.

For the construction of the interview grid and the analysis of data we used the Interpretative Phenomenological Analysis (IPA)

method, an established qualitative methodology used to explore in depth how individuals perceive particular situations they are facing and how they are making sense of their personal and social world (Smith, 1996). The approach is phenomenological, in that it involves a detailed exploration of participants' experiences. The aim is to explore personal experience, and the subjective perception of an object or event. Rather than reducing a phenomenon to a number or an identifiable variable, and controlling the setting in which the phenomenon is studied, phenomenology aims to describe it as faithfully as possible, with the setting in which it occurs (Smith, 2008).

This article aims to explore how family and food interact, what place food occupies in family relationships among obese adolescents, what the issues are, and what adaptations can be suggested for the complex care strategies in this pathology. The specific nature of the method also afforded the opportunity to experiment with the use of the photograph as a research medium, facilitating access to data and its collection.

## Methods

### *Sampling and participants*

Sampling in qualitative research involves purposive sampling of individuals liable to provide the most informative description of the phenomenon under study (Mays, 2000). Our sampling technique was of indeed purposive, because we opted for selecting subjects that were typical of the population of interest (Patton, 2002). A collegiate decision involving the investigators and specialised clinicians taking part in the research enabled the identification of adolescents and their parents as the most likely informants, since they are the actors in the family relationship. The size of the sample was determined by data saturation.

Adolescents with obesity fulfilling the Cole et al. criteria (Cole, 2000), and whose first language was French – this being required for in-depth interviews – were recruited consecutively from the Department of Adolescent Care of Cochin Hospital in Paris, and from the Romagnat Mother and Child Care Centre, France. The adolescents were aged from 12 to 18. Participation in this study was proposed by the reference physician in of the health facility concerned, and study information sheets were provided to all potential participants and their parents. This research received approval from the Ethical Review Committee (*Comité d'évaluation de l'éthique des projets de recherche biomédicale (CEERB) du GHU Nord*), Paris, France. According to the declaration of Helsinki, written informed consent was obtained from all patients included in the study before interview. As they were all minors, consent of their parents was also obtained. Seven adolescents were included in the study. The study was also submitted to the parents, and five parents agreed to be interviewed. Thus the study material was derived from twelve interviews.

### *Data collection*

The present study was conducted by way of semi-structured interviews, with photo elicitation tool. The photograph is provided by the subject, and used as the basis for the interview, enabling the verbal material to be steered and also enriched.

Preliminary interviews were conducted with the adolescents to facilitate contact during the recorded interview, and familiarise them with the research. These consisted in a first contact, a description of the way the research was to be conducted and its subject, collection of socio-demographic data and written informed consent. Following this interview, the young people were

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