

Social Cognitive Theory VS. Social Comparison Theory:
Examining the Relationship between Social Influence and Weight Loss

Presented to the Faculty of
Liberty University
School of Communication Studies

In Partial Fulfillment of the Requirements for the
Master of Arts
In Communication Studies
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Abstract

**SOCIAL COGNITIVE THEORY VS. SOCIAL COMPARISON THEORY:
EXAMINING THE RELATIONSHIP BETWEEN SOCIAL
INFLUENCE AND WEIGHT LOSS**

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This qualitative study investigated the impact of social influence on weight loss, more specifically, the internal and external elements that effect response and success of those who are trying to lose weight. The research focused on three questions: (1) How great of an influence does self-efficacy have in weight loss success? (2) How great of an influence does social comparison have in weight loss success? (3) Which factor has the largest impact on weight loss: self-efficacy, peer efficacy, or positive social support, or negative social support? Data was collected by the researcher conducting semi-structured interviews. These interview were conducted with 22 participants who are actively trying to lose weight by participating in a weight loss group called Taking Off Pounds Sensibly. These participants were all women, with ages varying from 20-64. Four main themes emerged from the interviews: the influence of self-efficacy on one's success in losing weight, the impact of social comparison, the influence of significant other's communication towards a participant's weight loss, and the importance of supportive peer communication for participants to stay on track with weight loss. Results demonstrated the correlation of positive communication from significant others with increased success in participant's weight loss. Findings also revealed that although weight management is an ongoing struggle for some, having a support group leads to a more positive attitude and motivated mindset, which then leads to a more successful outcome.

This Project is Dedicated to My Parents:

Dale and Ruth Ann Grigg

—Who Have Made Everything Possible—

Acknowledgements

I can honestly say that when I started my M.A. in Communication in the spring of 2011, I was not sure if I would complete it, or if it was even the right program for me. However, throughout my classes and experiences, I started to see an ever-growing value of this degree and a desire to follow through and finish it. Completing this thesis seemed so overwhelming at the beginning that I never thought I would reach the end. However, here I am today and all I can say is to be God be the glory.

I would like to take this chance to thank the wonderful faculty and committee members who have helped me along the way. Dr. Angela Widgeon, thank you for persevering with me as I've gone through several life changes while in the process of writing this thesis. Thank you for sticking with me and encouraging me to finish what I have started, and to always do my best. Also, thank you to Dr. Clifford Kelly for bringing laughter and joy to my classes and for speaking so much encouragement and truth into my life, as well as Dr. Randall Pruitt for being an example of a great work ethic and strength through Christ. The three of you have been a great help to me through this entire process, and I am so thankful to have you on my committee.

I would also like to thank my family for being whole-heartedly behind me in this entire project. Without my parents' love and guidance I would not be the person I am today, and I am forever grateful for their sacrifices to allow me to follow my dreams. It is because of them that I had the opportunity to have a wonderful education and experience at Liberty University, and for that I will always be grateful.

Finally, I would like to give praise to the Lord who has created each one of us and given unique earthly bodies to dwell in. What a creative God He is! This project allowed me to have a deeper appreciation of how He has designed all of us differently, body and soul. May we use what He has given us to His glory. "Do you not know that your body is a temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were

bought at a price. Therefore honor God with your body” (1 Corinthians 6:19-20, New International Version).

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INTRODUCTION

A news segment titled *Diet Industry is a Big Business* by CBS News stated, “Wendy Shanker enrolled in a top-of-the-line diet facility. She stated that, ‘I spent \$10,000 and lost two pounds at the end of the month. I said, ‘That’s it, I’m done. I’m just going to be fat; that’s fine by me’” (CBS News, 2009). Wendy is an example of a typical frustrated American who feels like they have tried everything yet still can’t lose weight.

It’s no secret weight loss is a huge problem in America. There have been reports about the obesity epidemic in the past, but the most recent research comes from The Center for Disease Control and Prevention. It found that more than one-third of U.S. adults (35.7%) are obese, and approximately 17% (or 12.5 million) of children and adolescents aged 2—19 years are obese (“Obesity and Overweight,” 2010). One-third of the U.S. population equals 103 million adults who are overweight today. However, Americans were not always this large. In 2000, no state had an obesity prevalence of 30% or more. In 2009, nine states had obesity rates of 30% or more, and in 2010, the number increased to 12 states (“Vital Signs: State-Specific Obesity Prevalence Among Adults --- United States, 2009,” 2010).

The negative effects of obesity and being overweight are well-known. As obesity becomes a more prevalent issue, its side-effects are becoming more obvious and effecting more people. “Overweight and obesity increase risk of morbidity and/or mortality from numerous chronic conditions including type 2 diabetes mellitus, coronary heart disease, hypertension, hyperlipidaemia, osteoarthritis and certain cancers” (Ball, Brown, & Crawford, 2002, p. 1572). These are serious conditions that can be avoided by controlling one’s weight.

The problem of childhood obesity is becoming so great that people are starting to take action. First Lady Michelle Obama has made reversing childhood obesity one of her chief responsibilities and greatest passions. She is behind the “Let’s Move” campaign that involves “getting parents more informed about nutrition and exercise, improving the quality of food in

schools, making healthy foods more affordable and accessible for families, and focusing more on physical education” (ABC News, 2010). This shows that even though more work needs to be done, the issue is starting to gain national attention.

An understanding needs to be reached as to which factors are most influential in aiding weight-loss. Many people think that if they try the right diet plan or take the right diet pill that their weight problems will be resolved. However, one-third of Americans are overweight (The Center for Disease Control and Prevention [CDC], 2010). This shows a need to determine what factors are inhibiting people from successful weight loss. Social influence clearly plays a role in many health behaviors, including activity and eating decisions. One study has shown that people’s management of food is linked to life experiences such as family and cultural standards, attitudes, and social and environmental circumstances (Bisogni, Jastran, Shen, & Devine, 2005). This research has identified how surroundings and people influence whether an individual is able to lose weight or not. Another study has shown a link between social influence and weight loss (Black, Bute, & Russell, 2009). It has determined that the social network around a person trying to lose weight influences how successful the person is at reaching their weight-loss goals.

There has also been research done on the topic of influences to consider when investigating eating and exercise behaviors. Some research shows that “expectations for how participants felt they should eat were based on life course events and experiences...circumstances such as income, social support, and health conditions also had a great impact on food management skills”(Bisogni et al., 2005). This research also showed that “family and cultural standards, personal knowledge, attitudes and skills, and social environment all contributed to food management practices” (Bisogni et al., 2005). Besides family and cultural standards, there has also been research that focuses on social influence and its impact on weight loss (Baranowski, T., Watson, K., Missaghian, M., Broadfoot, A., Cullen, K., Nicklas, T., Fisher, J., Baranowski, J., & O’Donnell, S., 2008). These researchers found that “home availability” of

healthier foods and family social support for healthy food choices resulted in participants making healthier food choices overall. This is an example of how social influence can create a positive outcome when it comes to eating habits. Another example of this is a study conducted by Black, D., Gleser, L., & Kooyers, K. (1990), that compared weight-loss efforts for those who participated alone with those who go through the same program with a partner. The results found that those who completed the program with a partner were much more successful immediately after the program as well as after a 3-month follow-up. These examples show that social influence does in fact have an impact on one's outcome when trying to make healthy lifestyle choices. These studies have touched the surface of the topic of social influence on weight loss, but they have not gone in depth with the issue. They have used the general idea of social influence on health behaviors as a springboard for research, but have not focused specifically on the relationships involved and how specifically social influence effects healthy lifestyle choices.

Statistics show that Americans spend about \$35 billion a year on weight-loss products (CBS News, 2009). This number includes money spent on diet pills or plans, weight loss systems such as Jenny Craig, gym memberships, and other similar programs. Even though the diet industry is a multi-billion dollar enterprise, one-third of American adults still find themselves obese. This brings in the question as to why these diet methods aren't working, and what's going wrong in the process.

This paper aims to delve deeper into the topic of social influence on weight loss by using the social cognitive and social comparison theories. The social cognitive theory presents the idea that people take their past experiences and use them as a filter to determine their capability to reach future goals (Anderman & Anderman, 2009). It emphasizes how people use their own internal beliefs to determine their capability to achieve success. The social comparison theory, conversely, states that the social influence of others causes one to determine whether he/she feels

capable of succeeding in a task, such as weight loss (Festinger, 1954). It says that “in order to evaluate themselves, individuals look towards other people they can identify with, and make comparisons between themselves and others” (Seidel, 2009). This theory explains that people evaluate their own self esteem by looking at people they can identify with, which would be their close family members or friends, and then compare themselves to those people in order to determine who they are and what they are capable of.

This research aims to find which theory is more applicable when it comes to weight loss. It will look into the relationships surrounding one trying to lose weight and analyze them intently. Although there is a wide array of popular weight loss programs available such as Weight Watchers, Jenny Craig, and Nutrisystem, this study will use qualitative data obtained through interviews with Taking Off Pounds Sensibly, also known as TOPS. These participants were chosen for this study because TOPS was founded on the idea that mutual encouragement is needed in order to each other accountable and achieve a set goal. This research will attempt to understand more fully how much of an impact a support group like TOPS has on one’s weight loss success, and why those relationships help one succeed. It will then look into the clients’ relationships with family/friends to understand how these people either aid their weight loss, or undermine their success. It attempts, therefore, to investigate the role social influence plays in weight loss, and how greatly it impacts people’s ability to lose weight.

Taking Off Pounds Sensibly was founded in 1948 by Esther Manz. Manz got the idea for TOPS while she was expecting her fifth child, and participating in group sessions to prepare women for childbirth. While participating in these sessions, she noticed the strength of the mutual encouragement between women when keeping each other accountable to follow their doctors’ orders for pregnancy. She then decided to pursue the idea further, by continuing the support between women after pregnancy, when they were trying to lose weight and regain their figures (“TOPS Club Inc.,” 2012).

The official title of TOPS was formed around Manz's kitchen table when she and two friends gathered with others to discuss weight loss. The meetings grew to the point where people were hardly able to fit into the designated meeting rooms. TOPS grew in popularity because it was created with the idea that those who succeed in losing weight deserve royal treatment. This is why the club carries the tradition of crowning a king and queen of weight loss accomplishment. The organization promotes successful, affordable weight management with a "hands-on pounds-off" approach that combines: healthy eating, regular physical activity, wellness information, awards and recognition, and support from others at weekly chapter meetings ("TOPS Club Inc.," 2012).

This study is relevant for a great number of Americans today. As noted previously, more than one-third of U.S. adults (35.7%) are obese, and approximately 17% (or 12.5 million) of children and adolescents aged 2—19 years are obese (CDC, 2010). These statistics show that overweight Americans need help. They need to not jump from one fad diet to the next, but instead to understand why their current weight-loss strategies are not working and then correct the problem. A vital aspect of their success that may be overlooked is the relationships they surround themselves with. These relationships may be the reason why their previous weight-loss attempts have failed without them knowing it.

Purpose Statement

The purpose of this study is to understand the connection between social influence and weight loss by investigating how significant other's words and actions help or hinder one to lose weight. This will be measured by analyzing data collected from interviews with participants of a weight-loss program. The social cognitive theory and the social comparison theory are used in order to compare the ideas of a person losing weight through self-will versus through peer-influence. This study was conducted in order to discover if peer-influence is the missing link between people having head-knowledge of how to lose weight, and actually being able to

incorporate this knowledge into their daily lifestyle.

This study is important for all Americans because obesity is on the rise. It “leads to numerous health problems such as coronary heart disease, hypertension, osteoarthritis and certain cancers” (Ball, Brown, & Crawford, 2002, p. 1573). It is desired that a better understanding of what works and what doesn’t when it comes to weight loss will be gleaned from this study. This information is vital to the health field because of the vast number of Americans who are overweight and the health complications that come from it. If a strong link between social influence and weight loss success is found, it can change how people approach weight loss in order to have a higher chance of success.

There has been considerable research already conducted on this topic. Some studies have used surveys to look at social influence on weight loss, while others have focused on the effects of negative social influence specifically. This study will look at both positive and negative influences on weight loss, and utilize face-to-face interviews on the topic in order to gain the most personal and beneficial information possible from participants.

Chapter 2, the Literature Review, will define the social cognitive theory and the social comparison theory. These theories help explain how people determine their ability to succeed in a task, in this case weight loss. The Literature Review will go over previous studies done on social influence on weight loss in order to observe what research has already been done and what results were found. Chapter 3, Methodology, will provide details about the qualitative study approach and the overall strategy to gather information from TOPS participants in order to learn more about social influence on weight loss. This will lead into Chapter 4, Results, where the major themes from the interviews will be discussed. Finally, Chapter 5, will discuss the results of the interviews in regard to the initial research questions, as well as limitations of the study and future research that needs to be conducted.

LITERATURE REVIEW

This literature review is broken into three sections. First, it will review the social cognitive theory and social comparison theory, covering the topics of how each originated and what they entail. It will then review studies that have been done using these theories to draw information about how they've been practically applied in the past. Finally, it will review articles that relate to the topic of social influence on weight loss, focusing on those which report a considerable impact of some kind on the weight loss effort.

Social Cognitive Theory

The social cognitive theory was formed in in 1977 primarily from the work of Albert Bandura, initially developed with the purpose of explaining social behaviors. It emphasizes that “learning occurs in a social context, and that much of what is learned is gained through observation” (Anderman & Anderman, 2009, p. 834). This theory has been applied to a wide spectrum of areas of study such as human functioning as career choice, athletics, organizational behavior, and mental and physical health. It has also been used in the areas of behavior in the classroom including motivation, learning, and achievement.

The social cognitive theory has five major concepts. The first concept is observational learning. This idea is also known as vicarious modeling because learning is a result of watching behaviors in the environment. According to this theory, observational learning is dependent on attention, retention, production, and motivation (Anderman & Anderman, 2009). Attention is needed because students must first be watching a behavior in order to learn it. Retention is needed in order to transform what is observed into something that can be used for later. Production is necessary in order for students to draw on stored conclusions and perform what they have learned, and motivation is needed in order for students to participate in any of these processes.

The second major concept is outcome expectations. These “reflect individuals’ beliefs

about what consequences are most likely to ensue if particular behaviors are performed” (Anderman & Anderman, 2009). These beliefs are important in regard to the social cognitive theory because they help distinguish the decisions people make about what actions to take and what behaviors to suppress, based on their own past experiences and the observations of others. How often a behavior occurs depends on whether the outcomes expected are positive or negative.

The third major concept is perceived self-efficacy. Self-efficacy refers to an individual’s beliefs about whether they can achieve a given level of success at a particular task or not. It is useful in that it aids for understanding how motivated students are to achieve in academic contexts. It is also viewed as a product of individuals’ past performances, and current physiological state. Interventions that are designed to increase self-efficacy in school-aged children have proven to be effective (Anderman & Anderman, 2009).

The fourth major concept is goal setting. This reflects one’s internal expectations for anticipated, desired, or preferred outcomes (Anderman & Anderman, 2009). Goals reflect the idea within the social cognitive theory that “people not only learn, they use forethought to envision the future, identify desired outcomes, and generate plans of action” (Anderman & Anderman, 2009, p. 834). Making goals is also related to other processes within the social cognitive theory. They directly relate to what a student’s expected outcome will be, or their level of self-efficacy. They also provide objectives that students are trying to achieve or markers for which to judge their progress (Anderman & Anderman, 2009).

The final major concept is self-regulation. Social cognitive theory views self-regulation as the “students’ ability to monitor or keep track of their own behaviors and outcomes” (Anderman & Anderman, 2009, p. 835). It occurs most often when students’ respond to evaluations they have made about their own behavior, either being pleased with it and continuing, or being displeased and discontinuing it. It also allows one to look at his/her own

personal characteristics and their effects on behavior and one's environment. Like the other concepts, self-regulation goes along with the other processes within the social cognitive theory. For example, if students do not have goals, they are not able to take part in self-regulation (Anderman & Anderman, 2009).

The Social Cognitive Theory relates to this paper because it discusses how capable one feels to complete a task such as weight loss. This theory portrays that one may feel more capable to complete a task if he/she has had a positive experience in the past completing a similar task, therefore increasing one's self-efficacy, which is defined as one's belief about his/her capability to produce designated levels of performance (Anderman & Anderman, 2009). It also proposes that one can create his/her own reality about how successful he/she will be. These ideas are based on one's past experiences and knowledge which then influence how capable he/she feels about overcoming a current obstacle. This theory focuses on one's ability to complete a task such as weight loss individually, by implementing a confident outlook based on past experiences.

In an article by Bandura (1998), health promotion and disease prevention are looked at from the perspective of social cognitive theory. Perceived self-efficacy was found to be the largest factor in regard to people's ability to partake in healthy behaviors. This is because motivation and action are both directly correlated to self-efficacy. After applying this theory to health promotion programs, it is shown that the practices of social systems need to change as well as one's personal detrimental behaviors. Practices of social systems that have negative effects on health should be examined, instead of each individual trying to change his/her habits. "People's beliefs in their collective efficacy to accomplish social change, therefore, play a key role in the policy and public health perspective to health promotion and disease prevention" (Bandura, 1998, p. 625).

In an article by Dzewaltowski, Noble, and Shaw (1990), the concept of health behavior change through personal sense of control was investigated. In this study, the aspect of self-

efficacy from the social cognitive theory was investigated. “Self-efficacy makes a difference in how people feel, think and act. In terms of feeling, a low sense of self-efficacy is associated with depression, anxiety, and helplessness. Such individuals also have low self-esteem and harbor pessimistic thoughts about their accomplishments and personal development” (Dzewaltowski, Noble, & Shaw, 1990, p. 388). Perceived self-efficacy has been found to predict intentions and actions in different areas of health maintenance. Some examples of those areas are dieting and weight control. The stronger people's efficacy beliefs, the higher the goals they set for themselves. This leads to firmer commitments to engage in the intended behavior, and even influencing the ability for one to face previous failures.

In this article, a study was done to further investigate this topic of self-efficacy and health behaviors. This study used 800 citizens of Berlin and Germany, whose ages ranged from 18-70 years old. It was done by asking participants to fill out a questionnaire on health cognitions and behaviors. A second survey was then done six months later. Self-efficacy toward healthy eating behaviors was assessed by asking six questions related to health and nutrition. Hierarchical regression analyses were then used to predict the intention of the participant (Dzewaltowski, Noble, & Shaw, 1990).

The results showed that health-related beliefs and prior health behaviors account for about 28% to 29% of the intention variance, with positive outcome expectancies being most influential. The results were about the same for both males and females. Next, the same social-cognitive predictors were used to determine their possible influence of undermining of health behaviors. The results showed that for men, intention was more of a predictor of future eating behaviors than for woman. For women, self-efficacy was the best predictor, meaning that if women believed they can persist in eating healthy foods were able to do more so than those who did not have this belief. These results show that self-efficacy thoughts are not only important in establishing a strong ability to eat healthy foods, but they also support the idea that

self-efficacy beliefs are crucial for those willful decisions to transform healthy eating intentions into corresponding actions.

In an article by Anderson, Winett, and Wojcik (2007), the impact of the social cognitive theory was used to analyze how social support effects those trying to live healthier lifestyles. This study was done by looking to how other variables such as self-efficacy and social support play a role in weight loss and healthier lifestyles. It was modeled according to the social cognitive theory, and used a diverse group of adults recruited for a large health promotion trial in order to uncover new potential approaches to nutrition behavior changes.

This study was done through an analysis of questionnaires completed by churchgoers. 712 participants were used in this study with the demographics of 18% African American, 66% female, and 79% overweight or obese. Data was collected on nutrition related social support, self-efficacy, and outcome expectations. The results showed that the social cognitive theory provided a good fit for the data, in that it explained how participants' age, gender, social support, self-efficacy, and self-regulation made important contributions to their health behaviors. It was found that self-efficacy, which is largely influenced by social support, was the most important determining factor of nutrition behavior. It was also found that higher self-efficacy promotes more positive expectations about healthy food choices, and that higher levels of favorable outcome expectancies lead individuals to set goals for themselves, and plan and monitor their eating behaviors more eagerly. It was also found that social support does indeed influence food purchases and intake. The research suggests that interventions that are focused on improving health attitudes as a family result in healthier nutrition behavior because of the family social support. This support is effective at boosting self-efficacy, and diminishing negative outcome expectations.

Overall, this study was able to look into the role of self-regulatory behaviors and social support in the nutrition behavior of adults. Looking into these factors in regard to weight loss is

important, because people are equipped with the tools, however they do not have the support and mental perseverance to stick with the planned program. This study looked into how those issues can be combatted. It showed that understanding the importance of self-regulation in the context of healthy behaviors could provide a solution to the ineffective diet and nutrition habits currently in place in the United States today. Adults who regulate their nutrition behavior and have social support are more effective at increasing their self-efficacy related to nutrition, which then lends them to be more successful at incorporating healthy eating behaviors into their everyday lives, and having the motivation to stick to them.

Social Comparison Theory

The social comparison theory was initially formulated by social psychologist Leon Festinger in 1954. This theory states that “people evaluate their own opinions and desires by comparing themselves with others,” (Festinger, 1954). It theory goes on to say that people look at the outside image of others and compare themselves to this idealized image.

Festinger’s theory has several main ideas. The first is that a change in the importance of a comparison group will increase pressure towards uniformity within the group. However, if comparison group is too different from the evaluator, the evaluator will narrow the range of comparability which will allow it to become stronger. The second is that people who are similar to a certain individual will excel in generating accurate evaluations of abilities and opinions. The third is that the distance from the individual and the comparison group will affect the comparison in that those who are closer will have stronger tendencies to change compared to those who are farther away (Festinger, 1954).

Festinger’s Social Comparison Theory relates to this paper’s topic because it discusses how people view themselves. It explains that people evaluate their own self esteem by looking at people they can identify with, which would be their close family members or friends, and then comparing themselves to that person in order to determine who they are. According to this

theory, if someone is trying to lose weight they will compare themselves to people around them and gather whether they are successful based on how those people act towards them. For example, a person may feel hindered in their quest to lose weight if they compare themselves to a skinny friend and feel inferior, as if they can't measure up in being as attractive.

In an article by Tylka and Sabik (2010), the social comparison theory in relation to self-esteem and body image in women was examined. The study was done by the authors recruiting 274 college women ranging in age from 18-29 from a Midwestern university. The women remained anonymous and were instructed to complete questionnaires in a classroom setting. The Feedback on Physical Appearance Scale was chosen to analyze the data as it is able to categorize perceived sexual objectification related to verbal and nonverbal appearance feedback. The results of the study showed that women who frequently monitored their body and compared it to others' were reported to have the highest rate of eating disorders. One limitation to this study is that it did not gather information about the targets of women's body comparisons, which may have made a difference in the findings.

An article by Sheeran, Abrams, and Orbell (1995), used the social comparison theory to look at the relationship between unemployment, self-esteem, and depression. This was done by comparing employment status with past self, and then with ideal self. The participants in the study were 48 full-time employed people (24 men and 24 women) and 40 unemployed people (21 men and 19 women). Ages ranged from 18 to 37, with a mean of 24.7 years. All were skilled, semiskilled, or manual workers. The information was gathered by using a questionnaire that involved questions that rated the actual self, ideal self, and other entities on the 11 bipolar scales. The actual self was operationalized as the rating of "me as I am now," the past self as the rating of "me as I used to be," and the ideal self as the rating of "me as I would like to be." The results showed that comparisons with past self were predictive of psychological distress among unemployed responders, while comparisons with the ideal self were predictive of distress among

the employed. The results also showed that social comparisons with unemployed people were related to reduced depression among employed responders.

In an article by Bonifield and Cole (2008), the social comparison theory was used to examine if communication strategies using social comparisons can restore emotional well-being after a service failure. This was done by looking at an example of a service failure, in this instance a cancelled flight, and then analyzing the way compensation is offered. Many times when flights are cancelled, the airlines will provide compensation through free flights, hotel rooms, and food. This study looked at whether using compensation plus using social comparison would yield profitable results. This was done by comparing airlines who offered compensation only to those who offered compensation as well as compared the passenger's situation to others less fortunate. The researchers found that this type of comparison in fact lowered the number of negative emotional responses from passengers, in that when they were reminded of people worse off than themselves, they were inclined to not be as distraught about their own situation. Therefore, it was concluded that social comparisons are effective at improving post-purchase behaviors in addition to other types of compensation.

Social Influence on Weight Loss

In a study by Bergstrom, Neighbors, & Malheim (2009), the media's influence on women's body was looked at. The study was done to determine if larger women, whose bodies are very different from the thin-woman ideal, were more likely to engage in an affirmation process after being introduced to media images of thinner women. The study was done by having one hundred and eight-one college women fill out a survey about their body image initially, and then again after being showed media images of model-thin women. The results showed that women engaged in the affirmation process after feeling threatened by the media images of thin women. This was shown by women displaying more insecurities

in their survey answers after being shown the images of thin model women from the media. These results show the powerful effect the media can have on women, and it can cause larger women to have more insecurities about their looks. This is truly a shame in that many beautiful women do not feel good about themselves because they feel they do not meet up to the body-type standards they see in the media.

In a study conducted by Luszczynska et al. (2004), the researchers wanted to find out what the effects of social influence are on healthy behaviors and nutrition across various countries. This study focused on adolescents from Hungary, Poland, Turkey, and the USA. It measured social comparison orientation, perceived behaviors of peers, and age and gender. The researchers hypothesized that the relations between health behaviors and their predictors are moderated by a country. Post-socialist countries which are Hungary and Poland, were expected to differ from the other two countries, but they were expected to be similar to one another. This is due to commonalities such as economic development, religion, and social and political situation. This study was conducted by sampling 2,387 high school students. The students were randomly selected from classes in urban and metropolitan areas. The study was done in a by administering questionnaires to the students under close supervision of research team members, who were responsible for ensuring confidentiality and providing information and responding to students' questions participated in the study. The results showed that self-efficacy, social comparison orientation, and perceived behaviors of peers led to health-promoting behaviors in all four countries. Differences were found regarding the role of future orientation and gender.

In an article by Farrow and Tarrant (2009), the topic of weight-based discrimination and the impact it has on emotional eating and body dissatisfaction was looked at. Research was done by surveying 197 undergraduate students from Keele University on their experiences of weight-based discrimination and body dissatisfaction. Participants either assisted on a voluntary basis or were given course credit for participating. Ethical permission for the study was provided by

Keele University's Psychology Research Ethics Committee.

Participants completed the 13-item Dutch Eating Behavior Questionnaire which analyzes emotional eating on a subscale. This is done by assessing a person's eating in response to emotions such as anger, sadness and boredom. Participants were asked to report how often they desired to eat in response to each one. The participants reported that weight-based discrimination significantly contributed to emotional eating and body dissatisfaction. It was concluded that changing group perceptions to perceive it to be unacceptable to discriminate against overweight people may help to protect victims of discrimination against the negative consequences of weight-based stigma.

One limitation to the study is that further research is necessary to evaluate more specifically why these perceptions of social consensus are related to these eating-related attitudes and behaviors. One possible explanation is that perceiving the in-group consensus as one which regards overweight people in equal terms leads victims of weight-based discrimination to regard that group as a source of support. This could be informational, instrumental, or emotional support. Another limitation is the lack of assessment of the nature of discrimination experienced by participants. This means it is vague whether the discrimination is ongoing, how long it was experienced for, whether it is verbal or physical, as well as who perpetrated the discrimination.

In a study by Fogel, Young, and McPherson (2009), this concept was looked at by conducting a study among a group of women participating in a weight loss group. In this study, a survey was conducted among 14 self-identified overweight women. The women were surveyed on how a group dynamic helped or hindered their success in losing weight. Focus groups were analyzed using a Template Analysis style. The results showed that the women identified several different themes that aided in their weight loss as a group. They showed that attempting the weight loss as a group indeed yielded more positive results than attempting weight loss individually. Another theme that was identified was that having the cultural connectivity as a

group helped attribute to weight loss because it provided a feeling of community and safety in numbers. One limitation to this study is that it was done with a small sample size. A larger sample would allow a better idea of how the average woman reacted to group weight loss efforts.

In a study done by Mackert, Stanforth and Garcia (2011), this idea was investigated by conducting a study on social undermining on health behaviors. The study had three major research questions: how do people experience undermining of their eating behaviors, how do people experience undermining of their exercise behaviors, and how does the experience of and response to undermining vary by gender and relate to BMI and satisfaction with current weight.

The study was conducted by using a cross-sectional design and using an online survey for Internet users. 6,923 individuals received invitations with 1,270 choosing to participate. Individuals were counted as a participant in the study as long as they answered at least 1 question on the survey. The sample consisted of 75.9% females and 24.1% males, with an average age of 42.9 years. The study incorporated qualitative and quantitative data by using a survey consisting of 45 questions relating to eating and activity, undermining experiences, and demographic characteristics. It also used open-ended questions in which participants were asked to describe situations where undermining occurred. They were asked to provide details regarding who gave positive or negative influence, and then explain how they responded to negative influence. The questions included simple examples to ensure that respondents understood the concept of undermining as it pertained to eating and exercising. Responses were several sentences in length (Mackert, Stanforth & Garcia, 2011).

The results showed that many respondents reported that they were affected by negative social influence in regard to healthy eating and exercise. The most common sources of this undermining were family and significant others. Individuals satisfied with their current weight were more likely to resist undermining. Many suggested undermining might result from jealousy or others' guilt over their own decisions. Some participants also commented in the

open-ended questionnaire that undermining occurs because of malice or a lack of understanding of the negative impact undermining has. Undermining of healthy behaviors is an important issue for public health researchers and practitioners as it pertains to patient counseling and the development of strategies for resisting undermining. One limitation to this study is the use of self-reported height and weight for BMI, which has been shown to result in lower predicted values for obesity prevalence when compared with direct measurement for data collection (Mackert, Stanforth & Garcia, 2011).

The topic of social support in lifestyle-focused weight management interventions was then investigated by Verheijden et al. (2005) to assess social support's effect on beneficial health changes. This study broke down the idea of social support into two categories: structural and functional support. Structural support is defined as "the availability of significant others (e.g. spouses, family members, friends, co-workers, social, and religious groups) irrespective of the actual exchange of support," while functional support is defined as "a subjective measure of the perception of support, depending on individual" (Verheijden et al., 2005).

The researchers then examined previous research done on the topic of social support in weight management. This study involved reviewing over 570 abstracts and 210 papers. The papers/abstracts were narrowed down based on: randomized controlled trials allowing for evaluation of the effectiveness of the social support component, adult participants, social support provided through written, face-to-face, telephone, or computer-based interaction, and excluding studies involving pets for the provision of social support. The studies were quite varied, with some being conducted on extremely overweight participants, others with breast cancer survivors, or seemingly healthy individuals. In most studies, participants were recruited by means of newspaper advertisements, or patients who were already attending a clinic were asked to participate in research projects. This suggests that highly motivated participants were surveyed. The interventions varied from 4 weeks to 1 year, and follow-ups ranged from 10 weeks to 3

years after the intervention.

The results of the research showed that social support yields positive effects when applied to those trying to make healthier lifestyle choices. This is because the support of another person plays a huge role in eating and exercise decisions. One limitation of this study is that peers may give informational support as well as emotional support at the same time, making distinguishing the relative contribution of each of the support components difficult.

In a study by Jeffery et al., (2000) it was shown that those who incorporated a support group while trying to lose weight were more successful than those who attempted to lose weight on their own. Research has also shown that incorporating a partner can help aid weight-loss success. In a study by Black and colleagues (1990) it was shown that “based on tests of effect sizes, couples programs are significantly superior to subject-alone programs...the couples programs differed in the kinds of social support provided by partners, and the most productive kinds of partner support remain to be identified.” This study shows that while it has been determined that social support aids weight loss, it has not been shown which aspect of social support is most helpful, whether it be words of encouragement or the physical presence of a supporting individual.

In a study by Chia (2007), the third-person effect in relation to body-image factors was investigated. This study was conducted in Singapore, and was done with the intention of looking further into the thinness ideals of college women. Body-image issues are not isolated to the U.S. Instead, eating disorders are prevalent in Asian countries as there is a huge fear of being overweight, especially among young women. Statistics show that “about 7.4% of Singaporean females ranging in age from 12 to 26 are at risk for eating disorders. Also, compared with other people in Asia-Pacific countries, Singaporeans are the top pill-popping dieters, with 12% admitting that they take weight-loss drugs” (Chia, 2007). This is partly due to the media in East Asia promoting thinness as an ideal body shape.

College women have been shown by researchers to be the highest risk for body-image problems and eating disorders. However, they have also been shown to claim that media effects are more prevalent on peers than themselves. This idea of individuals estimating that media effects other individuals far more than themselves is termed third-person perception. This term involves the effects of media images of thin body's on women's own body image. As a result of the pressure put on women by these images cast out into society, many women turn to harmful weight-loss methods such as unhealthy dieting or eating disorders. These behaviors can then lead to negative effects on one's overall health. This study looked at both the direct effects and the indirect effects of idealized body image on young women in Singapore within the context of the third-person effect.

This study was done by having 149 Chinese college women fill out a questionnaire. Subjects signed a consent form and received a copy of a questionnaire that first asked them to report their height, weight, and how many issues of fashion magazines they read in a month. Each subject's Body Mass Index was later computed according to the subject's height and weight. The subjects were also asked to evaluate their own body shape on a pictorial instrument which there are nine female-figure silhouettes ranging from the thinnest, numbered as 10, to the heaviest, numbered as 90. The subjects chose a number anywhere between 10 and 90 that best described their own body shape. After subjects evaluated their own body images, the researchers randomly distributed the Chinese-model booklet to about half of the participants, and the other half of the subjects received the Caucasian-model booklet. After subjects finished reading the ten ads, they reported their overall impression of the body shape of the models portrayed in the ads using the same pictorial scale that they used for self-evaluation of body shape.

The results showed that subjects' perception of media effects on themselves was significantly and positively associated with their overall intention to adopt weight-loss behavior, but the subjects' perceptions of media effects on their friends were not. This means that subjects'

perception of media effects on themselves was positively associated with their intent to go on a diet. This shows that there is a large correlation between a college woman's perception of media effects on herself and her intention to lose weight.

The topic of couples in weight-loss programs was then investigated. In a study done by Black, Gleser, and Kooyers (1990), a partner's ability to reinforce skills, listen to concerns, help in problem solving, and support the person trying to lose weight was looked into. The purpose of the study is to evaluate the effectiveness of couples weight-loss treatment programs, compared to weight-loss treatment programs for individuals. Couples programs were defined as those that actively involved a partner in the treatment of an obese subject. Only studies with controlled designs were selected, meaning programs that had at least one group receiving the experimental treatment as a couple, and one group receiving the treatment as individuals. The authors located 13 studies that met these criteria. These studies were used in the statistical meta-analytic procedures to conduct this study.

The results showed that compared to behavioral treatments in which the subject participates alone, couples programs showed a superiority in post-treatment weight loss. They also showed couples programs maintained an advantage over behavioral treatments in which the subject participated alone. The results showed that even though couple programs are shown to achieve greater success than individual programs, the difference is relatively small. One limitation to this study is that several of the couples studies assessed partner support by questionnaires that rated the contributions of the partner or counted instances of supportive behavior. These need to be standardized because they did not consistently predict weight loss because important partner behaviors were not assessed, and designers failed to correct for lack of reliability (Black, Gleser, & Kooyers, 1990).

In an article by Sanford (2009), the use of blogs as social-mediated support for obese bloggers was investigated. In this article, the author looks into the role that blogging provides for

those who are obese. It is argued that the social support created through these blogs is invaluable as many of the morbidly obese bloggers lack face-to-face social support, and therefore find the support they need through blogging. The author finds that blogging provides social support through empathy, accountability, advice, and validation.

Blogs are defined as a personal diary that provides a space for your own private thoughts and memos to the world (Sanford, 2009). They are a place where people can record their inmost thoughts and then share them with others around the world. “It is estimated that every blog has the potential of reaching 20 million people via the hyperlinks in the posts and sidebars” (Sanford, 2009). Blogs are a great outlet to study as they are relatively new technology so there is not much research on their social impact. This study looked at how blogs provide social support for the morbidly obese as they try to lose weight naturally, that is without surgery.

This study was done by gathering bloggers from the blogging database Fatfighterblogs.com. The researcher posted on 131 blogs asking for participants for the study. The response consisted of 67 participants asking that the survey be emailed to them, with 50 people actually returned the survey, 10 of which were men. The mean age of participants were 40 years old, and the average weight was 322 pounds. The qualitative survey consisted of nine open-ended questions and asked about the blogger’s history with blogging and his/her history with weight loss. The results showed that many of the bloggers felt alone in their weight loss journey prior to blogging. Participants said they received little support from their family, and people in their real-world day-to-day lifestyle. One participant stated, “My mother only knows how to nag, and my husband doesn’t understand...at all” (Sanford, 2009). Another participant explained, “The only bloggers are dealing with the same issues I am and can better related to my daily struggles than someone who has NEVER struggled with their weight” (Sanford, 2009). Some participants said they received support in real life, but that their online blogging support was more valuable. One participant stated, “My friends and family are supportive about my goal

to lose weight, but they're also the first people to suggest that we get fast food for dinner...you don't get that very often in the 'blog life...it's rare for someone to leave a comment encouraging me to blow off my diet'" (Sanford, 2009).

Bloggers also found accountability and advice seeking through the online social support. Many of the participants discussed including information in their blog such as eating right, weighing in, and exercising. One participant stated, "If I know others are reading about my food and exercise, it sometimes helps me to stay on track when I want to over-indulge" (Sanford, 2009). Another participant stated the blog helped "heighten the stakes because I didn't want to fail in front of so many people" (Sanford, 2009). Bloggers also seemed to find comfort in sharing their deep thoughts with others and finding acceptance. One participant stated, "I like to post when I know my thoughts are flawed in some way, because I can often trust on comments to point out my faulty logic" (Sanford, 2009).

Finally, the participants discussed finding validation through their blogs. One participant discussed how she lost 20 pounds, which may not be noticeable to someone in real life because she was obese, but that through blogging she felt encouragement and validation for the hard work that was put into that 20-pound weight loss (Sanford, 2009). Also, many of the participants in the study had won national attention for their blog followings. One participant published a book and has appeared on *The Today Show*, while another is writing a book. The participants agreed that the attention gained from blogging encourages them to power on and continue on their weight loss journey.

Overall, this study showed the power of online social support. The morbidly obese participants noted that they found social support through empathy, accountability, advice, and validation. Participants also claimed that the social support found through blogging was invaluable, as many of them did not have the much-needed support in real life encounters. Those who did have real-life support claimed that social support through blogging was actually more

beneficial than the support they received in real-life because it was more consistent and reliable. Altogether, this study provided some insight as to how technology can be utilized to help people achieve their weight loss goals. It also highlighted importance of social support in one's effort to maintain a healthy lifestyle.

In a study done by Cohen, Gottlieb, and Underwood (2004), the authors discuss 3 variables that determine aspects of social relationships: social support, social integration, and negative interaction. The authors argue that all 3 affect health outcomes, though through different avenues. They also emphasize that each individual is different, and that it is very important for one to understand which variable affects themselves the most in order to improve one's overall health.

The topic of social and environmental influences on nutrition and physical activity of middle school students was then researched. In a study done by Bauer, Yang, and Austin (2004), factors in school physical and social environments that may affect student's physical activity and nutrition were examined. Approximately 17% (or 12.5 million) of children and adolescents aged 2—19 years are obese ("Obesity and Overweight," 2010), therefore it is important to investigate the reasons why this is happening, along with whether social influence has a great impact on younger children.

This study was done by researchers conducting focus groups and interviews with students, faculty, and staffs of two public middle schools. The sample was drawn from suburban public middle schools in New England in spring 2000. Total student enrollment at one school was almost 500 students and the other nearly 800. The ethnic composition of the student body was similar at the two schools, with approximately 80% White, 12% Asian American, and the remainder African American and Latino. Nearly 10% of the student body at both schools were eligible for free or reduced-price lunch. Twenty-six students and 23 faculty and staff members took part in the study, making a total of 49 participants. Seven focus groups were conducted with

seventh- and eighth grade students. Focus groups were led by a clinical social worker experienced in focus group moderation. The student groups were divided by gender and grade and were composed of an average of four students (Bauer, Yang, & Austin, 2004).

Questions addressed in the focus groups and interviews were designed to gather information about the physical and social environments in the schools and how the environment influences students' nutrition and physical activity choices. Students and staff members were asked to discuss the multiple levels of influence found in their school environments. Discussion topics included access to healthful and unhealthful foods in school, opportunities for physical activity, and student dieting practices. Participants identified numerous aspects of the school environments as significant. Competition, teasing and bullying, time, and safety were described as major barriers for students to be physically active during physical education class, on sports teams, and before and after school. The quality of the food served, easy access to non-nutritious snacks, limited time for lunch period, and weight concerns emerged as significant reasons why students do not eat nutritious meals in school. When developing programs and policies to improve the health of students, environmental influences that undermine efforts to improve student health behaviors must be addressed (Bauer, Yang, & Austin, 2004).

In regard to social influence on eating habits, the results were quite alarming. Researchers found that while most of the students felt that their friends talked more about dieting than actually did it, some students observed girls drastically altering their eating in order to lose weight. Students in the focus -groups described this behavior as upsetting. One female student said of girls who diet, "They want to be like a Barbie, kind of. Like a starving Barbie" (Bauer, Yang, & Austin, 2004). Researchers also found that many of the girls felt uncomfortable eating in front of the boys in the cafeteria because they feel eating in public makes them look unattractive, and that they do not want to be seen "stuffing their face" (Bauer, Yang, & Austin, 2004). These results show that environmental and social influences play huge roles in the overall

health of students. They also show that negative peer pressure can hinder students from getting the adequate nutrients they need. One limitation to this study is the reliance on self-report data without an objective data source to supplement focus group and interview findings. Another limitation is using such a small sample size. A larger sample size would yield better results, as it would show the feedback of a larger portion of students.

Ferrara and Morrison (2007), then investigated how social influence affects those who are genuinely trying to lose weight through meal replacement programs. This study was done in response to previous research that has already been conducted in this field. It aims to expand the research already done, by first looking for an agenda of weight loss variables such as self-efficacy, rather than fixed variables that could not be altered within a certain program. Also, the authors challenged the researchers to organize their efforts into a unified framework. Finally, the authors challenged researchers to develop a more sophisticated research investigation design. The overall aim of this study is to address these concerns.

This study put a large emphasis on self-efficacy. This is defined as “an individual’s beliefs in his/her capabilities to perform a course of action to attain a desired outcome” (Ferrara & Morrison, 2007). Self-efficacy is the effort to put cognitive, social, and behavioral skills into action. It should directly influence action and then devotion to that action. A strong sense of efficacy allows a person to believe in themselves and as a result leads to better health and higher achievements. This study looked at the connection between self-efficacy and weight loss success. The purpose of this is to examine how great of an effect believing in oneself has on the actual outcome, which in this study consisted of weight loss.

The effects of social support and its effects on health behaviors were then investigated. It was found that “measures of enacted support and perceived support have different relationship outcomes” (Ferrara & Morrison, 2007). This is because social networks may not always produce rewarding results because of enacted support not helping individuals cope. This can

happen as some emotional support attempts to come across as heartfelt, while other actions then come across as trivial and compulsory. Altogether, these actions can lead to the potential aspect of negativity in social relationships, otherwise known as undermining behavior.

The impact of psychosocial variables on devotion to diet and physical activity was tested by conducting a study using two different models and a quasi-experimental design. This study involved 322 participants who were volunteers who were trying to lose weight. 299 of them completed a survey that was used for analysis, and there were three groups of participants, with 101 acting as a control group. There were conditions for the participants in the study: they needed to be currently in weeks 3-4 of trying to lose weight, must be trying to lose weight through a non-medically supervised diet, and they may or may not lose weight through exercise. They also had to be willing to participate in the follow-up survey.

The data was collected through questionnaires. Participants were asked to complete the questionnaire recalling their experience with previous weight loss attempts, and then their current diet experience. The results showed that the effects of past behavior, vicarious experience, and interpersonal influence on diet adherence are guided by outcome expectations and self-efficacy. They showed “the more the dieters reported successful past dieting attempts, positive support, high efficacy in their ability to diet, and experienced less diet undermining, the more likely they were to adhere to their diet plans” (Ferrara & Morrison, 2007). They also showed that the effect of past behavior on efficacy was significant. This was demonstrated by participants responding that they viewed success as ever having lost weight, and that if they had done it in the past they believed they were able to lose weight again. However, they did not grasp the fact that even though they had lost weight in the past, that they had not been able to keep it off, which is the key to weight-loss success. Therefore, the results showed that even though it is a positive that participants who had lost weight in the past believed they could do it again, they did not seem to recognize the importance of long-term weight maintenance.

Unhealthy weight control intentions through social norms and social networks in China was then investigated. It looked at how big of an impact social norms have on women's body image and weight-control behaviors in China. This study started out by looking at the definition of body image. "Body image refers to ones' beliefs and feelings about her physical appearance" (Tang & Chen, 2007). In this research, the effects of social factors and social networks on body image was assessed. First, the difference between social factors and social networks must be defined. "Social networks expose people to the attitudes, beliefs, and behaviors of others and lead to a convergence in how they think and behave. Social norms, however, diffuse through social networks. Without the diffusion process through the networks, individuals cannot receive normative messages" (Tang & Chen, 2007).

In this study 109 undergraduate female students from a large southeastern university in China participated. The design of the study was a 2-week time frame. One week prior to the experiment, participants were asked to fill out a questionnaire that established the baseline data (pre-test), which included questions related to demographics, ideal weights, body satisfaction, eating behaviors, weight-control intentions, and internalization of thin-ideal.

After the pretest, the students were then asked to participate in a fictitious online survey which asked their friends' attitudes and behaviors on eating behaviors and the thin body ideal. The goal of this portion of the study was to solidify the credibility of manipulated information used for the experiment, as this information contains participants' strong ties (close friends) and weak ties (acquaintances) attitudes toward women's body image and weight-control behaviors. After one week, subjects were asked to participate in an experiment and randomly assigned to one of the five conditions including the control group. Each participant read one of the four fictitious information sheets about participants' strong and weak ties', eating disorder behavior, and internalization of thin-ideal. The same outcomes were presented in all experimental

conditions, but only the frame and network of these outcomes varied. After reading the messages, participants filled out a post-test survey that assesses body satisfaction, ideal weight, and internalization of thin-ideal.

The results showed that the social networks did indeed influence unhealthy weight control behaviors. They also showed that the effects of psycho-educational and feminist messages on weight-control intentions are affected by the strength of ties. When the tie is very strong (close friend), the influence is much greater than when the influence is weaker (acquaintance). Overall, the study showed that social influence does indeed play into the attitudes and ideals of one's body image.

The topic of social support for weight loss in an internet community was then investigated. In a study by Hwang et. al (2011), virtual communities for those who are trying to lose weight were investigated. The purpose of this study was to determine whether an online version of the Weight Watcher Management Support Inventory questionnaire is as successful in measuring social support among members of internet weight loss communities as a paper version of the questionnaire. To measure this, authors used paper and online versions of the same questionnaire and distributed them to participants. Scores for the paper and online versions of the questionnaire were found to be comparable. This led to the conclusion from the authors that the online survey was an appropriate instrument for measuring social support for weight loss among members of weight loss communities online.

In an article by Black, Bute, and Russell (2009), this topic was investigated in order to gain a better understanding of weight loss support in an online community. It was also investigated in order to understand how groups communicate social support in an online forum. It is compared to face-to-face social support that is usually the preferred method when a person participates in a support group. This study also looked at how social support is better

communicated in a group setting rather than an individual process. It then looked at the FatSecret community, which is an approach to studying social support groups.

First, the authors defined social support. They define it as being enacted support, meaning that “support occurs during interactions and that all parties involved infer meanings and draw conclusion” (Black, Bute, & Russell, 2009). This then provides a framework for understanding that enacted support focuses on form, style, and content of conversation, and that this happens in everyday interactions.

Group contexts are then looked at in order to understand how social support happens at a group level. Groups in particular were studied by the researchers because they allowed a lens of thinking that is more specialized and focused instead of a broad study. “Support is enacted through interaction between multiple group members, whose contributions build on one another in ways that are overlooked by most social support research” (Black, Bute, & Russell, 2009). Online groups in particular were chosen for this study because they have their own challenges such as lack of visual and verbal cues. However, despite the challenges of an online group, they can also be appealing to those who may be too embarrassed to participate in a face-to-face group for weight loss. Therefore, the success of online groups in facilitating support was looked at in order to see how they compared and contrasted to face-to-face groups.

This study was done by looking at FatSecret, an online community that originated in 2007. The site provides a general social support group with the goal of creating “a new online a new online diet, nutrition and weight loss community that harnesses the collective contributions of our members to generate practical and motivating information so that you can make better decisions to achieve your goals” (Black, Bute, & Russell, 2009). Researchers looked at FatSecret’s members’ journal entries and comments to others’ journals, in order to discern how group members express and respond to social support. The results showed that members of this online weight loss community were able to offer social support via comments, emails, etc.

to one another that were similar to face-to-face interactions. Although visual and verbal cues weren't present in an online forum, it was shown that social support was still able to be shown through online methods.

In a study by Dailey, McCracken, and Romo (2011), a confirmation perspective was used to investigate individuals' perceptions of weight management methods and messages. Researchers looked at how body self-esteem, readiness to change, positions of weight control, motivations to lose weight, and satisfaction in communication about weight management are all moderators as to whether people were effective in losing weight or not. The theoretical premise of confirmation was used in this study.

The confirmation theory suggests that "individuals have a fundamental need to be validated by others to achieve a strong sense of self. Confirming messages from others facilitate individuals' personal development by validating how individuals define themselves and accepting them as valuable and unique" (Dailey, McCracken, & Romo 2011). This study aimed to use the confirmation theory as a building block for analyzing messages that promote healthy behaviors between those trying to lose weight. This theory suggests that "the combination of acceptance and challenge should be related to the healthiest levels of weight management behaviors" (Dailey, Richards, & Romo 2011). However, the specific amounts of acceptance and challenge that are most effective might change from one individual to another. Therefore, this study was conducted in order to delve into the topic more specifically. Two hypotheses going into the study were: messages higher in acceptance are perceived as more effective in motivating weight management behaviors than messages lower in acceptance, and messages higher in challenge are perceived as more effective in motivating weight management behaviors than messages lower in challenge (Dailey, Richards, & Romo 2011).

This study was done by having 220 undergraduate students complete a questionnaire in which they were asked to rate weight management messages in terms of acceptance and

challenge. The sample had ages ranging from 18 to 31. Half of the sample was White/Caucasian, 20% were Asian or Pacific Islander, 18% were Hispanic, 3% were Black or African American, and 5% were multiple or other ethnicities. Students were asked to complete an online questionnaire, and then received extra credit for their participation. Each participant was asked to think of the significant other who influences their weight management the most (Dailey, Richards, & Romo 2011).

Each participant was then asked to think of the significant other who influences their weight management the most. 37% selected a parent, 27% selected a partner or spouse, 28% selected a friend, and 7% selected another person such as a sibling or a coach. Participants were then presented with a scenario and asked to think of themselves in the following situation:

Recently, you have been trying to change the appearance of your body (e.g., lose weight, gain weight or muscle, get toned). You have made some efforts in changing your eating habits and exercise routine, but there's likely more that you could be doing but you're not sure what would be best. You tell your significant other that you're frustrated because you are not seeing the results you'd like and aren't sure how to move forward (Dailey, Richards, & Romo 2011).

Participants were then presented with one acceptance message and one challenge message and asked to rate the effectiveness of the messages when coming from their influential person. The results of the study showed that body self-esteem influenced the relationship between acceptance and effectiveness. More specifically, for low acceptance messages, effectiveness increased as body self-esteem increased, but that body self-esteem was not related to effectiveness for moderate or high acceptance messages.

These results show that there is not simply one type of message that is effective for all individuals when it comes to promoting healthy weight management behaviors. One must consider the aspects of each specific relationship with each person when attempting to

inspire an individual to lose weight. Overall, this study showed that a tailored approach for weight management is more beneficial than a general approach for all people.

This literature review went over the social cognitive theory and social comparison theory, covering the main points of how each originated and what they entail. It then reviewed studies that have been done using these theories to draw information about how they've been practically applied in the past. Finally, it reviewed articles concerning social influence on weight loss. This provided background information as to what has already been studied on this topic, and also set a framework for the current research project.

Research Questions

The purpose of this research is to better understand the relationships of those trying to lose weight with the people around them, in order to identify the effect social support has on one's success to lose weight. This research was guided by three major primary research questions:

- RQ 1 How great of an influence does self-efficacy have in weight loss success?
- RQ 2 How great of an influence does social comparison have in weight loss success?
- RQ 3 Which factor has the largest impact on weight loss: self-efficacy, peer assessment, positive social support, or negative social support?

METHODOLOGY

This qualitative study used in-person interviews. Qualitative research allows the researcher to cultivate a “complex, holistic picture, analyzes words, reports detailed views of informants, and conducts the study in a natural setting” (Creswell, 1998, p. 15). The researcher met with participants face-to-face in order to conduct the interviews and gather information. The researcher believes that a face-to-face interview will yield the most accurate information in regard to social influence on weight loss, because it will allow the researcher to receive the most quality information possible, by not only noting participants’ verbal responses, but also observing their nonverbal communication while they respond to questions regarding social influence in weight loss. This is because “in an interview conversation, the researcher asks about, and listens to, what people themselves tell about their lives world. The Interviewer listens to their dreams, fears, and hopes; hears their views and opinions in their own words” (Kvale & Brinkmann, 2009).

This chapter is divided into three sections. The first section describes the participants that will be used in the study. The second section outlines the study’s interview tools, and the third section describes the procedure of the study.

Participants

The sample for this study was selected from a mid-sized city in a Central Virginia regional chapter of Taking Off Pounds Sensibly participants. The participants involved in this research were women between the ages of 18-65. The type of sample used for this study was a random, purposive, sample as the researcher was focusing on a specific, targeted group of participants and relied on participants of TOPS to volunteer to participate in this study. The sample was taken by gathering information from approximately twenty participants. All information was confidential which was communicated to participants on the day of the interview.

All participants in this study were treated in accordance to the ethical guidelines of the American Psychological Association (APA) and the Institutional Review Board (IRB) concerning privacy and confidentiality. The researcher informed each participant as to how the information from interviews was used for the sole purpose of the research paper, and would be immediately discarded after the completion of the research. Participants were recruited strictly on a voluntary basis by the researcher attending TOPS meetings, explaining the purpose of the study, and asking if anyone would be willing to participate.

Due to the sensitivity of the topic, the researcher obtained permission from the Institutional Review Board (IRB) prior to conducting interviews. The researcher then explained to participants the purpose of this study, and obtained signed consent forms from the participants which explained how they could withdraw from the study at any time. All participants were then given a copy of the consent form for their own records. This researcher advised participants as to how the information from interviews would be used, and used pseudonyms to protect their privacy.

The researcher then conducted in-person interviews before and after the Taking Off Pounds Sensibly meetings. The researcher conducted interviews in private locations to ensure confidentiality, and used face-to-face interactions and nonverbal communication through face-to-face interviews in order to ensure the most accurate information was obtained. The interviews were also conducted individually because of the sensitivity of the topic. The interviewer sought to gain understanding about the dynamics of interpersonal relationships surrounding weight loss, and believed this to be better achieved through individual interviews. Confidentiality between the interviewer and each participant was maintained.

Instrument

The interviewer used open-ended questions and a semi-structured interview process using the same outline for every interview. The interview began by asking background

questions that were non-threatening such as how old the participant is, how long they've been a participants of TOPS, and their current height in inches and self-reported weight in pounds. From this data, the researcher calculated BMI in order to assess the person's weight status and potential health risk. There are possible limitations to doing this, because participants tend to underestimate their weight, and overestimate their height, which could skew the validity of the results (Mackert, Stanforth & Garcia, 2011). However the researcher feels that for the purpose of this study the information will be sufficient for describing the health risk and weight classifications of the participants. Beginning with these fundamental questions provided the interviewer the opportunity to develop rapport with the interviewee.

The interviewer asked the question of which significant other influences their weight management the most. The interview then went into questions relating to eating and activity, undermining experiences, positive experiences, and the impact of the social influence at TOPS. Questions about eating and activity will be asked through open-ended questions in which participants will be asked to describe situations where undermining or positive influence occurred from the significant other that influences their weight management the most, and then to provide details as to how the participant responds to the undermining/encouragement. Examples will be included in the question to guarantee that the respondents understand positive and negative influence adequately such as "why don't you just eat a piece of pizza you've been eating healthy all week," or "let's go for a run instead of watching a movie it's so nice outside."

Prompts were also used along with the interview questions. They were created by the researcher as a way to provide aid for the interviewees so that they would have a full comprehension of the meaning of the question. They were used as a continuation and explanation of each question, and to provide more structure to the interview process. During the interview, the researcher will read the question, and then read the prompts in order for the interviewee to have the best understanding possible of the meaning of the question, and also to

provide direction for the interviewee's answers. The researcher created the prompts by basing them on prompts gathered from other literature on weight loss, and then customizing them for this study. One study that served as a baseline for these prompts was a study by Mackert, Stanforth & Garcia (2011), in which prompts were used to bring structure to interview questions regarding undermining of weight loss.

Throughout the interview process, the researcher will use active listening skills and verbal prompts to encourage the interviewee. The researcher will also note nonverbal communication patterns as well as verbal techniques employed by the interviewee. During face-to-face interviews, the researcher will make some notes depending on the reaction of the interviewees to the researcher's note taking. The researcher used the notes taken from the interviews to identify major themes in the data. These themes were used to determine what influences weight loss.

Procedures

This study is a qualitative research study that attempts to accumulate existing information and data from TOPS participants in Central Virginia in regard to the impact social influence has on weight loss. In a qualitative study, "research design should be a reflexive process operating through every stage of a project" (Hammersley & Atkinson, 1995, p. 24). This study aims to better understand the ways in which social influence help or hinder those who are trying to lose weight, by examining the relationships between those trying to lose weight and those around them.

The use of interviews for data collection could yield possible positive or negative outcomes. For this qualitative study, the researcher believes the benefit of conducting interviews will far outweigh the drawbacks. While quantitative data can provide a large portion of information and statistics about what kinds of weight-loss techniques are working and which are not, qualitative data can lend more information about why certain techniques are or are not

working. This is because people reporting qualitative data are able to explain information in their terms, using their own words and language to describe their feelings and ideas.

Summary

The purpose of this study is to explore how social influence effects weight loss. Communication and social influences can assist or hinder one's success in losing weight. A qualitative method was employed; twenty-two women between the ages of 18-65 who are in a weight loss support group known as TOPS were interviewed. Factors and themes through data collection and analysis; information was revealed on social influence on weight loss for many women in America.

RESULTS

The data utilized in this study was gathered by conducting interviews with women participating in a weight-loss support group. Twenty-two women participated in semi-structured interviews. Each woman was interviewed separately in order to ensure privacy and a comfort level conducive to discussing personal information. The interview notes were analyzed in reference to the three research questions guiding this study. In this chapter, the findings are presented.

Background Information

Before reporting the findings of this study, some background information is necessary for a comprehensive understanding. The sample included twenty-two women who were either Caucasian or African American. There was a variety of ages in participants. There were four participants in their twenties, six in their thirties, four in their forties, four in their fifties, and four in their sixties.

Participants had been a part of the Taking Off Pounds Sensibly program for various time periods. Some were participants for many years, while others were members of the organization for only a few months. Others joined TOPS for a time period, left the group, and then returned later on. This was due to various reasons. In one case, a participant noted that she stopped going because her father died and she was grieving, during which she gained a lot of weight. She then came back to TOPS to get back on track with weight loss. There were several women who reported coming for a time, leaving, and then coming back. There were eight women who had participated with TOPS for twenty years or more, seven for ten years or more, five for five years or more, and two for under five years.

Participants were also asked to self-report their current height in inches and weight in pounds. This information was used by the researcher to calculate Body Mass Index, or BMI, in order to assess the participant's weight status and potential health risk. This number is also

important because a BMI within healthy range has been shown to be an indicator for lower predicted values for obesity prevalence (Mackert, Stanforth & Garcia, 2011).

The BMI for participants ranged between 19 and 38.9. The normal range for BMI for women is between 18.5 and 24.9. This indicates that I had participants in the normal weight category, as well as the severely obese category. Out of the twenty-two participants, five were in the normal weight category, which constitutes of a BMI between 18.5 and 24.9. Eight were in the overweight category, which constitutes of a BMI between 25.0 and 29.9. Six were in the moderately obese category, which constitutes of a BMI between 30 and 35. Finally, three were in the severely obese category, which constitutes of a BMI between 35 and 40.

BMI plays a part in the risk-level for many diseases and health conditions. It has been shown that those who are in the overweight and obese categories are more at-risk for the following conditions: hypertension, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, respiratory problems, and some cancers such as breast and colon cancer (“Obesity Guidelines,” 2000). This means that seventeen out of twenty-two of the participants in this study are at increased risk for these conditions because of being overweight.

Interview: Self-Efficacy

The first interview question asked: How does your past experience with weight loss influence your current outcome? The following prompts were used: You’ve failed in the past, so you think you’ll never be able to succeed. You’ve succeeded in the past, so you know you can do it again. One’s belief in what they are capable of has a huge impact on their success, no matter what the task is. One’s past experience with a situation can greatly influence his/her confidence when going into a similar situation the next time it presents itself. In this study, all of the participants adhered to the second prompt, in that they have succeeded in the past, so they know they can succeed again.

There was an overall theme of hope from the participants regarding this first question. When asked this question, most participants did not know how to answer until the prompts were given. When presented with the two prompts, all participants went with the second choice, which is that they have succeeded in the past, therefore they know they can do it again. This is most likely a common theme because weight loss is a journey. One participant who had been a member of TOPS for ten years, said, "I've met my goal weight twice within the past ten years, therefore I know I'm able to do it again." It is very common for a person, especially one who struggles with his/her weight, to lose weight, and then gain it back again. This can be large amounts such as thirty to forty pounds, or small amounts such as five to ten pounds. This can be for several reasons, as life has many highs and lows, it results in a variance of how well people take care of themselves. Another participant responded, "I was at my goal weight, and then my father died. I gained thirty pounds, and had to come back to the TOPS meetings because I know I need the accountability to lose the weight." This is an example of how a major life event can derail someone from their weight loss goals. This is why the theme of hope is so important, because if one does not believe he/she can achieve a goal, then they will not attempt it.

of self-assessment on one's success in losing

Social Comparison

The second interview question asked: How often do you compare your weight with others? The following prompts were used: Often? Sometimes? Seldom? The frequency that a woman compares herself with others in weight loss can affect her ability to succeed in her own weight loss journey. The effects can be positive or negative. They can be positive in that if a woman compares herself to someone that is heavier than she is, she can feel empowered that there are heavier people and that she is not the only one. However, the effects can also be negative in that if a woman compares herself to someone that is thinner than she is, she can feel discouraged that she will never be that small and that she should give up. Or, she could compare

herself to someone thinner, and set unrealistic goals for herself to be their size, when maybe her body type is not realistically similar to that of the thinner woman.

When asked this question, the participants' answers were varied. There were ten women who answered "seldom," four who answered "sometimes," and eight who answered "often." For those women who answered "seldom," there was a common theme of strong opposition to comparing oneself with others. One participant said, "I was brought up not to compare myself to others, that's just not something I do." Another participant noted, "I don't need to compare myself to others, I'm happy with the way I am and I don't look at other women that way." While finally, another participant said, "I don't notice other women. I'm on my own agenda, and I don't really notice how other women look." These responses reflect the theme of these women having a strong negative reaction towards comparisons with others. Instead, there was a common attitude of self-assurance and confidence in their responses.

For those women who answered "sometimes," there was a theme of neutrality about the topic. One participant noted, "I don't consciously compare myself to other women, but I do naturally notice when a woman is very thin or very large and then compare myself with them." Another participant answered, "I compare myself sometimes, not a lot. I don't really think about it that much, I think it's something that people do naturally without much thought." These answers had the common theme of indifference and little consideration about the topic. It did not appear to be a big deal to them whether they compared themselves to other women in regard to weight or not.

For those women who answered "often," there was a theme of guilt and embarrassment about comparing their weight often with other women's. One participant noted, "I compare my weight with other women's constantly. I know I shouldn't, but I can't help it I just do it naturally." Another participant said, "I compare myself with other women often when I work out. When I see women in the gym, I compare how they look with how look. Maybe it's because there's so many mirrors and everyone is focused on their bodies. I wish I didn't though compare though." Lastly, a participant said, "I compare myself with women subconsciously. I don't even

mean to do it, but then I realize that I will feel bad about myself after comparing my thighs with my girlfriends' when we lay by the pool, it's not really good for me." These women all admitted they compare themselves to other women often with a sense of regret. They answered that they did compare themselves to other women, but then noted that wished they didn't, or that they know it's not good for them.

The third interview question asked: how much of an impact does social comparison have on your weight loss? The following prompts were used: When I compare myself with heavier people I feel like I can reach my goals. When I compare myself with thinner people I feel like I can't reach my goals.

When asked this question, more participants agreed with the first prompt, that social comparison has the most impact when one compares herself to heavier women, which then results in a feeling of empowerment to reach one's own weight loss goals. Eighteen women agreed with this prompt, while four women agreed with the second prompt, that social comparison has the most impact when one compares herself to thinner women, which then results in a feeling of discouragement towards reaching one's own weight loss goals.

For those women who agreed with the first prompt, there was a theme of motivation from seeing those who are larger than themselves. One participant mentioned, "When I see women larger than me, it makes me realize that will be me if I don't make an effort to lose the weight. I see them and I think 'I don't want that to be me.'" Another participant said, "Seeing very obese people makes me very sad. I feel that they are missing out on so much life that is being hindered by their weight. It reminds me of what I don't want to happen to me." This is a way that social comparison can be a positive thing. For these participants, comparing themselves to heavier people gives them more motivation to lose weight themselves.

For those women who agreed with the second prompt, there was a theme of defeat. This

prompt said that comparing oneself to thinner people causes women to feel like they can't reach their goals. One participant said, "Seeing skinnier women makes me feel like my goal weight is so far away. It makes me feel like I have a long ways to go." Another participant said, "I try not to look at the skinny women in the gym, because I just get discouraged and frustrated when I see myself." For these women, seeing women thinner than themselves left them feeling inadequate and discouraged about their own weight loss journey.

The fourth interview question asked: which significant other(s) influence your weight management the most? The following prompts were used: Family/Partner? Close friends? Co-workers? When asked this question, the participants did not know how to answer until the prompts were given. The answers to this question were varied. Eleven women answered "family/partner," seven answered "close friends," and four answered "co-workers." When one is trying to lose weight, it is important that he/she has an encouraging support system in place, therefore it is important to understand who is having the most impact on one's weight loss, and whether the impact is positive or negative.

Significant Other(s)

The fifth interview question asked: how does the significant other(s) impact your weight loss? The following prompts were used: Encourages weight loss. Undermines weight loss. This question tied into the fourth interview question, in that the participants elaborated on who influenced their weight loss the most, and whether it was a positive or negative influence.

For those who answered "family/partner," they then elaborated on their answer. One participant said, "My sons has the biggest influence on my weight loss, because he goes to the gym every day and always asks me if I'm going to work out that day and requests for me to cook healthy food." Another participant said, "My husband has the biggest influence on my weight

management. He takes walks with me in the evenings, and encourages me to eat healthy when I want to order take out or grab unhealthy snacks. He is wonderful because he knows my goals, and gently encourages me to stick to them.” These are examples of how family can influence one’s weight management in a positive way. There were also examples of how family can influence one’s weight management in a negative way. One participant said, “My family influences my weight management the most because my mother-in-law cooks our meals for us, which I really appreciate, but she usually cooks unhealthy meals. It is an awkward situation because I am thankful that she does it, but at the same time I eat whatever she fixes and it is usually high in fat and sodium.”

For those participants that answered “close friends,” there was a common theme of these close friends being mostly other TOPS participants. One participant said, “My TOPS members have really become like family. I’ve been coming to these meetings for over ten years, and have experienced a great sense of accountability and encouragement from these women. We are here for each other in all circumstances, from the good times to the bad times.” Another participant noted, “The women at TOPS are my biggest influence on my weight management. I know I’m going to have to step up on that scale every week and have my weight recorded, and that is what keeps me going throughout the week to make healthy decisions.” These responses showed how much of a positive impact the TOPS program can have for those women who rely heavily on social support.

For those participants who answered “co-workers,” they focused on undermining coming from co-workers towards weight management. One participant elaborated by saying, “My co-workers know about my efforts to lose weight, and they still try to bring me snacks or unhealthy goodies. I get so frustrated, I just feel like they don’t want me to succeed.” Another

participant noted, “My co-workers influence my weight management because I spend so much time with them throughout the day. If we’re traveling together and everyone orders unhealthy food, it’s hard for me to stick to my healthy diet. I think my co-workers hinder my success more than encourage it.”

The sixth interview question asked: if undermining occurs, what do you think is the motivation? The following prompts were used: unintentional, others do not value eating well (in general), do not understand participant’s purpose of eating well, guilt over their own diets, jealousy. Half of the participants (eleven) indicated that they did not experience undermining. For the remaining participants that did experience undermining, seven indicated that the undermining was unintentional. One participant noted, “I don’t think my mother-in-law means to derail me from my healthy eating plan, I think she just cooks what she thinks tastes good and doesn’t think about the calories.” Another participant noted, “My kids don’t try to get me to eat bad on purpose, they simply don’t think about what the consequences are of eating pizza or take-out every night. For them, all that matters is what tastes good, they don’t think about whether it will cause me to gain weight or not.” In these responses, there was a common theme that the family member/co-worker/close friend did not *mean* to undermine the participant’s weight loss, therefore there was no motivation to do so.

Three participants indicated that the undermining was due to the fact that others do not understand their purpose of eating well. One participant said, “My friend is naturally slim, so when I explain to her that we need to eat at a restaurant that offers healthy options, she doesn’t get it. She’s never had to deal with her weight, so she doesn’t understand how much of a struggle it is.” For these participants, there was a common theme that the family/co-worker/close friend simply did not relate to the participants’ struggle with weight.

One participant indicated that jealousy was the motivation behind undermining. This participant said, “My co-workers try to derail me from losing weight because they’re jealous. They’ve seen how well I’ve done with TOPS, and they don’t want me to lose any more weight. They feel bad about themselves, so they try to drag me down and sabotage my weight loss. They’ll bring in cookies and brownies to work and ask if I want any on purpose, just to make it harder for me.” This theme of jealousy was only expressed by one participant, but it was noteworthy in that it showed how jealousy could be a factor for one trying to lose weight and those around her.

Social Support

The seventh interview question asked: how does the social support of Taking Off Pounds Sensibly affect your weight loss outcome? The following prompts were used: You need the accountability and support. You could get results without the meetings. This question was vital because it probed about the overall impact of TOPS on actual weight loss success. It is crucial to know if TOPS really helped participants lose weight, because if not, it would decrease from the credibility and purpose of the program. This question was asked in order to learn how important social support and accountability is to participants’ weight loss success.

All participants answered according to the first prompt, that they needed the accountability and support of the TOPS meetings. The most common theme from this answer was that they needed the meetings for the accountability. One participant said, “I need the weekly weigh in. I come to the meetings for that alone, because I know without that I will let myself get by with eating bad foods and not exercising. Because I know I have to stand on that scale every week, I’m much more motivated to make healthy choices.” Another participant noted, “These women in TOPS keep me going. Without them, I would have no one to check up

on me and see how I am doing in my weight loss journey. I depend on these women. We share ups and downs of life together, we're like family." Another participant said, "TOPS has changed my life. I have lost over 100 pounds, and that would have never happened without TOPS. These women encourage me on the good and bad weeks, and never let me quit. They have literally saved my life." These stories showed how TOPS provides a level of trust between these women. The weekly meetings offer a safe environment where women are able to come and share struggles together, as well as encourage each other to continue in their weight loss journeys.

The eighth and final question of the interview asked: what factor, in your opinion, influences your weight loss the most? The following prompts were used: Your own confidence that you will/will not be successful in losing weight. Your comparisons with other people that make you feel capable/not capable of weight loss success. The impact of your significant other(s) which either help or hinder success. This question was intended to figure out the most influential factor is for participants who are trying to lose weight. This is beneficial in that once the most influential factor is identified, then one can focus on how to use that factor in a positive way in order to encourage success in weight loss.

The responses to this question were split between prompt one and prompt three. Twelve participants responded that their own confidence about being able to succeed in losing weight was the most important factor in their weight loss success. The common theme with these participants was that without the right mentality, they would never succeed in losing weight. One participant said, "My head has to be in it, or I'll never succeed. It all starts with my mindset. Unless I'm at the point where I realize I have no choice but to lose weight, I won't do it. It's taken the thought of not being around for my family and children to push me to the next level where I really take my health seriously. Only once I enter that mindset I really succeed in

losing weight.” Another participant answered, “My confidence that I can do it is the most important factor. If I start the process with the mindset that I will fail, then I will. I have to be patient with myself. Only once I start seeing results do I really believe I can do it. It takes that first time of seeing the numbers on the scale go down, for me to truly believe in myself.” Finally, another participant said, “Confidence is everything. Without believing in myself I will go nowhere. I have lost fifty pounds at this time, and it is all due to the positive support of the people at TOPS. No one judged me or made me feel inferior here. The other members truly helped build my confidence that I could succeed, and that has led me to where I am today.”

The remaining ten participants chose prompt three, that the impact of their significant other(s) influences their weight loss the most. The theme with these participants is that the people closest to them have the most impact on their health decisions. This could be either a positive or a negative effect. One participant said, “My husband has the most influence on my weight loss. He encourages me to make healthy choices, and takes time to walk with me in the evenings. Because he is on board with my weight loss, I am able to stick with it. Without him, I would have given up by now.” Another participant noted, “My family definitely has the most impact on my weight loss. When I’m running around and taking care of my kids, I don’t have time to exercise or always eat healthy. As a result, I haven’t met my goal weight. It’s really hard to stick to a certain eating regimen and exercise plan when you have other people to consider.” Finally, a participant said, “My family is everything to me. It’s 100% because of them that I joined TOPS. I realized I wanted to be around for my grandkids, and that’s what has kept me going.”

Summary

Results of this study revealed four major themes with subthemes. Self-confidence played

a large role in how successful participants are in their weight loss journey. Social comparison was also a sizeable factor. The impact of a significant other was a considerable component of how successful participants were in weight management. Finally, social support was presented clearly as something that was necessary for participants to be successful in their weight loss.

DISCUSSION

The goal of this study was to investigate the relationship between social influence and weight loss. Twenty-two extensive interviews were conducted with women who are participants in the weight loss program Taking Off Pounds Sensibly, with the purpose of answering three research questions. This chapter will present an in-depth analysis of the results that can provide insight into the three guiding research questions of this study.

Results highlighted the importance of positive self-efficacy and positive social support for women who are trying to lose weight. It was also demonstrated that women who are trying to lose weight can be encouraged or hindered by comparing their size with other women. These highlights were concluded from the interviews by deciphering the words, stories, and nonverbal communications shared by participants.

The results also displayed an intensity from participants within their responses. The topic of weight loss is sensitive for those involved in this study as they are actively trying to lose weight, and have experienced different hardships along the way. It was interesting to note the openness and candidness from participants when it comes to weight loss. The researcher noticed a high level of intensity in answers from participants when asked about who and what influences weight loss. This intensity was shown through the answers to the interview questions, as many participants spoke very openly about their struggles and successes with great passion and sincerity.

Research Question 1

Research question one asks: how great of an influence does self-efficacy have in weight loss success? Self-efficacy is defined as “evaluation of oneself or one’s actions, attitudes, or performance” (“self-efficacy,” n.d., 2010). The data collected from the interviews showed that all participants chose to focus on their past successes instead of their past failures. When presented with the two prompts regarding weight loss: You’ve failed in the past so you

think you'll never be able to succeed? You've succeeded in the past, so you know you can do it again? All participants chose the second prompt. This was noteworthy in that not one of the participants demonstrated a defeated mindset. When looking further into how this affects weight loss outcomes, it was shown that having hope that one can lose weight and was essential to continuing the effort and participating in TOPS. One participant noted, "You've gotta believe in yourself that you can do it. Or else, you're gonna give up before you stop. I can't think about my past failures and let them get me down. Life is a journey, there's ups and downs. It's all about moving forward and focusing on the future."

It was determined that a hopeful and positive self-efficacy was needed for participants to keep trying to lose weight. This was determined by participants elaborating on what that means. One participant noted, "No matter how much weight I gain or how bad I feel, I know that I can never give up. I have a wonderful family to live for, and that keeps me going," while another participant noted, "I keep coming to TOPS and try to stick with it because I want to be around for my grandchildren." These participants acknowledged that hope for a better future was necessary in her journey to lose weight. However, they then went into more detail by alluding to the reality that being overweight or obese leads to more health problems that could ultimately result in a shorter lifespan. This acknowledgment shows a unique theme of healthy fear towards being overweight. This is a healthy fear because it is a reality that being overweight or obese leads to more health problems. Therefore, the fact that these participants understood that reality and used it as motivation to continue to try to lose weight was noteworthy.

Regarding the same question, a participant mentioned, "I know I can lose the weight, but I don't want to be overconfident. I need to be realistic with myself and set attainable goals, so that I don't get to the point where I feel like I will never succeed. I know that I can do it, but setting attainable goals and seeing those come to fruition is what keeps me going." Another participant said, "I've met my goal twice this year, so I know I can do it again." These

participants had a common theme of hope, but more than that, a unique theme of realism. They believed they could lose weight, but they were also alluded to how they need to be realistic with themselves. Making small goals and then meeting them, allowed one participant to feel that she could eventually meet her big goal. For another participant, knowing that she had already met her goal gave her the mental strength to keep trying because she knew her goal had already become a reality. These participants needed hope to attempt to lose weight, but more than that they needed to be realistic with themselves. This theme was noteworthy because it showed how different people motivate themselves. For more realistic people, realistic measures were needed to feel propelled towards success.

These results correlate with a previously mentioned study by Anderson, Winett, and Wojcik (2007). This study used the social cognitive theory to analyze how social support effects those trying to live healthier lifestyles. It used a diverse group of 712 churchgoing adults recruited for a large health promotion trial in order to uncover new potential approaches to nutrition behavior changes. Questionnaires were filled out by participants on the topics of nutrition related social support, self-efficacy, and outcome expectations. The results showed that the social cognitive theory provided a good fit for the data, in that it explained how participants' age, gender, social support, self-efficacy, and self-regulation made important contributions to their health behaviors. Also, adults who regulate their nutrition behavior and have social support are more effective at increasing their self-efficacy related to nutrition, which then lends them to be more successful at incorporating healthy eating behaviors into their everyday lives, and having the motivation to stick to them. The conclusion from this study was that self-efficacy, which is largely influenced by social support, was the most important determining factor of nutrition behavior.

In summary, the data suggests that having a positive mindset that one can achieve a goal, such as weight loss, is essential to reaching that goal. This may seem like a simple concept, but

in many situations there is so much of a focus on what steps to take and how to complete a goal, without first evaluating whether the participant is mentally equipped to reach that goal or not. From the results in this study, it was shown that action starts in the mind. Without the motivation and mindset of accomplishing a goal, the actions to do so will never follow.

Research Question 2

Research question two asked: how great of an influence does social comparison have in weight loss success? The data collected from the interviews shows that when asked how often they compare their weight with others ten women answered “seldom,” four answered “sometimes,” and eight answered “often.” This shows that over half of the participants compare themselves to other women either “sometimes” or “often.” From this point, it is looked at what the impact of these social comparisons is. This is done by analyzing the third interview question.

When the participants were asked how much of an impact social comparisons have on their weight loss, they were given the following prompts: When I compare myself with heavier people I feel like I can reach my goals? When I compare myself with thinner people I feel like I can't reach my goals? The results showed that more participants agreed with the first prompt, that social comparison has the most impact when one compares herself to heavier women, which then results in a feeling of empowerment to reach one's own weight loss goals. Eighteen women agreed with this prompt, while four women agreed with the second prompt, that social comparison has the most impact when one compares herself to thinner women, which then results in a feeling of discouragement towards reaching one's own weight loss goals.

Social comparison among women when it comes to weight loss is very powerful. A study by Evans (2003), found the following:

Women often feel dissatisfied with their appearance after comparing themselves to other females who incorporate the thin-ideal standard of beauty. Women associate a thin-ideal female body type with positive life-success. This link then

drives feelings of negativity toward self after such social comparisons. The result of this is that women reported more self-dissatisfaction and less optimism about their possible future life outcomes after exposure to a thin-ideal female target. The results also showed that women associated the thin-ideal woman with having a more successful life while they had a less satisfying and unsuccessful life.

The data from this study reiterates what Evans' study found. From those eighteen women who agreed with the first prompt, they gave examples of how comparing themselves to heavier women makes them feel better. One participant mentioned that when she sees women heavier than her, it reminds her of what she doesn't want to look like, and then gives her more motivation to stay on track with her own weight loss plan. From those four participants that agreed with the second prompt, there were examples of how comparing themselves with skinnier women affects their personal weight loss success. One participant said, "I try not to look at the skinny women in the gym, because I just get discouraged and frustrated when I see myself." This shows that for those women who compare themselves to other women often or sometimes, their own weight loss success is affected either positively or negatively depending on whether they compare themselves to a thinner or heavier woman.

These results correlate with a study done by Buckroyd, Rother, & Stott, (2006) which studied obese women who participated in a therapeutic counseling sessions for weight loss on 36 occasions for 2 hours over a period of 12 months. The results of the study showed that from the beginning of the counseling to the end, participants reported changes in their attitudes to themselves and their bodies. These changes in emotional functioning produced a weight loss of 5% or more of initial body weight at in 75% of participants who completed the study, and that

the weight loss has been maintained in 75% of participants at 18-month follow-up. These findings correlate with this current study in that the emotional state of women affects their actions, which in this case is trying to lose weight. For those women who compare themselves to others, and subsequently feel about themselves, their weight loss success will be hindered.

Finally, a previously mentioned study by Tylka and Sabik (2010), echos similar conclusions. In this study, the social comparison theory in relation to self-esteem and body image in women was examined. The study was done by the authors recruiting 274 college women ranging in age from 18-29 from a Midwestern university. The women remained were instructed to complete questionnaires in a classroom setting. The Feedback on Physical Appearance Scale was chosen to analyze the data as it is able to categorize perceived sexual objectification related to verbal and nonverbal appearance feedback. The results of the study showed that women who frequently monitored their body and compared it to others' were reported to have the highest rate of eating disorders.

In summary, the data suggests that social comparison is very powerful in women, and can lead to negative or positive emotions. Concerning weight loss, these emotions are based on whether a woman compares herself to someone larger or smaller to herself. It is also shown that once a woman compares herself to another, she is led to feel more or less confident about reaching her own weight loss goals. A lower the level of confidence leads to a lower level of weight loss success.

Research Question 3

Research question three asks: which factor has the largest impact on weight loss: self-efficacy, peer assessment, or positive or negative social support? The responses to this question were split between prompt one, self-efficacy, and prompt three, social support.

Twelve participants responded that their own confidence about being able to succeed in losing weight was the most important factor in their weight loss success, with the remaining ten participants choosing prompt three, that the impact of their significant other(s) influences their weight loss the most. These results were noteworthy, because they showed that even though peers outside of co-workers and family members did have an influence, they were not considered by any participants to have the most impact on weight loss. Instead, most participants answered self-efficacy. One participant noted, "You gotta believe in yourself first; without that, nothing else matters." Another participant said, "I have type two diabetes; if I don't tell myself I'm going to stay on this weight loss plan, my health suffers. For me, it's really non-negotiable. I have to motivate myself or else I'll have no life."

In a study on self-efficacy, Zulkosky (2009) found:

Self-efficacy beliefs influence how people think, feel, motivate themselves, and act. Self-efficacy is concerned about the perception or judgment of being able to accomplish a specific goal and cannot be sensed globally. In order to gain a sense of self-efficacy, a person can complete a skill successfully, observe someone else doing a task successfully, acquire positive feedback about completing a task, or rely on physiological cues.

This study reaffirms that self-assessment and self-efficacy ultimately affect how capable people feel they are about completing a task. In order to feel more capable to complete a task, such as weight loss, a person must make the internal judgment that they will be able to accomplish the goal. This happens either through their own past experience with achieving the goal, or observing someone else doing so.

The remaining participants eight participants answered that the impact of significant

others impacts their weight loss the most. One participant noted, “My family keeps me going. without them, I would give up.” While another said, “My husband has the biggest influence on my weight management. He takes walks with me in the evenings, and encourages me to eat healthy when I want to order take out or grab unhealthy snacks. He is wonderful because he knows my goals, and gently encourages me to stick to them.” These responses were examples of the impact of positive social support. A study by Samuel-Hodge, Gizlice, Jianwen, Brantley, Ard, & Svetkey (2010), found:

Baseline surveys were used to measure six family functioning constructs completed by participants in a trial of weight loss maintenance. Family functioning, composition, and demographic variables with weight loss success defined as losing $\geq 5\%$ of initial body weight were examined. It was found that the odds of weight loss success were independently influenced by a significant interaction between ethnicity and family cohesion, with the conclusion being that family context factors influence weight loss behaviors.

This study reaffirms the positive influence of significant others, in this case family members, on those who are trying to lose weight. This is a noteworthy reminder because it shows the importance of engaging other family members to be encouraging and supportive for those who are trying to lose weight. This support plays a large role in how successful the person is in meeting his/her weight loss goals.

Limitations of the Study

There were certain limitations to this study. The researcher attempted to narrow them to be as minimal as possible, however, there were still variables that could have potentially altered the data. The first variable was the self-reported height and weight presented by participants. These numbers were used to calculate the BMI of each participant in order to determine how

many participants were overweight, obese, or severely obese. The researcher collected this information by asking participants during the interview. However, it has been shown that self-reported height and weight for BMI results in lower predicted values for obesity prevalence when compared with direct measurement for data collection (Flegal, Carroll, Ogden, & Johnson, 2002). This means that the BMI taken in this study is a limitation because there is no way to ensure that the self-reported heights and weights by participants are accurate.

The final interview question also had some limitations. The question asked: what factor, in your opinion, influences your weight loss the most? The following prompts were used: Your own confidence that you will/will not be successful in losing weight. Your comparisons with other people that make you feel capable/not capable of weight loss success. The impact of your significant other(s) which either help or hinder success. This question had limitations because it only offered three prompts. Other possibilities would have provided a wider range of possible responses. Leaving it open-ended instead of offering prompts might have yielded completely different results.

Another possible limitation to the study was the sample size. The technique used in this study was to use a small sample size and draw general conclusions from it. A larger sample size would have provided additional information that could have produced a more accurate understanding to answer the research questions. Also, using only female participants could be a possible limitation. Including the male gender would have opened up different possibilities of results from the research. Females tend to be more emotional and sensitive, so using males in this study might have produced different results concerning the importance of social support and self-assessment.

Time was also a possible limitation. Participants were interviewed for approximately fifteen to twenty minutes each. This was due to the fact that the researcher interviewed them before and after their TOPS meeting, so they were either waiting for the meeting or trying to

leave after the meeting. If more time had been allotted to each interview, there may have been more detailed and perhaps personal information offered from participants, as they would have had more time to get comfortable and go into detail while answering the questions.

The fact that this study was qualitative is also a limitation. Conducting a quantitative study on this topic would survey a greater number of participants and perhaps add additional information necessary to understanding social influence on weight loss. Quantitative research is more clear-cut in that it has specific questions and answers, therefore, it would provide statistically more exacting conclusions compared to the open-ended interview style used in this study. It would be able to provide a larger sample to draw conclusions from, and would also be easier for researchers to organize answers and determine themes from the data.

Implications for Future Research

This study has opened the door to other possibilities in researching this topic. One possibility would be to interview only male participants. Asking males the same interview questions would provide a baseline as to which factors influence weight loss for males versus females. It would then be beneficial to compare which factors influence males versus those that influence females in order to understand how males and females react differently to internal and external factors. This would also provide insight into how men and women strategize differently when it comes to achieving success in weight loss.

Another possibility for future research would be to interview a smaller age range. For example, the study could be narrowed by interviewing women from the ages of 18-25, to see how they would respond, compared to women from the ages of 35-45. This would be a good way to narrow down the results and understand more specifically how people succeed in weight loss based on their age. It would also be beneficial in that it would identify the pressures and mindsets of younger women compared to older women. It would be interesting to see how much young women are influenced by their peers compared to older women. It would also be beneficial to

study how self-confident younger women are compared to older women when it comes to achieving weight loss goals.

Conclusions

The findings of this study have benefitted the field of interpersonal communication, participants, and the health field. There has been plenty of research on the fact that people need to lose weight, but not enough on the factors surrounding those who are successful in doing so. This study confirmed that there are internal as well as external factors affecting those who are attempting to lose weight. Women who are attempting to lose weight have the choice of what their mindset is going to be, and what people they will surround themselves with. Because of the challenges of social influence from others, and discouragement by comparing oneself to thinner people, women trying to lose weight face difficulties. These difficulties stem from the mindset of the individual as well as the possible lack of support from surrounding family or peers. This study is especially beneficial to the health field, because obesity is such a problem in America, it needs to be determined what factors affect those who are trying to lose weight. Once the influential factors are identified, work can be done to improve them. Until then, people can be told they need to lose weight, but without the proper mindset and support system, they may be setting themselves up for failure.

Internal and external communication is inevitable. One cannot escape the thoughts and emotions that he/she experiences due to his/her mindset. At the same time, the way others influence someone, whether positive or negative, also has a large effect on how that person may feel about a situation. Positive internal communication that emphasizes hope, and positive external communication that offers support and encouragement, is crucial not only for weight loss, but also any other goal. Weight loss is just one example of a how a goal that requires those factors in order to be met.

Results from this study reveal the different variables that impact weight loss success.

It was found that: the influence of self-efficacy on one's success in losing weight, the impact of social comparison, the influence of significant other's communication towards a participant's weight loss, and the importance of supportive peer communication for participants to stay on track with weight loss were all factors that had the most impact. Within these factors were smaller themes that also have an impact. These results demonstrated the correlation of positive communication from significant others with increased success in participant's weight loss. They also revealed that although weight management is an ongoing struggle for some, having a support group leads to a more positive attitude and motivated mindset, which then leads to a more successful outcome.

With more than one-third of U.S. adults, and approximately 17% of children and adolescents aged 2—19 years classified as obese (“Obesity and Overweight,” 2010), it is important that attention be brought to the issue. This study was conducted in order to understand the factors that encourage or inhibit weight loss, so that work can be done to improve those factors which are inhibiting in order for more people to be successful in losing weight. As the problem continues to grow larger and people are becoming more aware of the obesity epidemic in America, there will only be a greater need for research in this area. This study, among others, suggests a hopeful outlook for those struggling with their weight by showing it is possible to succeed in weight loss by incorporating the correct mindset and support group in their lives.

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LIST OF APPENDIXES

APPENDIX A: Informed Consent Form for Participation in a Research Study

APPENDIX B: Interview Guide

Appendix A:

Consent Form

Social Cognitive Theory VS. Social Comparison Theory:

Examining the Relationship between Social Influence and Weight Loss

Emily Grigg

Liberty University

School of Communication Studies

You are invited to be in a research study of social influence on weight loss. You were selected as a possible participant because you are a woman between the ages of 18-65 who is participating in a weight loss program. I ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Emily Grigg, in partial fulfillment of the requirements for the Master of Arts in Communication Studies from Liberty University.

Background Information: The purpose of this study is to investigate the social influence on weight loss. I will evaluate relationships between individuals who are trying to lose weight with those around them. The link between social influence from close peers or family, and a person's weight loss success will be assessed to determine how much other people can help or hinder those who are trying to lose weight. My research questions are: How great of an influence does self-efficacy have in weight loss success? How great of an influence does social comparison have in weight loss success? Which factor has the largest impact on weight loss: self-efficacy, peer assessment, or positive or negative social support? I will interview Weight Watchers participants about the role that social influence plays in their weight loss journey.

Procedures:

If you agree to be in this study, I will ask you to do the following things: Participate in a one-time 10-15 minute interview in which I will ask you questions about your weight loss journey, and how others help/hinder your success. If you give permission, there will be notes taken during the interview.

Risks and Benefits of being in the Study: The risks in this study are minimal. No physical harm will come from participating. You will be self-reporting attitudes about body image, weight

loss and their relationships. You will have the opportunity to skip or avoid questions if you feel uncomfortable.

There is a chance of emotional risk in this study because it involves a sensitive subject such as weight loss; however, steps will be taken to minimize that risk by paying active attention to the emotional comfort of the participant during the interview, and giving the participant the option to not answer a question if he/she does not feel comfortable doing so.

The benefits to participation: you will benefit from this study in that it will force you to think about the social influences in your life and how they affect your weight loss. This is beneficial in that it may bring attention to a topic you did not previously think about, and allow you to understand how much of an impact these social influences are having in your overall weight loss success.

Compensation:

You will not be compensated for your participation.

Confidentiality:

The records of this study will be kept private. In any sort of report we might publish, we will not include any information that will make it possible to identify a subject. Research records will be stored securely and only researchers will have access to the records.

The data will be collected by me writing notes on my questionnaire form during the interview process. I will remove identifiable characteristics and names from responses when putting them in my research paper. The list linking codes to personal identifiers will be kept secure by keeping it at my residence where only I will have access to it. The data recordings will be erased after the study is complete by shredding, and will not be used in any future research.

Voluntary Nature of the Study:

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University or Weight Watchers. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

Contacts and Questions:

The researcher conducting this study is: Emily Grigg. You may ask any questions you have now. If you have questions later, you are encouraged to contact her at 509 Ramblewood Rd, Forest VA 24551, (434) 509 5504, eagrigg@liberty.edu; The advisor for this study is Dr. Angela Widgeon. She can be reached at (434)592 3109, amadema@liberty.edu

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), you are encouraged to contact the Institutional Review Board, Dr. Fernando Garzon, Chair, 1971 University Blvd, Suite 1582, Lynchburg, VA 24502 or email at fgarzon@liberty.edu.

You will be given a copy of this information to keep for your records

Statement of Consent:

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

Signature: _____

Date: _____

Signature of Investigator: _____

Date: _____

Appendix B: Interview Guide

Interview Questions for Social Influence on Weight Loss

Preliminary Questions:

*Please begin by telling me about yourself.

- How old are you?
- How long have you been a member of Weight Watchers?
- What is your current height in inches and weight in pounds?

Interview Questions:

1. How does your past experience with weight loss influence your current outcome?

Use the following prompts as needed:

- You've failed in the past, so you think you'll never be able to succeed?
 - You've succeeded in the past, so you know you can do it again?
2. How often do you compare your weight with others?
 - Often?
 - Sometimes?
 - Seldom?
 3. How much of an impact does social comparison have on your weight loss?
 - When I compare myself with heavier people I feel like I can reach my goals?
 - When I compare myself with thinner people I feel like I can't reach my goals?
 4. Which significant other(s) influence your weight management the most?
 - Family/Partner?
 - Close friends?

- Co-workers?
5. How does this significant other(s) impact your weight loss?
- Encourages weight loss?
 - Undermines weight loss?
 - Example of encouragement: “Let’s go for a run instead of watching a movie it’s so nice outside.”
 - Examples of undermining: “Why don’t you just eat a piece of pizza you’ve been eating healthy all week.”
6. If undermining occurs, what do you think is the motivation?
- Unintentional
 - Others do not value eating well (in general)
 - Do not understand participant's purpose of eating well
 - Guilt over their own diets
 - Jealousy
7. How does the social support of Weight Watchers meetings affect your weight loss outcome?
- You need the accountability and support?
 - You could get results without the meetings?
8. What factor, in your opinion, influences your weight loss the most?
- Your own confidence that you will/will not be successful in losing weight?
 - Your comparisons with other people that make you feel capable/not capable of weight loss success?
 - The impact of your significant other(s) which either help or hinder success

Closing Questions:

*Do you have any final thoughts about social influence on weight loss that did not come up in the interview today?