THROUGH THEIR VOICES: EXPERIENCES OF OVERWEIGHT AND OBESE ADOLESCENT BOYS

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Abstract

The purpose of this study was to explore the lives of overweight/obese adolescent boys. A qualitative case study focused on depth of understanding. Four boys volunteered to participate in the study. Findings further our understanding of the adolescent boys' lifescapes; viable and non-viable recruitment strategies among this population; ethical obligations of ending research after establishing trust and rapport; and "Avoidance" as an Idiom of Distress among this sample of boys. Suggestions for future research are addressed in the study.

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Chapter 1

Introduction

This qualitative research study with community-based overweight/obese adolescent boys was conducted to privilege their voices and the experiences of their day to day lives. Such understanding is missing from the literature. It is important to note that this study was community-based. That is, the participants were not attending a clinic or undergoing an intervention, nor were they sought to engage in an obesity related treatment program. This is an important distinction as with rare exception research about overweight adolescents is focused on their weight, as opposed to the personhood of adolescent males. In this study, the focus was on the lives of adolescent boys, who were also overweight and lived within the community.

This thesis consists of five chapters including an Introduction and Conclusion. In between these start and stop chapters are three publishable quality papers. The papers, developed as chapters, arise from this study and are entitled: "Recruitment Strategies for Non-Clinical Qualitative Research Involving Overweight Adolescent Boys"; "*Thanks for Using Me"* Exit Strategy as Harming Overweight Adolescent Boys in a Qualitative Study"; and, "Avoidance as an Idiom of Distress among Overweight and Obese Adolescent Boys."

Statement of the Problem

Overweight and Obesity in Children and Adolescents

The prevalence of overweight and obesity continues to be major health threat, especially among vulnerable populations such as children and adolescents (Belanger-Ducharme & Tremblay, 2005; Ogden, Carroll, Curtin, Lamb, & Flegal, 2006). Obesity

is the result of an imbalance of energy intake and energy expenditure. A complex interaction of physiologic, metabolic, behaviour and social factors create this imbalance that results in an increase in energy intake and a decrease in energy expenditure (Anderson & Butcher, 2006; Calderon Yucha, & Schaffer, 2005; Hill & Melanson, 1999; Janssen, Katzmarzyk, Boyce, King, & Pickett, 2004). The behaviours which have the potential to increase overweight and obesity in adolescents are strongly influenced by environments. These environments include home (Crossman, Sullivan, & Benin, 2006; Lindsay, Sussner, Kim, & Gortmaker, 2006; Strauss & Knight, 1999; Vaughn & Waldrop, 2007), a community's built environment (Roemmich, Epstein, Raja, & Yin, 2007; Sallis & Glanz, 2006) and school (Peterson & Fox, 2007; Simon, Wagner, Platat, Arveiler, Schweitzer, Schlienger, Triby, 2006; Story, Kaphingst, & French, 2006). Potential health risks and consequences of childhood and adolescent obesity include: hypertension, diabetes, asthma, skeletal abnormalities, sleep apnea, and adult morbidity and mortality as childhood obesity may persist into adulthood (Daniels, 2006; Maffeis & Tato, 2001; Must & Strauss, 1999; Serdula, Ivery, Coates, Freedman, Williamson, et. al. 1993; Reilly, Methven, McDowell, Hacking, Alexander et. al., 2003; Riley, 2005).

Overall, adolescent boys face particular health risks and have specific health, social, and developmental needs (World Health Organization, 2000a). Health promotion, prevention, and healthy social development are important for their overall health and well-being (World Health Organization, 2000a). However, specifically, overweight and obese adolescent boys have been identified as a high risk group warranting early and vigorous intervention (Berg, Simonsson, & Ringqvist, 2005), as well as prevention and

educative strategies to address their current and future health issues (Steen, Wadden, Foster, & Andersen, 1996).

Even though adolescents strive to "fit in", any deviation in body size from the norm may result in bullying (Daniels, 2008), therefore to no surprise, researchers have indicated that many overweight adolescents are socially marginalized (Strauss & Pollack, 2003), victimized (Pearce, Boergers, & Prinstein, 2002), and report regular peer rejection and social isolation (Puhl and Latner, 2007). In fact, Puhl and Brownell (2001) state peer rejection in an educational setting may be the first challenge experienced by an overweight adolescent. Obese boys specifically report being more overtly victimized by their peers (i.e. teased, punched, hit, kicked) (Buckmaster & Brownell, 1988; Pearce, Boergers, & Prinstein, 2002), less satisfied with their looks, and report having fewer friends (Berg, Simonsson, & Ringqvist, 2005). Furthermore, research indicates that overweight boys are less likely to be nominated as close friends by their peers (Puhl & Latner 2007), and tend to view their own weight as an impediment in social activities, which negatively influences their self-esteem (Thomas & Irwin, 2009).

Summary Statement

Overweight and obesity in children and adolescents has been on the rise over the past couple of decades within Canada. Given the severity of the obesity issue on the current and future health of Canada's youth, action is needed now. However, to move forth in addressing this issue, it is imperative that the voices of overweight and obese adolescents are heard. Their issues, including social marginalization, can only be addressed after an understanding of their lives is gained.

Purpose of the Study

The original intent of, *Through Their Voices: Experiences of Overweight and Obese Adolescent Boys* was to conduct an exploratory qualitative study and privilege the day-to-day lives of twenty overweight and obese adolescent males. Person centered interviewing and focus groups served as the proposed methods. However, despite a well developed recruitment strategy arising from the guidance of an Advisory Committee (clinical, non-clinical and research experts), as well as drawing on existing recruitment literature concerning vulnerable populations, overweight adolescents, and non-clinical settings (UyBico, Pavel, & Gross, 2007; Thomas & Irwin, 2009; McCormick, Crawford, Anderson, Gittelsohn, Kingsley, & Upson, 1999), recruitment efforts sustained over a ten-month period failed to accrue the proposed sample. As a result of the recruitment challenges, this thesis shifted to a case study design.

The purpose of this case study was to explore the lives of overweight/obese adolescent boys through the use of a qualitative case study design which permitted depth, as opposed to breadth, of understanding. Four boys volunteered to participate in the study. Through the use of participant-observation (over a period of five months) and person-centered interviewing (Levy & Hollan, 1998) data about the lives of these boys were collected, analyzed, and interpreted. The findings from this case study further our understanding of the adolescent boys' lives; viable and non-viable recruitment strategies among this vulnerable population; ethical obligations of ending research after establishing trust and rapport; and "Avoidance" as an Idiom of Distress among this sample of boys.

Methods

Overweight and obese adolescent boys were invited to participate in the case study entitled *Through Their Voices: Experiences of Overweight and Obese Adolescent Boys*. By joining the study, the boys met bi-weekly for a variety of group activities (group activities were called TEAM activities, TEAM Poster - Appendix 1), and interview sessions within the community setting. In addition, each member met individually and regularly with the researcher. The intent of the TEAM activities was to develop trust and rapport with the participants. The one-on-one interviews were focused on exploring the daily lives of the participants. The focus was on the boys (n=4), not their weight. The TEAM activities (observations) and person-centered interviews were held over a 5 month period, and included 55 face-to-face contact hours between the researcher and the participants, and 25 non face-to-face contact hours (i.e. phone calls, e-mail, and texting). The face-to-face contact comprised participant-observation, as well as one-on-one interviews (N=16) with each of the participants.

Study Setting

The study was conducted in a western Canadian city of 60,426 residents, where 10-19 year old boys make up 6% of the population (City of Medicine Hat, 2008). According to Shields (2005), of Canadian youth aged 12-17, 32% were overweight or obese. These demographics provided guidance for the proposed study.

Sample Size

There are currently no explicit sampling size guidelines or power analyses available for qualitative research designs, as the sample size required is rather based upon a number of factors such as: scope of the study, nature of the topic, quality and adequacy

of the data collected and study design (Morse, 2000). Sandelowski (1995) states that the sample size often is a matter of judgement. Sandelowski (1995) further observes that sample size can refer to not only the number of persons, but may refer to number of interviews, events, and observations (Sandelowski, 1995).

Given the city demographics, the researcher was confident in obtaining the proposed sample size (n=20). Despite ten months of recruitment efforts only five boys expressed interest in the study, all of whom were recruited by adults known to them. Of this number, three signed an informed assent and presented parental consent forms. Thus the final sample size fell well short of this goal, i.e., n=3. The original sampling criteria were four-fold: boys; aged 13 to 16 years; self-identified or assessed by parents or professionals as overweight or obese; and not involved in an obesity treatment program. However, the age criteria were expanded to include; aged 14 to 20 years. Thus, the final sample size n=4 (two participants were 14 years old, one was 15 years old and one was 20 years old; he offered a retrospective perspective of his adolescent years).

In addition to the adolescents, five local professionals (family physician, youth centre coordinator, YMCA youth program manager, a high school youth worker, and a registered dietician) were interviewed to gain insight into the recruitment challenges (See Chapter 2).

Recruitment

Recruitment strategies, derived from the literature and offered by the Advisory Committee were categorized into four main areas: 1) Social Marketing, including mass mailing, mass calling, media, etc.; 2) Community Outreach: church recruitment, contact with community leaders, community presentations; 3) Referrals: friends, family, and

snowball sampling; and 4) Health system, including referrals from health care providers. The recruitment strategies employed were also supported in the literature when recruiting adolescents (McCormick, Crawford, Anderson, Gittelsohn, Kingsley, & Upson, 1999) and overweight teens (Thomas & Irwin, 2009). These approaches are detailed in Chapter 2, Table 1, on page 20.

Ethics

The study received ethical approval through the University of Lethbridge Human Subject Research Committee. All professionals signed consent forms (Appendix B). All adolescent participants signed assent forms (Appendix C), and their parents signed consent forms (Appendix D). The transcriptionist was asked to sign an Oath of Confidentiality (Appendix E).

Data Collection

Data were collected through the use of person-centered interviews (Hollan, 2005; Levy & Hollan, 1998). A focus group approach was initially envisioned but was abandoned. The adolescent boys refused to gather in a group for the purposes of research, i.e., to discuss their lives. The same phenomenon has been previously encountered with boys and their body image (Hargreaves and Tiggemann, 2006). However, simply "hanging out" as a small group (n=4) fostered trust and rapport between the interviewer and participants while engaging in participant driven activities, i.e., non-research gatherings. The trust that was built during these activities was critical to the success of the person-centred interviews.

Data Analysis

It is important to accept that although individual differences exist, these differences do not necessarily undermine credibility; trustworthiness can still be achieved regardless of researcher differences (Sandelowski, 1993). To work towards trustworthiness of this project, it was important to provide visible research practices and process to the readers (Sandelowski, 1993).

Each participant was given a pseudonym. All tapes, transcriptions and researcher notes were titled and dated. All data collected were stored in a secured locked location. The transcriptionist signed an Oath of Confidentiality. Transcripts were read multiple times to immerse within the data (Burnard, 1991), and assisted the researcher to become fully aware of the participants' lives and stories.

Participants are identified within the data through acronyms, which are based on each participant's interests, i.e. EO (Edmonton Oilers), NY (New York), MB (Motor Bike), and GP (Guitar Player). This approach contributes to the anonymity of the participants, but also, gave each participant an identity within the context of the findings.

Findings and Discussion

This study addresses three key findings: Chapter 2 - Recruitment; Chapter 3 - Exit Strategy; Chapter 4 - Idiom of Distress. The following serves to briefly introduce the key findings, including the themes identified within each area.

Chapter 2 - Recruitment

Non-clinical researchers often encounter difficulty recruiting and retaining participants from vulnerable populations such as adolescents (Flaskerud, & Winslow, 1998; Moore & Miller, 1999). Strategies that have been used to recruit non-clinical

overweight and obese adolescents (boys and girls) for qualitative research included the use of flyers and posters in community locations (physician offices, malls, grocery stores); the use of local media outlets (Thomas & Irwin, 2009); as well as through schools by both receiving formal school board authority to recruit (Wills, Backett-Milburn, Gregory, & Lawton, 2006) and as well, informally approaching schools and school personnel for identifying participants (Amiri, Ghofranipour, Ahmadi, Hosseinpanah, Montazeri, et al. 2010; Power, Bindler, Goetz, & Daratha, 2010). However, studies were not found that addressed recruitment specific to overweight or obese adolescent boys within the community context, and in relation to qualitative research. The reporting of recruitment issues and challenges can assist researchers to prevent inappropriate or misguided recruitment strategies and possibly unrealistic sample size expectations (Harrington, Binkley, Reynolds, Duvall, Copeland, Franklin, 1997). Continued communication among researchers and practitioners regarding recruitment can also lead to enhanced participation of vulnerable populations within research (Sutton, Erlen, Glad, & Siminoff, (2003).

To explore the low recruitment results, person-centered interviews were conducted with four overweight adolescent boys and five local professionals (family physician, youth centre coordinator, YMCA youth program manager, a high school youth worker, and a registered dietician). The professionals and participants were asked to provide feedback on the strategies initially employed which were unsuccessful, as well as for guidance and suggestions on next steps for recruitment, including recruitment poster design. Analysis of the nine interviews revealed three emergent themes: (1) *Establishing Trust and Connections as Part of the Recruitment Process;* (2) *Discomfort with*

Recruiting Overweight Adolescent Boys and Approaching their Parents; (3) *Sensitivity of Weight among Boys.*

Chapter 2 provides evidence-based insight into the challenges of recruiting non-clinical overweight/obese adolescent boys into non-intervention qualitative research. Highlighted in Chapter 2 are the uniqueness of recruiting participants from the community (i.e. non-clinical population), the sensitivity associated with obesity, as well as the qualitative design which involved person-centred interviewing and non-anonymous adolescent boys in a focus group setting.

Chapter 3 - Exit Strategy

Several terms have been used within the literature to describe concluding a research study. These terms include: getting out (Iversen, 2009); leaving the field (Boynton, 2002; Cannon, 1992; Dickson-Swift et al, 2006; Iversen, 2009; Labaree, 2002; Stebbins, 1991); disengagement (Briggs, Askham, Norman, & Redfern, 2003; Iversen, 2009; Labaree, 2002 ; Snow, 1980) ; closure (Campesino, 2007, Snow, 1980); ending (Cutcliffe and Ramcharan, 2002; Read and Papakosta-Harvey, 2004); good-bye (Dickson-Swift, James, Kippen, & Liamputtong, 2006; Robertson, 2000; Watson, Irwin, & Michalske, 1991); and exit (Booth, 1998; Cooper, Brandon, & Lingberg, 1998; McLaughlin, 2005; Reeves, 2010). However, publishing the processes associated with ending the study or leaving the field is a deficit within the literature (Delamont, 2004; Iversen, 2009; Labaree, 2002; Snow, 1980), especially when initial ending strategies are altered throughout the course of a project (Iversen, 2009). This limitation is particularly evident when considering the sensitivity of ending a research study with vulnerable groups (Iversen, 2009; Robertson, 2000). Researchers, research supervisors, and human

subject ethics committees are urged to establish protocols to guide how the research relationship is ended (Dickson-Swift, James, Kippen, & Liamputtong, 2006), and to consider these protocols a priority (McLaughlin, 2005).

The literature reflects a researcher-centric focus when addressing the ending of a research study. To date, understanding has been on the emotional strain experienced by researchers, the role of stakeholders (i.e. institutions and funding organizations) in determining closure, and the obligation some researchers feel to define new relationships with participants. However, the powerful words voiced by the adolescent participants in the findings of this study reveal the emotional investment participants make regarding their research involvement. Hence, meaningful dialogue with participants, rather than a directive from researchers should be employed to identify the ending of the *participant-researcher* relationship, not the *researcher-participant* relationship. The well-being, protection and safety of participants are not simply subject to access and data collection, but necessarily include negotiated safe closure.

The purpose of Chapter 3 is to examine the concept of exit strategy, its relation to vulnerable populations (i.e. overweight adolescent boys), and the researcher-participant relationship. Exit strategy entails a process for ending the research study; a consideration often neglected, under reported or given less consideration in the literature (Delamont, 2004; Iversen, 2009; Labaree, 2002; Snow, 1980). This Chapter is expository and reflective about exit strategy and the limitations associated with this concept, especially as it is applied to the researcher-participant relationship with vulnerable populations (i.e. overweight adolescent boys).

Chapter 4 - Idiom of Distress

Although scientific inquiry has identified the cause, prevalence and behaviours which contribute to physiological aspects of obesity, there is acknowledged concern regarding the distress experienced by overweight adolescents when compared to their non-overweight peers (Mellin, Neumark-Sztainer, Story, Ireland, & Resnick, 2002), and that the results of the distress caused by social or self-marginalization could potentially lead to social avoidance of obese individuals (Meekums, 2005). "*Few problems in childhood have as significant an impact on emotional development as being overweight*"(Strauss & Pollack, 2003)(p.746), therefore, to address avoidance, an entire community needs to address the social marginalization, and the avoidance tactics of overweight adolescents (Thomas & Irwin 2009). Overweight adolescents state that their lack of physical abilities, embarrassment, low self-esteem, and fear of ridicule all contribute to their avoidance of making contact with peers, appearing in a crowd, or group sport participation (Amiri, Ghofranipour, Ahmadi, Hosseinpanah, Montazeri, et al. 2010; Power, Bindler, Goetz, & Daratha, 2010; Thomas & Irwin, 2009).

An idiom is an expression that cannot be understood from the individual meanings of words, and can have both literal and figurative meaning (Abrahamsen, 2008). Idioms of distress are social and cultural means of experiencing and expressing distress. They manifest in the presence of stressors such as anger, powerlessness, social marginalization and insecurity. In some cases, idioms of distress are culturally and interpersonally ways (i.e. symbols, behaviours, language, or meanings) of expressing, explaining and coping with distress and suffering (Hollan, 2004; Nichter, 2010).

Havelka, Lucanin, and Lucanin (2009) state although a biomedical model has historical justification and proved effective in infectious disease control, this approach that currently dominates current medical practice has a narrow focus that addresses the disease, more than the patient. To address the narrow focus of the biomedical model, a biopsychosocial approach has gained support by adopting an interdisciplinary approach through the integration of biological, psychological and social factors in the assessment, prevention and treatment of disease (Havelka, Lucanin, & Lucanin, 2009). Currently evidenced-based research has detailed the prevalence, causes and potential outcomes of obesity. The biomedical model, with the addition of a biopsychosocial approach, forms the basis for the prevention and treatment of obesity within current guidelines and recommendations. However, research, including the findings from this case study expand the biomedical model and biopsychosocial approach to overweight and obesity by offering an understanding beyond the obese body, to the person, and in this study, the boy.

Three distinct themes emerged within Chapter 4: Marginalization was experienced by these overweight adolescent boys, similar to that reported within the literature; Avoidance was an expression of the distress of marginalization experienced by overweight adolescent boys; and Overweight adolescents were in need of a safe, non-judgemental community where they could participate in a variety of activities with peers.

The purpose of Chapter 4 is to explore the theory of Idiom of Distress and its relation to overweight and obese adolescent boys. The distress of social marginalization that overweight and obese adolescent boys experience within their lives prompts their expression of avoidance as a self-protected coping strategy. Understanding their lives can

potentially expand current intervention approaches to assist both the obese body, and the boy.

Significance of the Study

Privileging the voices of this group and understanding the interactions within their lifescapes will provide new and important insight into the lives of overweight and obese adolescent males. Overweight and obese adolescent boys not only have the health concerns associated with their body weight, but experience social marginalization. Engaging this group of boys is challenging, as their day to day lives are characterized by avoidance, and thus isolation. While health professionals and researchers use science to further understanding of the biological implications of obesity, a broad community approach, including schools and school personnel, health professionals, and families could work together to address social marginalization and the avoidance behaviours exhibited by these boys. The findings of this study are therefore relevant to professionals, policy developers and service providers working with overweight and obese adolescent boys.

Chapter 2

Recruitment Strategies for Non-Clinical Qualitative Research Involving Overweight Adolescent Boys

Introduction

Adolescent boys face particular health risks and have specific health, social, and developmental needs (World Health Organization, 2000a). Health promotion, prevention, and healthy social development are important for their overall health and well-being (World Health Organization, 2000a). Listening to the voices of boys is recommended to explore and better understand their worlds (World Health Organization, 2000b) in order to ensure relevant and appropriate health and social interventions.

The prevalence of overweight and obesity continues to be a major concern within North America, especially among vulnerable populations such as children and adolescents (Belanger-Ducharme & Tremblay, 2005; Ogden, Carroll, Curtin, Lamb, & Flegal, 2006). Overweight and obese adolescent boys have further been identified as a high risk group warranting early and vigorous intervention (Berg, Simonsson, & Ringqvist, 2005), as well as prevention and educative strategies to address their current and future health issues (Steen, Wadden, Foster, & Andersen, 1996).

Researchers are using qualitative inquiry to understand barriers to weight loss (Murtagh, Dixey, & Rudolf, 2006), healthy lifestyle (Amiri, Ghofranipour, Ahmadi, Hosseinpanah, Montazeri, et al. 2010), obesity prevention (Power, Bindler, Goetz, & Daratha, 2010) and healthy body weight (Thomas & Irwin, 2009) through the perspectives of overweight and obese adolescents. Qualitative research is informing programmatic approaches which address obesity, and are relevant for health practitioners (Thomas & Irwin, 2009), schools (Power, Bindler, Goetz, & Daratha, 2010) and offering

insight into the individual needs of overweight children regarding behavioural change (Murtagh, Dixey, & Rudolf, 2006). Qualitative research is further challenging current views such as the common perception that being overweight or obese is necessarily related to body dissatisfaction (Wills, Backett-Milburn, Gregory, & Lawton, 2006).

Through Their Voices: Experiences of Overweight and Obese Adolescent Boys was an exploratory qualitative study privileging the day-to-day experiences of non-clinical overweight and obese adolescent boys to gain insight into their overall quality of life. Despite a well developed recruitment strategy arising from the guidance of an Advisory Committee (clinical, non-clinical and research experts), as well as drawing on existing recruitment literature concerning vulnerable populations, overweight adolescents, and non-clinical settings (UyBico, Pavel, & Gross, 2007; Thomas & Irwin, 2009; McCormick, Crawford, Anderson, Gittelsohn, Kingsley, & Upson, 1999) recruitment efforts failed to accrue the proposed participant sample over a ten-month period. In this article, the challenges involved in recruiting vulnerable populations, and more specifically overweight and obese adolescent boys within the community for non-intervention qualitative research are discussed.

Review of Literature

Non-clinical researchers often encounter difficulty recruiting and retaining participants from vulnerable populations such as adolescents (Flaskerud, & Winslow, 1998; Moore & Miller, 1999). Despite such difficulties, there is a paucity of literature in which suggested practices for recruiting vulnerable populations are addressed. A systematic review of the literature in this regard identified that researchers have used social marketing, referrals from community and colleagues, as well as health system

recruitment to access vulnerable populations (UyBico, Pavel, & Gross, 2007). Flaskerd and Winslow (1998) supported the use of peer leaders (those who are accepted by the target group) and collaboration with community programs as a means to recruit participants for community-based research with vulnerable populations. Reliance on these leaders can assist researchers to understand specific dynamics such as gender, age and local community dynamics (McCormick, Crawford, Anderson, Gittelsohn, Kingsley, & Upson, 1999).

Reported in the literature are recruitment challenges and issues related to adolescents in the following areas: pregnant adolescents into research studies (Kaiser & Hays, 2006); alcohol, tobacco and substance prevention programs (Zand, Thomson, Dugan, Braun, Holterman-Hommes, & Hunter, 2004); adolescent recruitment in school-based research (Harrington, Binkley, Reynolds, Duvall, Copeland, Franklin, et al. 1997); and adolescents into qualitative tobacco research (McCormick, Crawford, Anderson, Gittelsohn, Kingsley, & Upson, 1999). Specifically, recruiting adolescents into qualitative research necessitates direct and personal communication with key community professionals such as community program leaders, school health professionals, physical education teachers and religious youth ministers (McCormick, Crawford, Anderson, Gittelsohn, Kingsley, & Upson, 1999).

Strategies which have been used to recruit non-clinical overweight and obese adolescents (boys and girls) for qualitative research included the use of flyers and posters in community locations (physician offices, malls, grocery stores); the use of local media outlets (Thomas & Irwin, 2009); as well as through schools by both receiving formal school board authority to recruit (Wills, Backett-Milburn, Gregory, & Lawton, 2006) and

as well, informally approaching schools and school personnel for identifying participants (Amiri, Ghofranipour, Ahmadi, Hosseinpanah, Montazeri, et al. 2010; Power, Bindler, Goetz, & Daratha, 2010). However, studies were not found that addressed recruitment specific to overweight or obese adolescent boys within the community context, and in relation to qualitative research.

The reporting of recruitment issues and challenges can assist researchers to prevent inappropriate or misguided recruitment strategies and possibly unrealistic sample size expectations (Harrington, Binkley, Reynolds, Duvall, Copeland, Franklin, 1997). Continued communication among researchers and practitioners regarding recruitment can also lead to enhanced participation of vulnerable populations within research (Sutton, Erlen, Glad, & Siminoff, (2003). Therefore, the purpose of this article is to provide evidence-based insight into the challenges of recruiting non-clinical overweight/obese adolescent boys into non-intervention qualitative research. Highlighted are the uniqueness of recruiting participants from the community (i.e. non-clinical population), the sensitivity associated with obesity, as well as the qualitative design which involved person-centred interviewing and non-anonymous adolescent boys in a focus group setting.

Methods

Study Setting

The study was conducted in a western Canadian city of 60,426 residents, where 10-19 year old boys make up 6% of the population (City of Medicine Hat, 2008). According to Shields (2005), of Canadian youth aged 12-17, 32% were overweight or obese. These demographics provided guidance for the proposed study.

Sample Size

Given the city demographics, obtaining the proposed sample size (n=20) was not expected to be difficult. In the end, the final sample size fell well short of this goal, i.e., n=3. The sampling criteria were four-fold: boys; aged 13 to 16 years; self-identified or assessed by parents or professionals as overweight or obese; and not involved in an obesity treatment program. The inclusion age range represented the mid-range of chronological adolescence, and accommodated four age groups to increase the likelihood of obtaining the desired sample. Precedence has been established for this age range within this population by other researchers. (Berg, Simonsson, & Ringqvist, 2005; Steen, Wadden, Foster, & Andersen, 1996; Thomas & Irwin, 2009).

Recruitment

Recruitment strategies, derived from the literature and offered by our Advisory Committee were categorized into four main areas: Social Marketing; Community Outreach; Referrals; and the Health Care System. Specific recruitment strategies for each of these categories are presented in Table 1.

Table 1. Examples of strategies and techniques used within this study to recruit overweight adolescent boys.

Social Marketing

- Newspaper advertisements and articles in the local newspaper
- Television interviews on two local stations describing the project and requesting volunteers
- E-mail correspondence through local Volunteer Centre, requesting volunteers for project
- Newsletter to Teachers within the area

Community Outreach

- Mail out of poster to all local faith organizations
- Face to face meetings with youth workers, school counsellors, and leaders at key youth organizations
- E-mail correspondence with a variety of community leaders and youth-based organizations
- Posters at a variety of locations (grocery store, youth centre, YMCA, high schools, health department)

Referrals

- Word of mouth through increased awareness of research project within community through colleagues and friends who work with youth
- Requests from participants and parents to refer volunteers for the research project

Health system

- Presentation to health professionals who are members of local Obesity Prevention Committee
- Face to face, mail out [hard copy] and e-mail correspondence with a variety of health professionals including: dieticians, public health nurses, and family physicians
- Letter to all physicians from local Chief Medical Officer describing research project and a call for participant referrals

Note: Examples are categorized based upon literature reviewing the recruitment of vulnerable populations [UyBico, Pavel, & Gross, 2007].

Ethics

The study received ethical approval through the University of Lethbridge Human Subject Research Committee.

Data Collection

Data were collected through the use of person-centered interviews (Hollan, 2005; Levy & Hollan, 1998). A focus group approach was initially envisioned but was abandoned. The adolescent boys refused to gather in a group for the purposes of research, i.e., to discuss their quality of life. The same phenomenon has been previously encountered with boys and their body image (Hargreaves and Tiggemann, 2006). However, simply "hanging out" as a small group (n=3) fostered trust and rapport between the researcher and participants while engaging in participant driven activities, i.e., non-research gatherings. The trust that was built during these activities was critical to the success of the person-centred interviews.

Results

Recruitment Strategies

Recruitment strategies (Table 1) were used to primarily seek the assistance of adults who potentially had relationships or connections with the adolescents boys. In addition the intent was to have the boys recommend other obese/overweight boys (snowball sampling). The former involved a trusted adult who could identify and discuss the possibility of research participation with the adolescents. Given the potential sensitivity of the research topic, each overweight/obese boy would need to have initial contact with an adult known to him. Despite ten months of recruitment efforts only five boys expressed interest in the study, all of whom were recruited by adults known to them.

Of this number, three signed an informed assent and presented parental consent forms. This small sample size was unexpected, as the recruitment strategies were supported by both the literature (although limited) and the Advisory Committee. It was anticipated that the boys would be drawn to this project as an opportunity to express themselves and their feelings (i.e. day to day struggles). Failure to secure the proposed sample was especially difficult to accept as the researcher was passionate about giving a voice to this group. Passion became persistence and led to asking participants and community professionals/leaders for advice and feedback concerning recruitment.

Recruitment Feedback

Table 2 comprises quotes from interviews about the recruitment of study participants from community members including three overweight adolescent boys and six adults (family physician, youth centre coordinator, YMCA youth program manager, a high school youth worker, a registered dietician, and a 20 year old overweight male who offered a retrospect perspective to overweight adolescence). The local professionals and participants were asked to provide feedback on the strategies initially employed which were unsuccessful, as well as for guidance and suggestions on next steps for recruitment, including recruitment poster design.

Table 2. Adolescent boys (AB) and professionals' (P) perspectives on the sensitivity of recruiting and involving overweight adolescent boys in qualitative research

Theme	Example quotes		
Establishing Trust and Connections as Part of the Recruitment Process	"Just because, I don't know you at all, none of my friends know you. No one knows you. You could be some friggen hobo for all I know. I'm not going to come meet you, if you're a stranger." (AB)	"Like on the poster and the ad, there isn't a picture of you, so I can't like, I can't look and see if this guy looks normal." (AB)	"Cause I wouldn't like know you and stuff like that and, see I am not open to people I don't know kinda thing. I have to get used to them." (AB)
Discomfort with Recruiting Overweight Adolescent Boys and Approaching their Parents	"the poster overall is great, but I would be really cautious in the way that I would approach someone with this poster. Because if they had never seen themselves or identified that as an issue and I'm putting that perspective on them, the way that they can react to that is like a whole can of worms.[P]	"I would find it difficult even approaching an overweight obese adolescent to say, "Could you be part of the research project. …" You need to be very careful how that's worded and how you would approach young people about that, because it's sensitive to begin with." [P]	"The first thing that comes to my mind, even when you ask me ah…to hand those things out [posters], how do I approach the parents? Cause I can't approach the kids. It's hard ah…it's…and again I don't know if it's my insecurity of approaching parents, because I'm not sure of how to approach it." [P]
Sensitivity of Weight among Boys	"Like I said, I wasn't really necessarily scary, I was ah…it's…I don't know, it's like anxious, worried with what are they going to say, what are they going to look like is a fact, like that's the thing." [AB]	"I don't know, maybe people would be kinda embarrassed I guess, I don't know. Like, I don't know, if people are walking around they're not going to tell your friends to stop and wait, so you can read this ad [poster] for a group for that!" [AB]	"Cause a lot of people are probably not open about it, kinda thing" [AB]

Analysis of the nine interviews revealed three emergent themes. (1) *Establishing Trust and Connections as Part of the Recruitment Process.* It is essential that researchers foster trust and connections with overweight adolescent boys prior to recruitment, either individually or with others in a group. Through discussions with the participants it was clear that the only way to broach research participation with overweight and obese adolescent boys was with an adult whom the participants trusted, such as a physician, school personnel, a local community leader or parent. (2) *Discomfort with Recruiting Overweight Adolescent Boys and Approaching their Parents.* Professionals working with this population were not comfortable approaching parents and/or overweight adolescent boys to discuss their weight with the intent of recruiting them into the study. During the recruitment process many individuals (professionals, colleagues, associates) mentioned that they knew of a boy(s) who would meet the research criteria, however, many did not know how to approach the parents and/or the boys given the sensitivity of the topic. (3) *Sensitivity of Weight among Boys.* The boys were highly sensitive with the topic of overweight and obesity. It was difficult for them even to say the words "overweight" or "obesity", as the participants would often refer to their weight as 'that' or 'the thing' (see Table 2). This sensitivity was the main obstacle to implementing snowball sampling amongst the recruited participants and thus snowball sampling proved ineffective. Although the number of interviews was limited (n=9) these three themes were densely populated throughout the interview data. Thus, it is not unreasonable to suggest that saturation of the data was reached.

Discussion

In light of the three themes, applying pre-existing and general recruitment strategies (UyBico, Pavel, & Gross, 2007) concerning vulnerable populations to overweight/obese adolescent boys was not adequate. Such strategies were not commensurate with the accrual of non-clinical overweight adolescent boys for participation in a qualitative study that focused on their life experiences. Similarly, recruitment strategies that were used with adolescents (McCormick, Crawford, Anderson, Gittelsohn, Kingsley, & Upson, 1999) and overweight teens (Thomas & Irwin, 2009) were not effective in meeting sample size expectations. Professionals, parents and boys themselves found the subject of overweight/obesity uncomfortable; they were highly sensitive about this topic and they were hesitant broaching the topic with other overweight boys. In addition, the influences surrounding developing masculinities during adolescence may have constrained the adolescent boys from talking about their bodies with other boys, as well as thoughts and feelings toward their personal health (Connell, 2005). Hargreaves and Tiggemann (2006) also acknowledge that adolescent boys may be unwilling to share their thoughts and concerns on sensitive topics such as body image within a boys' group. Similar to the findings regarding the difficulty of saying words such as overweight, a qualitative study by Wills et. al. (2006) found adolescent teens who were overweight or obese did not refer to themselves with those particular words. This resistance to "body talk", i.e., sharing personal and/or intimate body knowledge and experiences with other boys, was manifested in our attempt at snowball sampling which proved to be an ineffective strategy given the sensitivity associated with the topic of obesity.

Based on the recruitment failure and the lessons learned therein, the following insights are offered regarding the recruitment of non-clinical overweight or obese adolescent boys into qualitative research studies. In particular, these insights are particularly relevant to those studies in which overweight/obese boys' "lived experiences" are of interest to researchers. There are two main considerations when involving community-based overweight boys in qualitative research: Recruitment strategies and processes; and the establishment of a safe environment and relationship once parental consent has been obtained and participant assent is sought.

Recruitment Strategies and Processes

Central to recruitment failure was not recognizing the heightened sensitivity of overweight/obesity among professionals, parents, and adolescents, especially when discussed in a non-clinical research study. This sensitivity directly impacted the reliance on professionals, parents and boys to recruit participants, as all who were contacted and asked to recruit were uncomfortable approaching boys to participate. The strategies listed in Table 1 were effective in reaching the community (i.e. local professionals), however, the community members reached were uncomfortable taking the information to the boys. They recognized the importance of researching this population, but were unable to follow through.

Recommendations based upon the findings suggest gaining entrée to the lives of overweight/obese adolescent boys necessarily involves spending time with professionals who come in regular contact with overweight and obese adolescent boys (e.g. dieticians, family physicians, and school personnel). Engaging professionals provides researchers with the opportunity to build trust, address their discomfort, and to foster full

understanding of the implications and demands of the study vis-à-vis prospective participants. One qualitative researcher established a formal research relationship with a variety of school divisions (Wills, Backett-Milburn, Gregory, & Lawton, 2006). This may be a method worth attempting, as the possibility would present itself to develop a close relationship with teachers and counsellors and thus identify and build a communication path for participation. However, considerable time for establishing relationships with school personnel and the uncertainty of School Board/Administrative approval must be considered given specific research timelines, logistics and funding timelines.

Establishment of a Safe Environment and Relationship

Of the three participants who were recruited, it was a matter of trust assuring both the parents and boys that their participation in the research project was going to be safe, i.e. emotional and/or psychological. Trust was built and established through multiple meetings and telephone conversations by the researcher with both the parents and the boys. In fact, although all participants initially signed assent forms, their commitment to participate over the long term was not offered until the first few meetings were held and they had decided this research was going to be comfortable for them personally. Thus, the establishment of rapport and trust were related to the researcher's ability to develop a "safe" relationship with adolescent boys over time. A safe relationship was continually at the forefront of the research and throughout the study. Elements employed to promote a safe environment and relationship included: paying constant attention to the uniqueness of each participant as well as common interests between the interviewer and participant to form a bond (music, guitar, tennis, cars); ensuring the time necessary to allow participants to reach their own comfort level before discussing sensitive topics; providing

participants with the opportunity to discuss their topics of interest (i.e. they set direction for individual interviews); identifying natural openings to broach sensitive topics; conducting interviews when it was convenient for the participants' schedule; and holding interviews at locations chosen by the participants. This safe relationship, within the context of a safe environment, was fundamental to not only the adolescent's comfort in sharing his lived experience, but in offering his assent to participate in the study.

Conclusions

Further research among this population is necessary in light of limited qualitative research; however, recognizing the challenges of engaging this group is important. The recommendations for recruiting this population into qualitative research studies include: Taking time to build working relationships with local professionals, and ensuring they are vitally informed about the potential benefits and importance of such research; establishing communication strategies with professionals for approaching potential adolescent participants on sensitive research topics; and engaging formal relationships with School Divisions (Wills, Backett-Milburn, Gregory, & Lawton, 2006). Snowball sampling by participants who had been accrued into the study was unsuccessful. It is likely that adolescent boys exercise a very narrow performance of masculinity, i.e., that "body talk" with other boys is not permitted, and furthermore that reaching out to other overweight boys is prohibited. Thus, snowball sampling is not recommended as an initial and primary recruitment technique. Once potential participants are identified the following are critical for their commitment to participate: Establishing trust and rapport with parents and boys through multiple meetings; creating a safe environment and relationship; making connections with the participants by recognizing their individual

differences, including their strengths; and, continually revisiting their assent status throughout the project.

This account of recruitment failures and challenges should be of great value to other qualitative researchers with an interest in overweight adolescent boys.

Chapter 3.

"Thanks for using me".
Exit Strategy as Harming Overweight Adolescent Boys in a Qualitative Study.

Introduction

A qualitative research study was conducted with community-based overweight adolescent boys to privilege the voices of this group and their day-to-day experiences and lives. Such understanding is missing from the literature. It is important to note that this study was community-based. That is, the participants were not attending a clinic or undergoing an intervention, nor were they sought to engage in an obesity related treatment program. This is an important distinction as with rare exception research about overweight adolescents is focused on their weight, as opposed to the personhood of adolescent males. The focus of this study was on adolescent males who were overweight and lived within the community.

The purpose of this article is to examine the concept of exit strategy, its relation to vulnerable populations (i.e. overweight adolescent boys), and the researcher-participant relationship. Exit strategy entails a process for ending the research study; a consideration often neglected, under reported or given less consideration in the literature (Delamont, 2004; Iversen, 2010; Labaree, 2002; Snow, 1980). This is an expository and reflective article about exit strategy and the limitations associated with this concept, especially as it is applied to the researcher-participant relationship with vulnerable populations. Further, a case study is presented to illustrate the complexity of 'ending' associated with qualitative research and vulnerable populations.

"Thanks for using me asshole," were the words one of the participants voiced when asked, "How would you feel if the researcher was gone today"? Their strong words, associated feelings, and resultant emotional harm were the catalyst for this article.

Background

Lee and Renzetti (1990) observe that sensitivity arises from qualitative research that intrudes into people's private lives and experiences, as well explores things held sacred by them. Overweight adolescent boys are subject to being teased, picked last in sport activities, and excluded from peer groups (Buckmaster & Brownell, 1988). These boys may demonstrate signs of depression, have fewer friends, and experience less enjoyment of school when compared to overweight and normal weight 15 year old boys (Berg, Simonsson, & Ringqvist, 2005). Based upon the reported feelings and experiences of overweight boys, we suggest that overweight adolescence is clearly a sensitive topic.

Lincoln and Guba (1985) identify that within naturalistic inquiry, the knower and the known are interactive, and inseparable. Qualitative research therefore supports the importance of establishing a relationship with participants through building comfort, trust and ultimately rapport between the participant and the researcher (Berk and Adams, 2001; Cutcliffe and Goward, 2000; Dickson-Swift, James, Kippen, & Liamputtong, 2006; Fontana and Fey, 1994; Irwin and Johnson, 2005). Trust and rapport are especially germane when studying sensitive topics (Corbin and Morse, 2003; Renzetti and Lee, 1993) among vulnerable populations (Moore and Miller, 1999) in order to strengthen the trustworthiness of the data.

Ethical issues (Robertson, 2000) and consequences (Lee and Renzetti, 1993) are associated with conducting qualitative research with vulnerable participants (Copp, 1986). Researchers are obligated to enact ethical approaches to ensure participant safety (Cutcliffe and Ramcharan, 2002; Frank, 2004); establish researcher-participant boundaries including the distinction between professional and researcher roles; understand the implications associated with the potential formation of friendships (Dickson-Swift, James, Kippen, & Liamputtong, 2006); and ensure the personal safety of the researcher (Kenyon and Hawker, 1999; Paterson, Gregory, & Thorne, 1999).

In light of the importance placed on establishing a relationship (i.e. trust and rapport) with participants and the associated ethical considerations, there should also be equal emphasis regarding the closure of the researcher-participant relationship, as well as the ethical considerations therein. Such consideration is lacking in the research literature. Importantly, when does the relationship end and how should it be ended? Should the relationship between the researcher and participant conclude once data collection is complete? Who is responsible for determining the need for further involvement with the participant once data collection is complete? What role should the participant have in determining when the relationship is over?

These questions are influenced by multiple stakeholders, such as institutions and conditions around ethics and access; funding organizations, and time-limited grant monies; and/or goals within the research team. However, regardless of influence to end a research study, the relationship established between the researcher and the participant must be given consideration as the research study comes to an end. Thus, in this article, the literature is reviewed to consider the answers to these questions, and present a case

study to illustrate that although multiple forces contribute to the ending of a study, a primary ethical consideration should include bringing closure to the researcher-participant relationship.

What is 'Ending the Research'?

Several terms have been used within the literature to describe concluding a research study. These terms include: getting out (Iversen, 2009); leaving the field (Boynton, 2002; Cannon, 1992; Dickson-Swift, James, Kippen, & Liamputtong, 2006; Iversen, 2009; Labaree, 2002; Stebbins, 1991); disengagement (Briggs, Askham, Norman, & Redfern, 2003; Iversen, 2009; Labaree, 2002 ; Snow, 1980) ; closure (Campesino, 2007, Snow, 1980); ending (Cutcliffe and Ramcharan, 2002; Read and Papakosta-Harvey, 2004); good-bye (Dickson-Swift, James, Kippen, & Liamputtong, 2006; Robertson, 2000; Watson, Irwin, & Michalske, 1991); and exit (Booth, 1998; Cooper, Brandon, & Lingberg, 1998; McLaughlin, 2005; Reeves, 2010).

A number of factors can end a study. For example, completion of the research agenda; theoretical or data saturation; taken for grantedness (the world being investigated is no longer seen as problematic or interesting); heightened confidence by the researcher that she/he knows the world being studied; institutional constraints; resource exhaustion (Snow, 1980); pressure of funding timelines (Russell, 2005); intra/interpersonal factors such as conflict within a research team, researcher exhaustion (Snow, 1980) or time constraints of a graduate student.

Difficult for researchers is the array of terms identified within the literature that describe ending a research study. No one term or phrase within the literature fully describes the practices and processes to end a study. The terms are used interchangeably

to describe ending research with multiple stakeholders (e.g. institutions, lead researchers, participants, and community). Lastly, ending the researcher-participant relationship is not identified by one term or phrase. This is a concern given the central role of participants within the enterprise of qualitative research, and the need for appropriate strategies to close or sustain this relationship.

Ending Research - Researcher Perspective

How does a researcher know when to leave the field? Simply stated by Snow (1980), "*the researcher leaves the field when enough data have been collected to sufficiently answer pre-existing or emergent propositions, or to render an accurate description of the world under study*" (p.102). However, premature closure may result if researchers are pressured by funders, institutions or others resulting in false discovery or observation without allowing due course of the research study (Lincoln and Guba, 1985). This perspective does not address the participant-researcher relationship and focuses on data saturation.

Considerations for ending the research by the researcher can also include: rituals determined by the researcher to symbolize the end of the research for the participant; emotions experienced by the researcher; and newly defined relationship with participants. Ending practices and/or rituals, which are definitive, are identified within the literature as cues and boundaries inherent in the process of ending the relationship with participants (Iversen, 2009). These have included: Plaques, books, and gift cards given at the end of research study (Iversen, 2009); a social farewell thank you and gathering (Russell, 2005); letters of thanks (Cannon, 1992); extending an open invitation to participants for further dialogue if desired (Booth, 1998; Cutcliffe and Ramacharan, 2002); and possibly a

certificate of attendance and celebratory lunch (Read and Papakosta-Harvey, 2004). Regardless of tangible cues, the intent is to signal the end of the research study. Participants are thusly recognized by researchers for their contributions (i.e. their words in the form of data) to the study. This is indeed the case with most qualitative research.

In contrast, when working for extended periods of time in research settings, and establishing deeper relationships with vulnerable populations, researchers can feel both relieved to end the relationship, or concerned and distressed by ending such relationships (Iversen, 2009). Researchers, when leaving the field, can experience: a sense of unfinished business, anxiety, pressure from participants (Snow, 1980); relief and happiness (Stebbins, 1991); guilt (Russell, 2005; Snow, 1980); emotionally drained (Dickson-Swift, James, Kippen, & Liamputtong, 2006); depressed, deflated, lethargic (Boynton, 2002); saddened (Watson, Irwin, & Michalske, 1991); shock, anger, emotional pain, and feelings of loss (Cannon, 1992). A researcher who does not experience strong emotions nearing the end of an in-depth and emotionally charged study may not have fully immersed him/herself within the research (Snow, 1980). Of course, the nature and topic of the research, its duration (time-limited or longitudinal), and the degree of established rapport can impact the researcher's emotional response to ending the researcher-participant relationship.

The characteristics of a researcher, the connection formed with the participant during research, and the sensitivity of the research being conducted can influence the researcher's desire to maintain relationships with participants post-research (Boynton, 2002; Cannon, 1992; Dickson-Swift, James, Kippen, & Liamputtong, 2006; Iversen, 2009; Stebbins, 1991; Watson, Irwin, & Michalske, 1991). Researchers may frame the

continuing relationship in a professional capacity i.e. researcher, counsellor or otherwise (Booth; 1998; Cutcliffe and Ramcharan, 2002; Iversen, 2009). They may honour a personal commitment (Boynton, 2002) or express interest in maintaining a friendship (Cannon, 1992; Dickson-Swift, James, Kippen, & Liamputtong, 2006; Stebbins, 1991). Some researchers maintain minimal, but regular, contact such as sending holiday cards (Dickson-Swift, James, Kippen, & Liamputtong, 2006). Researchers may also stay connected to the field of study (post-research) because of personal connection, social involvement, future research opportunities, or ethical obligations (Stebbins, 1991).

The literature reflects strategies determined by researchers to communicate to participants that the research is ending. However, given the strong connection established between the researcher and the participant, researchers may feel a sense of personal, moral or ethical responsibility to continue relationships with participants in a newly defined role. Establishing and forming a relationship minimally involves the participation of two individuals (i.e. researcher and participant), therefore, safe closure of a relationship should also involve these parties.

Ending Research – Participant Perspective

The study duration coupled with intimate conversations between the researcher and the participant can foster emotional dependence for the participants (Cutcliffe and Ramcharan, 2002; Renold, Holland, Ross, & Hillman, 2008). Disengagement therefore requires careful consideration (Booth, 1998) and will likely vary depending upon the community, culture, and researcher (Labaree, 2002; Reeves, 2010). For instance, among a highly sensitive and a vulnerable population, such as women living with or dying from breast cancer, ending the researcher-participant relationship was strongly related to the

fear of abandonment among participants (Cannon, 1992). Ensuring participants are aware of the ending strategy when involved in a structured program can be helpful to participants (Booth, 1998; Read and Papakosta-Harvey, 2004), and therefore it is important to discuss closure so that participants can prepare for the transition (Campesino, 2007). An undefined ending can also leave participants surprised (Iversen, 2009; Russell, 2005). Despite conveying the ending strategy on a regular basis, participants can also resist this notion and desire ongoing communication and contact with the researcher post-research (Gregory, 1994).

Given the efforts by the researcher to establish rapport and trust (i.e. an outcome of the researcher-participant relationship), it is inappropriate for the researcher to declare a unilateral approach for ending the research. Thus, rather than simply generating awareness about the exit strategies/rituals with participants, it is morally and ethically incumbent among researchers to negotiate and co-create with participants a meaningful closure (Letherby, 2003). This negotiation is morally and ethically implicated as the researcher honours the researcher-participant relationship that was formed through building trust and rapport at the onset and throughout the course of the study. Without such collaborative participation for ending the researcher-participant relationship, the researcher could expose participants to increased risk of psychological harm.

Why are Ending Strategies important?

Publishing the processes associated with ending the study or leaving the field is a deficit within the literature (Delamont, 2004; Iversen, 2009; Labaree, 2002; Snow, 1980), especially when initial ending strategies are altered throughout the course of a project (Iversen, 2009). This limitation is particularly evident when considering the sensitivity of

ending a research study with vulnerable groups (Iversen, 2009; Robertson, 2000). Researchers, research supervisors, and human subject ethics committees are urged to establish protocols to guide how the research relationship is ended (Dickson-Swift, James, Kippen, & Liamputtong, 2006), and to consider these protocols a priority (McLaughlin, 2005).

The literature reflects a researcher-centric focus when addressing the ending of a research study. To date, understanding has been on the emotional strain experienced by researchers, the role of stakeholders (i.e. institutions and funding organizations) in determining closure, and the obligation some researchers feel to define new relationships with participants. However, the powerful words voiced by the adolescent participants in the following case study reveal the emotional investment participants make regarding their research involvement. Hence, meaningful dialogue with participants, rather than a directive from researchers should be employed to identify the ending of the *participant-researcher* relationship, not the *researcher-participant* relationship. The well-being, protection and safety of participants are not simply subject to access and data collection, but necessarily include negotiated safe closure.

Case Study: Overweight Adolescent Boys

Overweight and obese adolescent boys were invited to participate in a study entitled the *Through Their Voices: Experiences of Overweight and Obese Adolescent Boys*. By joining the study, the boys met bi-weekly for a variety of group activities (group activities were called TEAM activities), and interview sessions within the community setting. In addition, each member met individually and regularly with the researcher. The intent of the TEAM activities was to develop trust and rapport among the

participants and with the lead researcher. The one-on-one interviews were focused on exploring the daily lives of the participants. The focus was on the boys (n=4), not their weight. The TEAM activities and interviews were held over a 5 month period.

The research study received ethical approval from the University of Lethbridge Human Subjects Research Committee. All participants signed assent forms, and their parents signed consent forms.

Participants are identified within the data through acronyms, which are based on each participant's interests, i.e. EO (Edmonton Oilers), NY (New York), MB(Motor Bike), and GP (Guitar Player). This approach contributes to the anonymity of the participants, but as well, gave each participant an identity within the findings. Throughout the case study, the participants are referred to by their acronym.

Building Trust and Rapport

Given the sensitivity of overweight and obesity, including the potential vulnerability of the participants, the researcher worked diligently to ensure appropriate activities, a safe research environment, and that individual interests of the participants were met. This was achieved by intent listening, observing, and a sincere interest in each of the participants. The goal was to establish trust and rapport as per the qualitative literature. Constant attention was given to organizing activities that met everyone's schedule, choosing locations acceptable to all the participants, planning activities that everyone agreed to, and ensuring participants felt respected and had an equal opportunity within the group. Such efforts resulted in a participant-directed group, which empowered the participants, as well as created an opportunity for individualism as each boy influenced group decisions.

Fostering trust and rapport within the group was also achieved through context and decisive action. The researcher was male; a sense of a male mentorship and bonding occurred between the participants and the researcher. This bond created in the group sessions readily transferred to the one-on-one interviews. In establishing an environment characterized by sharing, the researcher shared personal stories as a means to show the participants that vulnerability was common to all members of the group. It was also important to dress casually, talk the boys' language, and be consistent with all group activities. *Halo Wars,* an Xbox video game, was the main stay for the development of trust and rapport among the boys.

During the one-on-one encounters, the researcher played video games with *Participant EO,* taught guitar to *Participant GP,* played tennis with *Participant MB* and went for coffee with *Participant NY*. This level of engagement was necessary to engender trust and build a rapport with the participants. The participants were simply not going to be open and talk about their daily lives with a stranger. When participants were asked if they would chat with someone they did not know, they said:

> Participant EO said, "*Cause I wouldn't like know you and stuff like that and, see I am not open to people I don't know kinda thing. I have to get used to them,"*
>
> Participant MB said, "*Just because, don't know you at all, none of my friends know you. No one knows you. You could be some friggen hobo for all I know. I'm not going to come meet you, if you're a stranger."*

As soon as the participants understood that the researcher was 'there' for them, they were much more willing to enter into a dialogue about their lives. Once trust was gained, the researcher did not have to ask questions; the participants would simply share

their thoughts, whether personal or not. Such intimacy within the interview process did not happen quickly, it required several months and many hours at both the group and one-on-one levels of engagement.

Ending – The Researcher

Given the frequency and nature of engagements with the participants, the researcher felt as if he was poised to 'let them down' once the study approached completion, as the research relationship closely resembled a mentorship bond. Knowing each of the boys personally made the notion of ending each relationship particularly difficult. The boys had their own daily life challenges, and the researcher felt that their bond (participant-researcher and TEAM group) benefited the boys, bringing fun, enjoyment and camaraderie to each participant. However, the research study was obligated to come to completion based upon pre-established research timelines. These timelines were influenced by funding, data collection/analysis, as well as time constraints of the researcher. Ending rituals (i.e. thank you cards, final group gathering, thank you phone call from University Team Supervisor to parents and participants, personal gifts to each participants with an inscribed 'thank you' from the lead researcher) were anticipated and planned, similar to those noted within the literature.

Ending – The Participants

At the "end" of the study, the researcher felt strongly that he had an obligation to continue the relationship with each of the participants. Through numerous passing conversations the participants and their parents felt that continuing the relationship was both a positive and needed outcome of the project. However, the emotional and energy strain experienced by the researcher was much too great to sustain. That the participants

wanted to maintain an on-going relationship with the researcher was not anticipated at the onset on the study. Therefore, the researcher did not anticipate needing extensive energy and time past the point of data collection. Clear understanding of the situation was only realized once participants were directly asked their opinion on ending the relationship during an interview.

Researcher: "How would you feel if we stopped hanging out as of today"?

Participant EO: *I'd be fucking pissed.*

Participant NY: *Thanks for using me asshole.*

Participant GP: *That would suck...huh. I enjoy hanging out with you guys.*

Participant MB: *Like have you discussed breaking up with anyone else yet?*
Researcher: *No.*
Participant MB: *I don't think you should do that.*
Researcher: *No?*
Participant MB: *I really don't think you should.*
Researcher: *Why?*
Participant MB: *Because it will be like a bomb shell being dropped on them.*
Researcher: *Really?*
Participant MB: *I fear it.*
Researcher: *Like what gives you that impression?*
Participant MB: *I don't know, it just does. I know 'participant GP' says this is fun, and 'participant EO' says, this is the most fun he's had forever.*

Following the interviews which captured the feelings of the boys with regards to ending the research, the researcher had informal conversations with each of the parents. The parents echoed the feelings of the boys, indicating that this experience was positive for their sons, and the parents felt the relationships (with the researcher and the group) should continue.

Ending – The Study Project

Although ending rituals were indeed considered, limited time was allotted to the process of closure or disengagement with the participants. Considerable attention was

directed to ethics (i.e. the Human Subjects Research Committee, noting that once data collection was complete, the study would end), funding timelines, data collection/data analysis, as well as bringing the study to a successful closure (meeting expectations of funding, and saturation of the data). By not considering the participant-researcher relationship, the boys (i.e. a vulnerable group, who had formed bonds with each other and the researcher) were suddenly alone, when these boys already felt alone. For example, Participant EO identified himself in high school as a "*loner"*. As a result of the quick exit, each boy lost a group where he felt safe, a group where he had fun and a place where he fit in. As Participant GP observed, *"I enjoy hanging out with you guys*". However, it was not just the group that the boys lost, it was the participant-researcher relationship. As Participant NY said, "*You're a buddy. You're a friend. You're somebody who we can trust, feel that we possibly go to. A mentor."* Participant GP commented*, "it's fun hanging out with you playing guitar and stuff".*

Participant MB expressed it best by asking, "*Have you discussed breaking up with anyone else?"* His words capture the potential impact of ending this relationship, i.e. breaking up. Although the strong participant-researcher bond is acknowledged, the psychological impact of ending this bond was eclipsed by the expectations and obligations of the research project. Reflecting back on the project timelines, it was inadequate to engage in recruitment for 10 months, and then engage in five months of intense trust and rapport building with the participants individually and as a group, only to conclude the research relationship with a few token ending rituals.

This lack of consideration towards the participant-researcher relationship was both disconcerting and embarrassing for the researcher, as the participants deserved not

only a voice regarding their day-to-day lives, but a voice to indicate how the participant-researcher relationship should end. Of course, the research had real ending considerations, such as the fatigue experienced by the researcher, funding deliverables, and the unexpected emotional needs of this group (overweight adolescent boys). However, by not engaging the participants in a meaningful dialogue about ending the study, they were ostensibly used as a means to an end. Ethically and morally the boys had the right to co-create a negotiated research ending that did not do harm to them.

Conclusion

A research study ends for a variety of reasons (Russell, 2005; Snow, 1980). The terms within the literature associated with ending research are vague and varied (Booth, 1998; Boynton, 2002; Briggs, Askham, Norman, & Redfern, 2003; Campesino, 2007; Cannon, 1992; Cooper, Brandon, & Lingberg, 1998; Cutcliffe and Ramcharan, 2002; Dickson-Swift, James, Kippen, & Liamputtong, 2006; Iversen, 2009; Labaree, 2002; McLaughlin, 2005; Read and Papakosta-Harvey, 2004; Reeves, 2010; Robertson, 2000; Stebbins, 1991; Snow, 1980; Watson, Irwin, & Michalske, 1991). This creates difficultly for a researchers searching for strategies about ending research; an important consideration, especially when regarding the participant-researcher relationship.

Currently the literature reflects ending practices and/or rituals, which are pre-determined by the researcher to symbolize the end of a participant's involvement in a research study (Booth, 1998; Cannon, 1992; Cutcliffe and Ramacharan, 2002; Iversen, 2009; Read and Papakosta-Harvey, 2004; Russell, 2005). Many newly defined relationships can continue between the participant and the researcher post-research (Boynton, 2002; Cannon, 1992; Dickson-Swift, James, Kippen, & Liamputtong, 2006;

Iversen, 2009; Stebbins, 1991; Watson, Irwin, & Michalske, 1991). Missing from the literature is a participant-centred perspective concerning the ending of a research study. The need to involve participants in the co-creation of an appropriate ending is a moral and ethical imperative.

The case study identified a vulnerable population within a qualitative research study. The participants formed a strong attachment with a researcher. When ending the research was broached with the participants, they were unanimous in expressing their hurt at not being included in this process. Their experiences should be a call to action for qualitative researchers working with vulnerable participants. Not recognizing closure as a negotiated reality within the context of trust and rapport building placed the participants at psychological harm, and Participant MB understood this as, "*breaking up*". 'Breaking up' suggests the end of an intimate relationship and all of the emotional and psychological hurts therein. Although the researcher experienced stress, respecting the participant-researcher relationship does not necessarily end once data are collected, but once everyone feels safe closure is established with participants.

To wit, researcher-declared exit strategies are morally unsound. Researchers engaging vulnerable participants in sustained contact are thusly obligated to initiate meaningful dialogue with participants around closure. Closure then must be practiced as a morally and ethically informed process, embedded in the participant-researcher relationship, and enacted throughout the duration of the study.

Chapter 4.

Avoidance as an Idiom of Distress among Overweight and Obese Adolescent Boys

Introduction

This case study and literature synthesis reveal the victimization, bullying, rejection and social isolation that overweight and obese adolescents face in their daily lives (Daniels, 2008; Pearce, Boergers, & Prinstein, 2002; Puhl and Latner, 2007). Obese boys in particular have reported being teased, punched, hit, and kicked by their peers (Buckmaster & Brownell, 1988; Pearce, Boergers, & Prinstein, 2002). As a result of this social marginalization (Strauss & Pollack, 2003), overweight adolescents adopt avoidance as a coping strategy to avoid contact with peers, and others (Amiri, Ghofranipour, Ahmadi, Hosseinpanah, Montazeri, et al. 2010; Power, Bindler, Goetz, & Daratha, 2010; Thomas & Irwin, 2009)

Don't judge a book by its cover right! Because when you start to flip through, I'm a pretty good book", were the words voiced by one of the participants who observed that even by walking in a room he felt judged by what others see, i.e., his corporal body.

The purpose of this article is to explore the theory of Idiom of Distress and its application to overweight and obese adolescent boys. Idioms of Distress are social and cultural means of experiencing and expressing distress (Nichter, 2010). The distress of social marginalization that overweight and obese adolescent boys experience within their lives prompts their avoidance behaviour as a self-protective coping strategy. Avoidance, framed as an Idiom of Distress, lends a new understanding regarding the lives of overweight and obese adolescent boys. Moreover, such understanding has implications regarding interventions for this vulnerable population.

Background

The Obese Body

The prevalence of overweight and obesity continues to be major health threat, especially among vulnerable populations such as children and adolescents (Belanger-Ducharme & Tremblay, 2005; Ogden, Carroll, Curtin, Lamb, & Flegal, 2006). Obesity is the result of an imbalance of energy intake and energy expenditure. A complex interaction of physiologic, metabolic, behaviour and social factors create this imbalance that results in an increase in energy intake and a decrease in energy expenditure (Anderson & Butcher, 2006; Calderon, Yucha, & Schaffer, 2005; Hill & Melanson, 1999; Janssen, Katzmarzyk, Boyce, King, & Pickett, 2004). The behaviours which have the potential to increase overweight and obesity in adolescents are strongly influenced by environments. These environments include home (Crossman, Sullivan, & Benin, 2006; Lindsay, Sussner, Kim, & Gortmaker, 2006; Strauss & Knight, 1999; Vaughn & Waldrop, 2007), a community's built environment (Roemmich, Epstein, Raja, & Yin, 2007; Sallis & Glanz, 2006) and school (Peterson & Fox, 2007; Simon, Wagner, Platat, Arveiler, Schweitzer, Schlienger, Triby, 2006; Story, Kaphingst, & French, 2006). Potential health risks and consequences of childhood and adolescent obesity include: hypertension, diabetes, asthma, skeletal abnormalities, sleep apnea, and adult morbidity and mortality as childhood obesity may persist into adulthood (Daniels, 2006; Maffeis & Tato, 2001; Must & Strauss, 1999; Serdula, Ivery, D., Coates, R. J., Freedman, D. S., Williamson, et. al. 1993; Reilly, Methven, McDowell, Hacking, Alexander et. al., 2003; Riley, 2005).

In response to the increasing prevalence and health threat of obesity, clinical guidelines and recommendations have been brought forth to assist health professionals in

the treatment of overweight and obesity (American Medical Association, 2007; Australian National Health and Medical Research Council, 2003; Lau, Douketis, Morrison, Hramiak, Sharma, & Ur, 2007; National Institute for Health and Clinical Excellence, 2006; Scottish Intercollegiate Guidelines Network, 2010). Clinical guidelines consistently recommend the management of co-morbid conditions, lifestyle interventions (such as: participation in a weight management program, consider patient's preference and social circumstance, level of risk and any comorbidities, document discussion, providing copy of agreed goals and actions, as well as provision of information and support for patients and carers); behavioral interventions (including: stimulus control, self monitoring, goal setting, cognitive restructuring, problem solving), increased physical activity/decreased sedentary activity, dietary modifications, and pharmacological interventions (National Institute for Health and Clinical Excellence, 2006). The guidelines further acknowledge the importance of both community and school policy, as well as changes within the home that support the recommended behavioural changes.

Havelka, Lucanin, and Lucanin (2009) state although a biomedical model has historical justification and proved effective in infectious disease control, this approach that currently dominates current medical practice has a narrow focus that addresses disease more than the patient. Brennan (1996) further describes a biomedical approach as, "*a modus operandi where health professionals offer advice, prescribe treatments and apply a range of skills to eradicate the aetiological agents of disease"* (p.1060). To address the narrow focus of the biomedical model, a biopsychosocial approach has gained support by adopting an interdisciplinary approach through the integration of

biological, psychological and social factors in the assessment, prevention and treatment of disease (Havelka, Lucanin, & Lucanin, 2009). As related to obesity, the guidelines and recommendations (American Medical Association, 2007; Australian National Health and Medical Research Council, 2003; Lau, Douketis, Morrison, Hramiak, Sharma, & Ur, 2007; National Institute for Health and Clinical Excellence, 2006; Scottish Intercollegiate Guidelines Network, 2010) outline a biopsychosocial approach that recognizes collaboration between professionals (such as: physicians, nurses, dietitians, psychologists, exercise physiologists, and others), address the lifestyle (within community, school and family), behaviours (emotions and motivation) and biological (organ, tissue and cellular) impacts that are all integrated within addressing the prevention and treatment of obesity.

Currently, evidenced-based research has provided understanding about the prevalence, causes and potential outcomes of obesity. The biomedical model with the addition of a biopsychosocial approach forms the basis for the prevention and treatment of obesity within current guidelines and recommendations(American Medical Association, 2007; Australian National Health and Medical Research Council, 2003; Lau, Douketis, Morrison, Hramiak, Sharma, & Ur, 2007; National Institute for Health and Clinical Excellence, 2006; Scottish Intercollegiate Guidelines Network, 2010). Teams of health professionals offer advice and prescribe treatment for those who are classified as overweight or obese often through measurement, such as Body Mass Index (BMI). Terms such as ‘prescribed physical activity’ are used within the guidelines to change the overweight and/or obese body. However, the findings from the following case study and related literature identify the importance of expanding biomedical model and

biopsychosocial approaches beyond the obese body to the person, and in this context, the obese boy.

The Obese Boy

Overall, adolescent boys face particular health risks and have specific health, social, and developmental needs (World Health Organization, 2000a). Health promotion, prevention, and healthy social development are important for their overall health and well-being (World Health Organization, 2000a). However, specifically, overweight and obese adolescent boys have been identified as a high risk group warranting early and vigorous intervention (Berg, Simonsson, & Ringqvist, 2005), as well as prevention and educative strategies to address their current and future health issues (Steen, Wadden, Foster, & Andersen, 1996).

The number one reason for peer rejection in America is being overweight (Jalonga, 1997). Even though adolescents strive to "fit in", any deviation in body size from the norm may result in bullying (Daniels, 2008), therefore to no surprise, researchers have indicated that many overweight adolescents are socially marginalized (Strauss & Pollack, 2003), victimized (Pearce, Boergers, & Prinstein, 2002), and report regular peer rejection and social isolation (Puhl and Latner, 2007). In fact, Puhl and Brownell (2001) state peer rejection in an educational setting may be the first challenge experienced by an overweight adolescent.

However, peer rejection may not be the only form of distress experienced within educational settings by overweight adolescents. Neumark-Sztainer, Story and Harris (1999) found an alarming number of school staff (teachers and school health care providers) who expressed negative attitudes towards obese persons, as one-fifth of their

respondents viewed obese persons as more emotional, less tidy, less likely to succeed at work, having more family problems, and different personalities then non-obese persons. Furthermore, one-quarter of the respondents agreed with the statement, "one of the worse things that could happen to a person would be for him/her to become obese". (p. 7) Puhl and Brownell (2001) also acknowledge that the frequency and severity of treatment (i.e. rejection, stigmatization and harassment) of those who are overweight and obese by both peers and teachers is disturbing.

Obese boys specifically report being more overtly victimized by their peers, i.e. teased, punched, hit, kicked (Buckmaster & Brownell, 1988; Pearce, Boergers, & Prinstein, 2002), less satisfied with their looks, and report having fewer friends (Berg, Simonsson, & Ringqvist, 2005). Furthermore, research indicates that overweight boys are less likely to be nominated as close friends by their peers (Puhl & Latner 2007), and tend to view their own weight as an impediment in social activities, which negatively influences their self-esteem (Thomas & Irwin, 2009). However, although obese boys are at the receiving end of a bully, they may bully peers themselves (Berg, Simonsson, & Ringqvist, 2005; Janssen, Craig, Boyce, & Pickett, 2004). Murtagh, Dixey, and Rudolf (2006) state, "most overweight adolescent boys who were interviewed described how bullying had led to retaliation and uncharacteristic behaviour at school, which led to punishment, further excluding them from school activities". (p.921). Whether bullying or being bullied, the daily experiences of overweight and obese adolescents males within the literature suggests a concerning level of distress within their daily lives caused by either the social marginalization by others or self-marginalization of themselves.

The degree of peer rejection, bullying, and isolation all indicate social marginalization of overweight adolescents boys. This is especially concerning as peer rejection and isolation could lead to devastating consequences for the social, emotional, and psychological health of obese teens, since adolescents rely on peers for their development and maintenance of self-image, self-acceptance, and sense of belonging (Pearce, Boergers, & Prinstein, 2002; Strauss & Pollack, 2003).

The experiences of overweight adolescents are important, as a child's self-worth is closely linked to issues regarding weight, shape and body image (Gibson, Byrne, Blair, Davis, & Jacoby, et al. 2008). Thomas and Irwin (2009) state that participants' experience with body image and self-esteem were closely related to their experiences with bullying, intimidation, and exclusion from peers, and if they are currently "uncomfortable" with their body weight, it may impede their ability to participate in physical activities and further diminish self-worth.

Although scientific inquiry has identified the cause, prevalence and behaviours which contribute to physiological aspects of obesity, there is acknowledged concern regarding the distress experienced by overweight adolescents when compared to their non-overweight peers (Mellin, Neumark-Sztainer, Story, Ireland, & Resnick, 2002), and that the results of the distress caused by social or self-marginalization could potentially lead to social avoidance of obese individuals (Meekums, 2005). "Few problems in childhood have as significant an impact on emotional development as being overweight." (Strauss & Pollack, 2003)(p.746). Addressing avoidance then requires an entire community to deal with the social marginalization of these boys and the avoidance tactics enacted by them (Thomas & Irwin 2009). Overweight adolescents state that their lack of

physical abilities, embarrassment, low self-esteem, fear of ridicule all contribute to their avoidance to make contact with peers, appear in a crowd or group sport participation (Amiri, Ghofranipour, Ahmadi, Hosseinpanah, Montazeri, et al. 2010; Power, Bindler, Goetz, & Daratha, 2010; Thomas & Irwin, 2009). Furthermore, it is the humiliation of social torment and exclusion that some overweight adolescents state as the main reasons for wanting to lose weight and change their behaviours (Murtagh, Dixey, & Rudolf , 2006). Avoidance is not simply related to the interaction with peers, but their own vulnerability relating to weight, and obesity's negative effects, both of which may result in unfortunate school outcomes such as decreased rates of attendance, poor academic performance, and school suspensions (Daniels, 2008). Geier et. al. (2007) also suggests that overweight children have greater risk for school absenteeism than their normal-weight peers.

Research has found that support, acceptance and thus friendship can decrease television viewing, increase levels of sports participation, and increase participation in school clubs among both overweight and normal-weight adolescents (Strauss & Pollack, 2003). Thus, a focus on the boy will potentially lead to indirect changes on the body. Growing literature and this case study bring forth the idea that although a focus on the 'body' is important to address current biomedical issues of obesity, we must not forget to consider the boy. Listening to the voices of boys is recommended to explore and better understand their worlds (World Health Organization, 2000b) in order to ensure relevant and appropriate health and social interventions. Researchers also agree that qualitative designs using semi-structured interviewing and focus groups are appropriate methods for

understanding the experiences of children and youth experiencing health issues (Currie, 2003; Herrman, 2006; Sartain, Clarke, & Heyman, 2000).

There is a sensitivity that must be considered when conducting qualitative research with a vulnerable population, i.e. overweight adolescent boys. Sensitivity arises from qualitative research that intrudes into people's private lives and experiences, as well explores things held sacred by them (Lee and Renzetti, 1990). Given the marginalization experienced by this group of boys, conducting research and asking questions of their personal lives warrants empathy, understanding, and patience.

Literature supports the importance of establishing a relationship with participants through building comfort, trust and ultimately rapport between the participant and the researcher (Berk and Adams, 2001; Cutcliffe and Goward, 2000; Dickson-Swift, James, Kippen, & Liamputtong, 2006; Fontana and Fey, 1994; Irwin and Johnson, 2005). Furthermore, trust and rapport are especially germane when studying sensitive topics (Corbin and Morse, 2003; Renzetti and Lee, 1993) among vulnerable populations (Moore and Miller, 1999) to strengthen the trustworthiness of the data. Therefore extensive measures were taken to establish rapport between the participants and the researcher.

Case Study

Overweight and obese adolescent boys were invited to participate in a study entitled the *Through Their Voices: Experiences of Overweight and Obese Adolescent Boys*. By joining the study, the boys met bi-weekly for a variety of group activities (group activities were called TEAM activities), and interview sessions within the community setting. In addition, each member met individually and regularly with the researcher. The intent of the TEAM activities was to develop trust and rapport among the

participants and with the researcher. The one-on-one interviews were focused on exploring the daily lives of the participants. The focus was on the boys (n=4), not their weight. The TEAM activities (observations) and person-centered interviews (N=16) were held over a 5 month period, and included 55 face-to-face contact hours between the researcher and the participants, and 25 non face-to-face contact hours (i.e. phone calls, e-mail, and texting).

The research study received ethical approval from the University of Lethbridge Human Subjects Research Committee. All participants signed assent forms, and their parents signed consent forms. The sampling criteria were four-fold: boys; aged 14 to 20 years; self-identified or assessed by parents or professionals as overweight or obese; and not involved in an obesity treatment program. Recruitment was held over a ten month period and included approximately 60 hours of fieldwork including, discussing recruitment strategies among stakeholders, implementing recruitment strategies (Table 1, page 20), and conducting initial meetings with potential participants. Three participants were between the ages of 14-15, and one was 20, who offered a retrospective perspective on his overweight adolescent experience.

Participants are identified within the data through acronyms, which are based on each participant's interests, i.e. EO (Edmonton Oilers), NY (New York), MB (Motor Bike), and GP (Guitar Player). This approach contributed to the anonymity of the participants, but also, gave each participant an identity within the findings. Throughout the case study, the participants are referred to by their acronyms.

Pre-interview Process and Approach

As identified within the literature, there is a sensitivity associated with overweight and obese adolescents given their experiences of marginalization. Therefore, the researcher worked diligently to ensure appropriate activities, a safe research environment, and that individual social interests of each participants were met. This was achieved by intent listening, observing, and a sincere interest in each of the participants. The goal was to establish trust and rapport as per existing qualitative literature. Constant attention was given to organizing activities that met everyone's schedule, choosing locations acceptable to all the participants, planning activities that everyone agreed to, and ensuring participants felt respected and had an equal opportunity within the group. Such efforts resulted in a participant-directed group, which empowered the participants, as well as created an opportunity for individualism as each boy influenced group decisions.

Fostering trust and rapport within the group was also achieved through context and decisive action. The researcher was male; a sense of a male mentorship and bonding occurred between the participants and the researcher. This bond created in the group sessions readily transferred to the one-on-one interviews. In establishing an environment characterized by sharing, the researcher shared personal stories as a means to show the participants that vulnerability was common to all members of the group. It was also important to dress casually, talk the boys' language, and be consistent with all group activities. *Halo Wars,* an Xbox video game, was the main stay for the development of trust and rapport among the boys.

During the one-on-one encounters, the researcher played video games with Participant EO, taught guitar to Participant GP, played tennis with Participant MB and

went for coffee with Participant NY. This level of engagement was necessary to engender trust and build a rapport with the participants. As soon as the participants understood that the researcher was 'there' for them, they were much more willing to enter into a dialogue about their lives. Once trust was gained, the researcher did not have to ask questions; the participants would simply share their thoughts, whether personal or not.

Intimacy within the interview process did not happen quickly, it required several months and many hours at both the group and one-on-one levels of engagement. The insights shared within the findings of this case study are the results of the hours of engagement with the boys which offer insight into the boys' lives.

Findings

The findings from the case study are gathered from both person-centered interviewing (Levy & Hollan, 1998) with adolescent boys, as well as observations from ten months of recruitment (Table 1, page 20) within the community, and five months of direct interaction with a group of overweight adolescent boys.

Three distinct themes emerged from this case study: Marginalization was experienced by these overweight adolescent boys, similar to that reported within the literature; Avoidance was an expression of the distress precipitated by the marginalization experienced by overweight adolescent boys; and Overweight adolescents were in need of a safe, non-judgemental community where they could participate in a variety of activities with peers.

Marginalization as Experienced by Overweight and Obese Boys

"Here's the thing, I walk into a room and …You already can tell that you've been judged. Like someone who's bipolar and who…they can hide that pretty well and still live a very normal life and people don't know.

…like don't judge a book by its cover right! Because when you start to flip through, I'm a pretty good book". Participant NY

As Daniels (2008) states, any deviation from the normal body weight can result in bullying, therefore, this observation by Participant NY captured a very important observation; an overweight adolescent is judged because of what others see, and furthermore Participant NY indicates that "weight as a illness or disease" cannot be hidden, making these boys vulnerable in potentially every social situation.

It was difficult for the boys to discuss their personal lives, and specifically events they experienced that may have been hurtful, embarrassing or uncomfortable; however they did open up on occasion. These discussions were few, but very special as they validated the trust shared with the researcher. During one interview the researcher asked Participant EO what constituted a good day at school, and in a very soft voice he replied, "*Not having anyone pick on me".* Puhl and Brownell (2001) identify the challenges (i.e. peer rejection) overweight adolescents experience in educational settings. For Participant EO, school was obviously a place where rejection was common. The researcher observed this distress in him.

Participant MB expressed his anger towards a health professional from whom he sought help for his dietary practices. During an interview, the researcher discussed recruitment strategies and the professionals who were contacted (i.e. physicians, nurses,

dietitians, schools, school counsellors). As soon as Participant MB heard "dietitians", he responded in a powerful way:

"The dietitians issues are done.

If I have one fuckin french fry a year, I'm fuckin bad. I went out once in that whole…I don't know it seemed like four months I think. I went out once and I got my ass kicked by her. But yeah, she can sit there and eat a whole bowl of popcorn in front of me.

That would…that was the thing that pissed me off, you know some dietitian, they'd always say, oh you're eating something wrong……..I went there, I hate them…oh you should be eating vegetables, I get more…I get over four cups of vegetables a day. Like I eat what you're supposed to eat, you're supposed to get, like you're supposed to get like eight cups of vegetables a day, and I eat…apparently you're supposed to eat about 16 oz. of meat a day. Do you know how much is 16 oz. of meat a day?"

The strong reaction expressed by Participant MB was surprising; however, other qualitative researchers have published similar results with overweight adolescents who observed, *"Dietitians never listen"; "They just tell you what to eat, what to do"* (Murtagh, Dixey & Rudolf, 2006).

The findings begin to suggest that the marginalization experienced by overweight adolescents may not be the sole outcome of peers but by persons of authority in the adolescents' lives. Teachers and school health care providers have also been found to express negative attitudes towards obese persons (Neumark-Sztainer, Story & Haris, 1999).

Although all of the participants expressed difficulties at school, and with their teachers, two excerpts from the interviews particularly stood out.

1. Participant MB was called into the principal's office for what the participant described as only standing up for his friend. While the participant, principal, and teacher were talking about the events, participant MB shared this thought during the interview, *"I'm like what did I do. She's (teacher) like you laughed at me. Like at you really, like I didn't do anything wrong except stick up for him. Then she* [teacher] *says, You're lazy and stupid to me."*
2. Participant NY shared this experience, "*I had never been sent to the office in my entire life, up until grade nine, like never been, and I don't know what it was but there was one teacher that I had, I walked into class and on the second day and he said, "Get out". I was like, okay…you know, and so I was like why, and he's like, I just don't want you here, you're a menace in my class, get out. And I was like, okay I haven't said anything, but okay.*"

Overweight and obese adolescent boys are judged by potentially everyone as soon as they walk into a room. The marginalization they experience is reflected in the literature and supported by the participant interviews within this case study. The distress experienced can make it difficult for the boys to discuss their experiences even with someone with whom they have established a strong rapport.

Avoidance: An Expression of Distress

"I just quit" was a quote from Participant NY, who quit physical education class because he was being mocked in the locker room. The distress obese individuals experience from social marginalization can lead to avoidance behaviour (Meekums,

2005). Such avoidance behaviour was played out during the course of this case study including self-recruitment and the recruitment of others for this qualitative research study; discussing their weight; and being weighed.

Despite a well developed recruitment strategy arising from the guidance of an Advisory Committee (clinical, non-clinical and research experts), as well as drawing on existing recruitment literature concerning vulnerable populations, overweight adolescents, and non-clinical settings (UyBico, Pavel, & Gross, 2007; Thomas & Irwin, 2009; McCormick, Crawford, Anderson, Gittelsohn, Kingsley, & Upson, 1999) recruitment of the proposed sample (N=20) over a period of some 10-months was not successful. Limited recruitment success was the first indication of avoidance that overweight and obese adolescent males expressed given that the environment was unknown to them, and thus potentially unsafe (i.e. judgemental).

Participants were asked why the efforts of the researcher from this study produced such limited interest from obese and/or overweight boys within the community. The participants shared good insight by expressing both the sensitivity of being overweight, as well as the unfamiliarity with the researchers:

> Participant GP said*, "I don't know, maybe people would be kinda of embarrassed I guess, I don't know. Like, I don't know, if people are walking around they're not going to tell your friends to stop and wait, so you can read this ad for a group for that!"*
>
> Participant EO shared, *"Cause a lot of people are probably not open about it, kinda thing."*

A few interesting insights can be gained from their words. It was not just their perception of how they saw themselves, but how their friends viewed them, and that they chose to refer to their overweight stature as 'that' or 'it'. The willingness of adolescent boys to share their feelings can be difficult, as noted in the findings of Hargreaves and Tiggemann (2006) who acknowledged that adolescent boys may be unwilling to share their thoughts and concerns on sensitive topics such as body image within a boys' group. Importantly, and similar to our overweight adolescents, others have found overweight adolescents have difficulty even saying words such as "overweight" or "obese" (Wills, Backett-Milburn, Gregory, & Lawton, 2006).

The sensitivity of being overweight or obese was further impacted by the unknown. The participants felt quite strongly that they would not participate if they felt unsafe, and thus a likely factor in the low recruitment outcome. When the researcher asked the participants if they would be interviewed by someone they did not know, two of the participants shared these thoughts:

> Participant EO said, "*Cause I wouldn't like know you and stuff like that and, see I am not open to people I don't know kinda thing. I have to get used to them,"*
>
> Participant MB said, "*Just because, don't know you at all, none of my friends know you. No one knows you. You could be some friggen hobo for all I know. I'm not going to come meet you, if you're a stranger."*

The marginalization they experienced and encountered daily may have led the boys to avoid participating in groups unknown to them. This may explicate, in part, the potential difficulty in recruiting overweight adolescent boys from the community.

Negative experiences with persons of authority may have also further complicated the process of recruitment and developing rapport with this group.

Finally, the researcher debated the risk associated with weighing each of the participants. The debate focused on gaining relevant demographic information (i.e. weight of participants) for the purpose of providing readers of this study with the degree of overweight or obesity through the Body Mass Index (BMI) of each participant. However, given that the focus of this study was to listen to the voices of overweight and/or obese boys, and as long as either a professional and/or parent identified the boys as such, they were deemed to have met the inclusion criteria. Ultimately the researcher was uncomfortable in asking each boy to be weighed, as the boy's weight was not the focus of the study. This decision was validated by the boys, as when each was asked, near the end of the study, how he would feel if the researcher (who had established trust and rapport) asked him to be weighed (i.e. BMI). Individually and collectively, the boys resisted this form of judgement.

Participant MB said, "*do you have to*?"

Participant GP said, *"I would think I'd be creeped out because that's kind of weird…ha.*"

The marginalization experienced by these adolescent boys had a clear impact on their lives. The boys in this case study avoided participation when they felt judged or ridiculed, avoided new opportunities when details were unknown, and were uncomfortable discussing their weight, even with friends and trusted adults.

The Need for a Safe Environment

When the researcher asked Participant MB if this research group would be better or worse if it was open to all adolescent boys, Participant MB said, *"It depends because all it takes is for one skinny person to say something and there's a fight."* Overweight adolescent participants in the qualitative study by Thomas and Irwin (2009) also stated they would prefer a group open to only overweight and obese participants. These researchers concluded that overweight adolescents emphasized the need for a safe, secure, respectful and non-judgemental environment (Thomas & Irwin, 2009).

Acknowledged at the outset of the study was the need to establish a safe environment with the participants. A consequence of establishing a safe environment was that participants felt safe to share at least some of their experiences and feelings.

A community can create a safe non-judgemental environment, and the approach from this case study helped to create this for the participants. However, the potential need for a 'safe place' was so great for overweight adolescent boys that once created, a strong emotional bond was formed. As stated previously, the researcher took great care to create a safe environment by taking a participant directed approach, showing sincerity in the individual interests of each participant, and as well, communicating with the participants a shared personal vulnerability.

The strength of the bond between the participants and researcher was not fully understood until the research moved towards completion. With hopes that the group could continue to meet post-data collection, all participants were asked by the researcher, "How would you feel if we stopped hanging out as of today"?

Participant EO: *I'd be fucking pissed.*

Participant NY: *Thanks for using me asshole.*

Participant GP: *That would suck...huh. I enjoy hanging out with you guys.*

Participant MB: *Like have you discussed breaking up with anyone else yet? I don't think you should do that, because it will be like a bomb shell being dropped on them.*

These responses from the participants were shocking to the researcher. In reflecting on what had transpired, this research provided a safe environment in which the boys felt non-judged by the members within the peer group, as well as the person of authority (i.e. the researcher). Their words, and the associated feelings are certainly a symbol to the need for creating a 'safe' environment for overweight adolescent boys. Elements employed to promote a safe environment and rapport included: a participant directed group; establishing an environment characterized by sharing; talking the boys' language; ensuring the time necessary to allow participants to reach their own comfort level before discussing sensitive topics; and, paying constant attention to the uniqueness of each participant as well as common interests between the interviewer and participant to form a bond (music, guitar, tennis, cars). In fact the main stay for providing an initial safe environment among the group members was the group's participation in playing the video game - *Halo Wars*™. Although this is a sedentary activity, it was the choice of the participants and was not resisted by the researcher, as the safe environment was partially created through the participant directed approach. The acceptance of this activity for the group by the researcher was an example of how flexible adults (i.e. health professionals) may need to be in order to ensure trust and rapport with this population. The importance of physical activity or decreasing sedentary behaviour was not forced on the boys,

however, as time continued (2-3 months) and as rapport was established within the group, the boys began to suggest activities such as basketball and badminton.

The findings from this case study and the literature offer insight into the distress experienced in the daily lives of overweight adolescents, and in this case overweight adolescent boys. Marginalization was a regular occurrence for these overweight and obese adolescent boys; it was a constant in their lives. Their response to the distress of marginalization was revealed through avoidance given their fear and experiences of ridicule, judgement, and overall negative interactions with both peers and persons of authority. The need and desire to be in a safe environment was validated by the boys in this study.

Discussion

The literature confirms that obesity is a major health concern among adolescents, including boys. Health consequences of obesity among adolescents are potentially serious and can continue into adulthood. Currently, the biomedical model and biopsychosocial approaches have established clinical guidelines and recommendations (American Medical Association, 2007; Australian National Health and Medical Research Council, 2003; Lau, Douketis, Morrison, Hramiak, Sharma, & Ur, 2007; National Institute for Health and Clinical Excellence, 2006; Scottish Intercollegiate Guidelines Network, 2010) for physicians and health professionals regarding the prevention, intervention and treatment of obesity. The focus is mostly on changing behaviours that will result in change to the obese body. Importantly, the guidelines note that children and their families need to be offered support in this regard. However, obesity not only impacts "body" health but can negatively affect the day-to-day lives of many overweight

and obese adolescents through the rejection, ridicule, and isolation they experience within their lives. Recognizing the personhood (Cassel, 2004) of obese boys, not just their obese bodies are important to ease the distress in their daily lives; an area currently missing within the guidelines.

Listening to the voices of children and adolescents is not only a method of data collection within qualitative research but is a human right of children and adolescents. In article 12 of the United Nations Convention on the Rights of the Child, it states:

> *Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.*

There is a responsibility and accountability associated with honouring this declaration and in relation to the conduct of research with children. As this case study demonstrated, there are moral and ethical issues embedded in the conduct of qualitative research with this vulnerable population.

Researchers are bringing forth the voices of overweight adolescents. Their voices are speaking loud and clear, indicating they not only need protection from the physiological effects on their bodies (i.e. health promotion) but the need for members of their community to address the distress they experience as a consequence of social marginalization (Strauss & Pollack, 2003). Avoidance, as an Idiom of Distress, can potentially shift our understanding of obesity among adolescent boys. Such understanding then has implications for working with these boys on their journey towards health.

Perspectives on Idioms of Distress

An idiom is an expression that cannot be understood from the individual meanings of words, and can have both literal and figurative meaning (Abrahamsen, 2000). Idioms of distress are social and cultural means of experiencing and expressing distress. They manifest in the presence of stressors such as anger, powerlessness, social marginalization and insecurity. In some cases, Idioms of Distress are culturally and interpersonally ways (i.e. symbols, behaviours, language, or meanings) of expressing, explaining and coping with distress and suffering (Hollan, 2004; Nichter, 2010).

Although Idioms of Distress must be shared, they are variable based upon social, bodily, and psychological experiences of people, as people are unique in their own self-processes (Hollan, 2004). Therefore, not all overweight adolescents may avoid the same situations. Each individual may have particular environments he or she personally avoids based on experience.

Nichter (1981) states, "When investigating the use of a particular idiom of expression, it is necessary to locate it historically, with respect to changing social conditions. It's important to know how often the idiom is employed, in what circumstances and with what repercussions."(p. 399). In a chapter titled *The Social and Psychological World of the Obese Child*, Buckmaster and Brownell (1988) cite numerous articles dating back to the late 1960's recognizing the peer exclusion, teasing and bullying often experienced by overweight children. The marginalization experienced by overweight children and adolescents has long been documented by researchers and authors.

The literature and the findings from this case study permit association among the distress experienced within the daily lives of overweight and obese adolescents (Mellin, Neumark-Sztainer, Story, Ireland, & Resnick, 2002), as a result of social marginalization (Thomas & Irwin, 2009), and the expression of avoidance (Amiri, Ghofranipour, Ahmadi, Hosseinpanah, Montazeri, et al., 2010; Meekums, 2005; Thomas & Irwin, 2009) as an Idiom of Distress among adolescent boys. The response to marginalization was avoidance behaviour among these overweight adolescent boys.

Rejection was a part of the everyday lives of obese adolescent boys. It occurred in the domains which were central to their worlds. Rejection was experienced at school, among their peer groups, and at the hands of health care providers. As an Idiom of Distress, avoidance behaviour served to protect the boys from further rejection. However, avoidance as a coping behaviour has been viewed as maladaptive (Allen & Leary, 2010). Although avoidance provides protection from distress within their worlds, adolescents rely on peers for their development and maintenance of self-image, self-acceptance, and sense of belonging (Pearce, Boergers, & Prinstein, 2002; Strauss & Pollack, 2003). A protective expression of avoidance may lead to further isolation.

Conclusion

Avoidance, as an Idiom of Distress, privileges an understanding of th**e** self coping strategy enacted by overweight adolescent boys within the context of their daily lives. Understanding this Idiom of Distress can assist parents, practitioners, teachers, health professionals and other adults in the lives of obese or overweight adolescent boys to fathom the suffering experienced by them. Although the obese body has remained the focus of interventions, the literature and this case study can potentially expand current

models and approaches when addressing obesity to include the obese boy. Research has established a firm understanding of the prevalence and treatment of obesity and there are published guidelines and recommendations informing a biopsychosocial approach to address the obese body. This understanding provides evidenced-based strategies for health professionals who in turn can offer adolescents, families, schools and communities support to assist overweight and obese adolescents in lifestyle and behavioural modifications to create biological changes to their body.

Missing from the guidelines is an understanding of avoidance behaviour—which can potentially lead to further isolation among these boys. The social marginalization experienced by this group, and the avoidance tactic as a result raises an additional dimension that can offer a 'below the surface' (i.e. body) understanding as to the overall lives experienced by overweight adolescent boys. The insight offered through Idioms of Distress Theory is crucial as avoidance behaviour can lead to further disconnection and isolation (i.e. self-marginalization), and thus result in additional negative social, emotional and development consequences for these boys. Therefore, health and other professionals working with overweight adolescent boys should consider their audience; a prescription-based directive approach may not engage participants if trust and rapport are not initially established. Given their potential isolation from their own bodies, expectations of professionals to immediately offer "body" change strategies may be premature. In addition, time, and a safe, non-judgemental environment could foster further health and "body" change success among this population.

The focus of treatment has mainly been on the obese body. There is some attention, within a biopsychosocial intervention model, to provide psychological support

to the obese boy and his family; however, the literature and this case study present the opportunity to consider how the boy—as a person, who engages in avoidance behaviour, should be factored into treatment and intervention modalities. Research has informed clinical guidelines for the treatment of obesity among children. These guidelines do include biopsychosocial approaches to the prevention, intervention and treatment of obesity (American Medical Association, 2007; Australian National Health and Medical Research Council, 2003; Lau, Douketis, Morrison, Hramiak, Sharma, & Ur, 2007; National Institute for Health and Clinical Excellence, 2006; Scottish Intercollegiate Guidelines Network, 2010). However, avoidance, as an Idiom of Distress, offers new insight to the lives of these boys. This Idiom of Distress revealed isolation, disconnection, and the absence of "community" among these boys. Fostering connection and belonging are integral to their journey toward health and well-being. Of course, this case study was informed by a small sample size (n=4). Although the qualitative data set was substantial and robust, further research is required to validate avoidance as an Idiom of Distress among overweight/obese adolescent boys.

Summary Recommendations for Practitioners

- Idioms of Distress offers insight into the suffering (i.e. isolation, disconnection, and the absence of "community") experienced within the daily lives of overweight adolescent boys. Such insight offers an overall understanding of this clientele.
- A Prescription-based approach may not privilege the necessary understanding required to engage this population. Time spent with the boys is required to establish trust and rapport.

- The acceptance of body change strategies among overweight and obese adolescent boys will be enhanced if they feel the guidance is offered in a safe and non-judgemental environment.
- Practitioners who accept a holistic approach can serve to not only address the health of the obese body, but assist in the broad acknowledged developmental needs of this population by ensuring their social, emotional and development needs are considered through school and community connectedness.

Chapter 5

Discussion

Reflection and Reflexivity

The original intent of this study and this graduate student (Zachary J. Morrison) was to bring forth a missing voice within the literature, i.e. overweight adolescent boys. Qualitative methodology was a research approach unfamiliar to me, and thus the journey over the past three and a half years offered a tremendous opportunity for learning and acquiring knowledge. Qualitative research is not necessarily straight forward—as is usually the case with quantitative research. The methods as planned (focus groups and person-centred interviewing) were changed because of the inability to accrue the proposed sample size, i.e., n=20 overweight/obese boys, as well as the boys' lack of comfort in sharing their personal feelings and thoughts in a group of their peers. However, this recruitment failure presented the prospect to explore areas within the literature and research that would not have otherwise been sought out. These areas included: recruitment of vulnerable populations, exit strategies, and Idioms of Distress. With an exercise physiology background, I envisioned this graduate research project as one which would foster learning about the daily lives of overweight adolescent boys in relation to their health and physical activities. What happened, however, was that a much broader understanding was gained, including the unforeseen challenges of research (i.e. a shift in method mid-way through the project because of low recruitment), the sensitivity of engaging a vulnerable population in research, as well as the value of an interdisciplinary team of researchers who offered theoretical perspectives and new ideas to the phenomenon of interest.

As the research process unfolded, it became clear that the knowledge generated about recruitment, and later, exit strategies were important to bring forth to the literature; however, this added to the overall workload and scope of this thesis project. As findings and writing occurred, it became clear to me, my Supervisor, and Committee members that writing up the findings should reflect an article format, i.e., Chapters 2, 3, and 4 exist as free-standing publishable papers. It was agreed that this style would best serve the thesis, research project and graduate experience. Since each Chapter exists in its own right, this final chapter (Chapter 5) offers a summary of the recommendations and conclusions from each of the Chapters and therefore ends this thesis project.

Recommendations

Recruitment

Based on the recruitment failure experience and the lessons learned therein, I offer the following insights regarding the recruitment of non-clinical overweight or obese adolescent boys into qualitative research studies. In particular, these recommendations are relevant to those studies in which overweight/obese boys' "lived experiences" are of interest to researchers. There are two main considerations when involving community based overweight boys in qualitative research: Recruitment strategies and processes; and the establishment of a safe environment and relationship once parental consent and participant assent had been obtained.

Central to recruitment failure was not recognizing the heightened sensitivity of overweight/obesity among professionals, parents, and adolescents, especially when discussed in a non-clinical research study. This sensitivity directly impacted my reliance on professionals, parents and boys to recruit other participants, as all who were contacted

and asked to recruit were uncomfortable approaching prospective boys to participate. Recommendations for recruiting this population into qualitative research studies include: Taking time to build working relationships with local professionals, and ensuring they are vitally informed about the potential benefits and importance of such research; establishing communication strategies with professionals for approaching potential adolescent participants on sensitive research topics; and engaging formal relationships with School Divisions (Wills, Backett-Milburn, Gregory, & Lawton, 2006).

The establishment of rapport and trust were related to my ability to develop a "safe" relationship with the adolescent boys over time. A safe relationship was continually at the forefront of this research and through to its completion. Elements used to promote a safe environment and relationship included: paying constant attention to the uniqueness of each participant as well as common interests between the interviewer and participant to form a bond (music, guitar, tennis, cars); ensuring the time necessary to allow participants to reach their own comfort level before discussing sensitive topics; providing participants with the opportunity to discuss their topics of interest (i.e. they set direction for individual interviews); identifying natural openings to broach sensitive topics; conducting interviews when it was convenient for the participants' schedule; and holding interviews at locations chosen by the participants. This safe relationship, within the context of a safe environment, was fundamental to not only the adolescent's comfort in sharing his lived experience, but in offering his assent to participate in the study.

Exit Strategy

Given the efforts to establish rapport and trust (i.e. an outcome of the researcher-participant relationship), it was inappropriate for me to declare a unilateral approach to

ending the research. Thus, rather than simply generating awareness about the exit strategies/rituals with participants, it was morally and ethically incumbent on me to negotiate and co-create with participants a meaningful closure (Letherby, 2003). This negotiation is morally and ethically implicated as I needed to honour the researcher-participant relationship that was formed through several months of building trust and rapport during the course of the study. Without such collaborative participation for ending the researcher-participant relationship, and especially with a vulnerable population, there is always the risk of exposing participants to psychological and emotional harm.

When ending the research was broached with the participants in this study, they were unanimous in expressing their hurt at not being included in this decision-making process. Their experiences should be a call to action for qualitative researchers working with vulnerable participants. Not recognizing closure as a negotiated reality within the context of trust and rapport building placed the participants at psychological harm. Participant MB (Motor Bike) understood this as, "*breaking up*". 'Breaking up' suggests the end of an intimate relationship and all of the emotional and psychological hurts therein. Respecting the participant-researcher relationship does not necessarily end once data are collected, but once everyone has offered "a say" in how the study will come to an end. This necessarily involves those who have most at stake within the context of a research study, i.e., the participants and the researcher. With rare exception (Letherby, 2003), the literature has focused exclusively on the researcher's plight or concerns when bringing a study to an end.

To wit, researcher-declared exit strategies may be ethically unsound. Researchers engaging vulnerable participants in sustained contact are thusly obligated to initiate meaningful dialogue with participants around closure. Closure is then practiced as a morally and ethically informed process, embedded in the participant-researcher relationship, and enacted throughout the duration of the study.

Idiom of Distress

The literature, and the findings from this case study enable us to draw a connection among the distress experienced within their daily lives of overweight and obese adolescents (Mellin, Neumark-Sztainer, Story, Ireland, & Resnick, 2002), as a result of social marginalization (Thomas & Irwin, 2009), and the expression of avoidance (Amiri, Ghofranipour, Ahmadi, Hosseinpanah, Montazeri, et al., 2010; Meekums, 2005; Thomas & Irwin, 2009) as an idiom of distress among adolescent boys. The response to marginalization was avoidance among these overweight adolescents boys.

As Nichter states, (2010) Idioms of Distress provides a means of expressing and/or coping with the personal distress experienced socially and culturally. In this study, the Idiom of Distress was avoidance behaviour. Overweight and obese adolescent boys enacted a heavy reliance on this strategy within the context of their everyday lives. Of note, this avoidance behaviour was reported in core social domains vital to the development of adolescents. For example, the boys invoked avoidance within the context of school and with their peer group. While protective in the short term, this behaviour served to isolate the boys from their own lives. The recognition of their Idiom of Distress (avoidance) as a consequence of social marginalization can assist parents,

practitioners, teachers, health professionals and other adults in the lives of overweight adolescents to better understand the serious difficulties experienced by these boys.

The focus of treatment has mainly been on the obese body. There is some attention, within a biopsychosocial intervention model, to provide psychological support to the obese boy and his family; however, the literature and this case study present the opportunity to consider how the boy—as a person, who engages in avoidance behaviour, should be factored into treatment and intervention modalities. Research has informed clinical guidelines for the treatment of obesity among children. These guidelines do include biopsychosocial approaches to the prevention, intervention and treatment of obesity (American Medical Association, 2007; Australian National Health and Medical Research Council, 2003; Lau, Douketis, Morrison, Hramiak, Sharma, & Ur, 2007; National Institute for Health and Clinical Excellence, 2006; Scottish Intercollegiate Guidelines Network, 2010). However, avoidance, as an Idiom of Distress, offers new insight to the lives of these boys. This Idiom of Distress revealed isolation, disconnection, and the absence of "community" among these boys. Fostering connection and belonging are integral to their journey toward health and well-being. Of course, this case study was informed by a small sample size (n=4). Although the qualitative data set was substantial and robust, further research is required to validate avoidance as an Idiom of Distress among overweight/obese adolescent boys.

Key Insights Arising from this Case Study

- Social Marginalization leads to avoidance as a mechanism of self protection among overweight and obese adolescent boys.

- Avoidance was the Idiom of Distress expressed by overweight and obese adolescent boys in this study.
- Consideration of the boys' Idiom of Distress may further expand a holistic approach within biopsychosocial approaches to the prevention and treatment of overweight and obesity among adolescent boys,
- Avoidance can further lead to disconnection and isolation, and thus result in additional negative social, emotional and development consequences for these boys.
- There are moral and ethical issues embedded in the conduct of qualitative research with this vulnerable population.
- Overweight and obese adolescent boys are in desperate need of safe environments in which they can experience the challenges of adolescence.
- Understanding this Idiom of Distress can assist parents, practitioners, teachers, health professionals and other adults in the lives of obese or overweight adolescent boys to fathom the suffering experienced by them.

Recommendations

- Research suggests the need for education, sensitivity, and awareness around the stigma and negative stereotypes associated with obesity, and a likely location would be within schools (Daniels, 2008; Jalongo, 1999; Neumark-Sztainer, Story, & Harris, 1999; Pearce, Boergers, & Prinstein, 2002). Education and awareness training could provide school personnel (i.e. teachers, administrators, school health providers) with topics such as: speaking out against bullying and teasing; sensitivity on the playground and in the curriculum; awareness of the effects and causes of obesity to

dismiss any myths; acceptance of all body types (Jalongo, 1999; Neumark-Sztainer, 1999).

- School health nurses (Daniels, 2008), school outreach staff and/or counsellors may serve an important role in providing one-on-one emotional support and compassion for overweight adolescents that addresses them as persons, and not a weight or "body" focus.
- Research supports the relationship of self–compassion with the adolescent experience as those with more self-compassion report less depression and anxiety, as well as increased social connectedness (Neff, 2010). Self-compassion refers to the ability to treat oneself with care and understanding, rather than, self judgement (Neff, 2003). Clinical guidelines that expand to recognize areas such as self-compassion may add a more holistic approach for assisting not only the obese body, but the obese boy.

Conclusion

The literature confirms that obesity is a major health concern among adolescents, including boys. Health consequences of obesity among adolescents are potentially serious and can continue into adulthood. However, obesity not only impacts body health but can negatively affect the day to day lives of overweight and obese adolescents through the rejection, ridicule, bullying, and isolation they experience within their lives.

Listening to the voices of children and adolescents is not only a method of data collection within qualitative research but is a human right of children and adolescents. There is a responsibility and accountability associated with honouring the United Nations, article 12, Convention on the Rights of the Child declaration and in relation to the conduct of research with children. As this study demonstrated, there are moral and

ethical issues embedded in the conduct of qualitative research with this vulnerable population.

Researchers are bringing forth the voices of overweight adolescents. Their voices are speaking loud and clear, indicating they not only need protection from the physiological effects on their bodies (i.e. health promotion), but they are in need of community members who will address the real distress they experience as a consequence of social marginalization (Strauss & Pollack, 2003).

The findings from this study, and related research, offer understanding about the daily lives of overweight and obese adolescents, a vulnerable population. Insight has been gleaned regarding recruitment strategies, the moral and ethical obligations associated with ending research after sustained contact with a vulnerable population, as well as the discovery of avoidance as an Idiom of Distress among overweight and obese adolescent boys.

References

American Medical Association (2007). Expert Committee Recommendations on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity. Retrieved from: http://www.ama-assn.org/ama1/pub/upload/mm/433/ped_obesity_recs.pdf

Abrahamsen, E. P., & Smith, R. (2008). Facilitating idiom acquisition in children with communication disorders: computer vs classroom. *Child Language Teaching and Therapy, 16*, 227-239.

Allen, A. B., & Leary, M. R. (2010). Self-compassion, stress, and coping. *Social and Personality Psychology Compass, 4*(2), 107-118.

Amiri, P., Ghofranipour, F., Ahmadi, F., Hosseinpanah, F., Montazeri, A., Jalali-Farahani, S., et al. (2010). Barriers to a healthy lifestyle among obese adolescents: a qualitative study from Iran. *International Journal of Public Health, February*.

Anderson, P. M., & Butcher, K. E. (2006). Childhood obesity: trends and potential causes. *Future of Children, 16*(1), 19-45.

Australian National Health and Medical Research Council (2003). Clinical practice guidelines for the management of overweight and obesity in children and adolescents. Retrieved from: http://www.health.gov.au/internet/main/publishing.nsf/Content/893169B10DD846FCCA256F190003BADA/$File/children.pdf

Belanger-Ducharme, F., & Tremblay, A. (2005). Prevalence of obesity in Canada. *Obesity Reviews: An Official Journal Of The International Association For The Study Of Obesity, 6*(3), 183-186.

Berg, I. M., Simonsson, B., & Ringqvist, I. (2005). Social background, aspects of lifestyle, body image, relations, school situation, and somatic and psychological symptoms in obese and overweight 15-year-old boys in a county in Sweden. *Scandinavian Journal of Primary Health Care, 23*(2), 95-101.

Berk, R., & Adams, J. (2001). Establishing Rapport with Deviant Groups. In M. Miller & R. Tewksbury (Eds.), *Extreme Methods: Innovative Approaches to Social Science Research*. Boston: Allyn and Bacon.

Booth, W. (1998). Doing Research with Lonely People. *British Journal of Learning Disabilities, 26,* 132-134.

Boynton, P. M. (2002). Life on the Streets: The Experiences of Community Researchers in a Study of Prostitution. *Journal of Community & Applied Social Psychology 12*, 1-12.

Brennan, A. (1996). Diabetes mellitus: biomedical health education/promotion approach. *British Journal of Nursing, 5*(17), 1060-1064.

Briggs, K., Askham, J., Norman, I., & Redfern, S. (2003). Accomplishing Care at Home for People with Dementia: Using Observational Methodology. *Qualitative Health Research, 13*(2), 268-280.

Buckmaster, L., & Brownell, K. D. (1988). The social and psychological world of the obese child. In N. A. Krasnegor, G. D. Grave & N. Kretchmer (Eds.), *Childhood Obesity: A Biobehavioural Perspective* (pp. 9-28). Caldwell, NJ: Telford Press.

Burnard, P. (1991). A method of analysing interview transcripts in qualitative research. *Nurse Education Today, 11*(6), 461-466.

Calderon, K. S., Yucha, C. B., & Schaffer, S. D. (2005). Obesity-Related Cardiovascular

Risk Factors: Intervention Recommendations to Decrease Adolescent Obesity. *Journal of Pediatric Nursing*, *20*(1), 3-14.

Campesino, M. (2007). Homicide Bereavement: Reflections on the Therapeutic Relationship in Trauma Research. *Qualitative Inquiry*, *13*(4), 541-553.

Cannon, S. (1992). Reflections on Fieldwork in Stressful Situations. In R. Burgess (Ed.), *Studies in Qualitative Methodology: Learning About Fieldwork* (Vol. 147-182). Greenwich: JAI Press Inc.

Cassell, E. J. (2004). *The Nature of Suffering and the Goals of Medicine* (2nd ed.). New York: Oxford University Press.

City of Medicine Hat 2008 Census: Final Report. (2008). Retrieved from: http://www.medicinehat.ca/City%20Government/Departments/City%20Clerk/2008%20Executive%20Summary%20Census.pdf

Connell, R. W. (2005). Growing up masculine: Rethinking the significance of adolescence in the making of masculinities. *Irish Journal of Sociology*, *14*(2), 11-28.

Cooper, J., Brandon, P., & Lingberg, M. (1998). Evaluators' Use of Peer Debriefing: Three Impressionist Tales. *Qualitative Inquiry*, *4*(2), 265-279.

Copp, L. A. (1986). The nurse as advocate for vulnerable persons. *Journal of Advanced Nursing*, *11*(3), 255-263.

Corbin, J., & Morse, J. M. (2003). The Unstructured Interactive Interview: Issues of Reciprocity and Risks when Dealing with Sensitive Topics. *Qualitative Inquiry*, *9*(3), 335-354.

Crossman, A., Sullivan, D. A., & Benin, M. (2006). The family environment and

American adolescents risk of obesity as young adults. *Social Science & Medicine, 63*(9), 2255-2267.

Currie, E. (2003). "It's our lives that they're dealing with here": Some Adolescent views of residential treatment. *Journal of Drug Issues, 33*(4), 833-864.

Cutcliffe, J. R., & Goward, P. (2000). Mental health nurses and qualitative research methods: a mutual attraction? *Journal of Advanced Nursing, 31*(3), 590-598.

Cutcliffe, J. R., & Ramcharan, P. (2002). Leveling the Playing Field? Exploring the Merits of the Ethics-as-Process Approach for Judging Qualitative Research Proposals. *Qualitative Health Research, 12*(7), 1000-1010.

Daniels, D. Y. (2008). Examining attendance, academic performance, and behavior in obese adolescents. *Journal of School Nursing (Sage Publications Inc.), 24*(6), 379-387.

Daniels, S. R. (2006). The consequences of childhood overweight and obesity. *Future of Children, 16*(1), 47-67.

Delamont, S. (2004). Ethnography and participant observation. In C. Seale, G. Gobo, J. Gubrium & D. Silverman (Eds.), *Qualitative Research Practice*. London: Sage.

Dickson-Swift, V., James, E. L., Kippen, S., & Liamputtong, P. (2006). Blurring Boundaries in Qualitative Health Research on Sensitive Topics. *Qualitative Health Research, 16*(6), 853-871.

Flaskerud, J. H., & Winslow, B. J. (1998). Conceptualizing vulnerable populations health-related research. *Nursing Research, 47*(2), 69-78.

Fontana, A., & Fey, J. (1994). Interviewing: The Art of Science. In N. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (pp. 361-376). Thousand Oaks,

California: Sage.

Frank, A. (2004). Ethics in Medicine: Ethics as process and practice. *Internal Medicine Journal, 34*, 355-357.

Geier, A. B., Foster, G. D., Womble, L. G., McLaughlin, J., Borradaile, K. E., Nachmani, J., et al. (2007). The Relationship Between Relative Weight and School Attendance Among Elementary School Children. *Obesity, 15*(8), 2157-2161.

Gibson, L. Y., Byrne, S. M., Blair, E., Davis, E. A., Jacoby, P., & Zubrick, S. R. (2008). Clustering of psychosocial symptoms in overweight children. *Australian & New Zealand Journal of Psychiatry, 42*(2), 118-125.

Gregory, D. (1994). Narratives of Suffering in the Cancer Experience. Unpublished PhD Dissertation. University of Arizona.

Hargreaves, D. A., & Tiggemann, M. (2006). 'Body image is for girls': a qualitative study of boys' body image. *Journal of Health Psychology, 11*(4), 567-576.

Harrington, K. F., Binkley, D., Reynolds, K. D., Duvall, R. C., Copeland, J. R., Franklin, F., et al. (1997). Recruitment Issues in School-Based Research: Lessons Learned from the High 5 Alabama Project. *Journal of School Health, 67*(10), 415-421.

Havelka, M., Lucanin, J. D., Lucanin, D., Havelka, M., Lucanin, J. D., & Lucanin, D. (2009). Biopsychosocial model-the integrated approach to health and disease. *Collegium Antropologicum, 33*(1), 303-310.

Herrman, J. W. (2006). Children's and young adolescents' voices: perceptions of the costs and rewards of diabetes and its treatment. *Journal of Pediatric Nursing, 21*(3), 211-221.

Hill, J. O., & Melanson, E. L. (1999). Overview of the determinants of overweight and

obesity: current evidence and research issues. *Medicine And Science In Sports And Exercise, 31*(11 Suppl), S515-521.

Hollan, D. (2004). Self Systems, Cultural Idioms of Distress, and the Psycho-Bodily Consequences of Childhood Suffering. *Transcultural Psychiatry, 41*(1), 62-79.

Hollan, D. (2005). Setting a new standard: The person-centered interviewing and observation of Robert I. Levy. *Ethos 33*(4), 459-466.

Irwin, L. G., & Johnson, J. (2005). Interviewing Young Children: Explicating Our Practices and Dilemmas. *Qualitative Health Research, 15*(6), 821-831.

Iversen, R. (2010). 'Getting Out' in Ethnography: A Seldom-told Story. *Qualitative Social Work, 8*(1), 9-26.

Jalongo, M. R. (1999). Matters of Size: Obesity as a Diversity Issue in the Field of Early Childhood. *Early Childhood Education Journal, 27*(2), 95-103.

Janssen, I., Craig, W. M., Boyce, W. F., & Pickett, W. (2004). Associations Between Overweight and Obesity With Bullying Behaviors in School-Aged Children. *Pediatrics, 113*(5), 1187-1194.

Kaiser, M. M., & Hays, B. J. (2006). Recruiting and enrolling pregnant adolescents for research. *Issues In Comprehensive Pediatric Nursing, 29*(1), 45-52.

Kenyon, E., & Hawker, S. (1999). 'Once would be enough': some reflections on the issue of safety for lone researchers. *International Journal of Social Research Methodology, 2*(4), 313-327.

Labaree, R. (2002). The risk of ‘going observationalist’: negotiating the hidden dilemmas of being an insider participant observer. *Qualitative Research, 2*(1), 97-122.

Lau, D. C. W., Douketis, J. D., Morrison, K. M., Hramiak, I. M., Sharma, A. M., & Ur, E.

(2007). 2006 Canadian clinical practice guidelines on the management and prevention of obesity in adults and children *Canadian Medical Association Journal, 176*(8).

Lee, R., & Renzetti, C. (1990). The Problems of Researching Sensitive Topics. *The American Behavioral Scientist, 33*(5), 511-528.

Letherby, G. (2003). *Feminist Research in Theory and Practice*. Buckingham: Open University Press.

Levy, R. I., & Hollan, D. W. (1998). Person-Centered Interviewing and Observations In H. R. Bernard (Ed.), *Handbook of Methods in Cultural Anthropology*. Walnut Creek: Alta Mira Press.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry*. Beverly Hills: Sage Publications.

Lindsay, A. C., Sussner, K. M., Kim, J., & Gortmaker, S. (2006). The role of parents in preventing childhood obesity. *Future of Children, 16*(1), 169-186.

Maffeis, C., & Tato, L. (2001). Long-term effects of childhood obesity on morbidity and mortality. *Hormone Research, 55 Suppl 1*, 42-45.

McCormick, L. K., Crawford, M., Anderson, R. H., Gittelsohn, J., Kingsley, B., & Upson, D. (1999). Recruiting Adolescents into Qualitative Tobacco Research Studies: Experiences and Lessons Learned. *Journal of School Health, 69*(3), 95.

McLaughlin, H. (2005). Young Service Users as Co-researchers. *Qualitative Social Work, 4*(2), 211-228.

Meekums, B. (2005). Responding to the embodiment of distress in individuals defined as obese: Implications for research. *Counselling and Psychotherapy Research, 5*(3),

246-255.

Mellin, A. E., Neumark-Sztainer, D., Story, M., Ireland, M., & Resnick, M. D. (2002). Unhealthy Behaviors and Psychosocial Difficulties Among Overweight Adolescents: The Potential Impact of Familial Factors. *Journal of Adolescent Health, 31*, 145-153.

Moore, L. W., & Miller, M. (1999). Initiating research with doubly vulnerable populations. *Journal of Advanced Nursing, 30*(5), 1034-1040.

Morse, J. M. (2000). Determining sample size. *Qualitative Health Research, 10*(1), 3-5.

Murtagh, J., Dixey, R., & Rudolf, M. (2006). A qualitative investigation into the levers and barriers to weight loss in children: opinions of obese children. *Archives of Disease in Childhood, 91*(11), 920-923.

Must, A., & Strauss, R. S. (1999). Risks and consequences of childhood and adolescent obesity. *International Journal of Obesity & Related Metabolic Disorders: Journal of the International Association for the Study of Obesity, 23 Suppl 2*, S2-11.

National Institute for Health and Clinical Excellence (2006). Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children, Retrieved from: http://www.nice.org.uk/nicemedia/live/11000/30365/30365.pdf

Neff, K. D. (2003). The Development and Validation of a Scale to Measure Self-Compassion. *Self & Identity, 2*(3), 223.

Neff, K. D., & McGeheea, P. (2010). Self-compassion and Psychological Resilience Among Adolescents and Young Adults. *Self and Identity, 9*, 225-240.

Neumark-Sztainer, D., Story, M., & Harris, T. (1999). Beliefs and attitudes about obesity

among teachers and school health care providers working with adolescents. *Journal of Nutrition Education, 31*(1), 3.

Nichter, M. (1981). Idioms of Distress: Alternatives in the Expression of Psychosocial Distress: A Case Study from South India. . *Culture, Medicine and Psychiatry, 5*, 379-408.

Nichter, M. (2010). Idioms of Distress Revisited. *Culture, Medicine and Psychiatry, 34*, 401-416.

Ogden, C. L., Carroll, M. D., Curtin, L. R., Lamb, M. M., & Flegal, K. M. (2006). Prevalence of High Body Mass Index in US Children and Adolescents, 2007-2008. *JAMA: Journal of the American Medical Association, 303*(3), 242-249.

Paterson, B. L., Gregory, D., & Thorne, S. (1999). A Protocol for Researcher Safety. *Qualitative Health Research, 9*(2), 259-269.

Pearce, M. J., Boergers, J., & Prinstein, M. J. (2002). Adolescent obesity, overt and relational peer victimization, and romantic relationships. *Obesity Research, 10*(5), 386-393.

Peterson, K. E., & Fox, M. K. (2007). Addressing the Epidemic of Childhood Obesity Through School-Based Interventions: What Has Been Done and Where Do We Go From Here? *Journal of Law, Medicine & Ethics, 35*(1), 113-130.

Power, T. G., Bindler, R. C., Goetz, S., & Daratha, K. B. (2010). Obesity Prevention in Early Adolescence: Student, Parent, and Teacher Views. *Journal of School Health, 80*(1), 13-19.

Puhl, R., & Brownell, K. D. (2001). Bias, Discrimination, and Obesity. *Obesity Research 9*(12), 788-805.

Puhl, R. M., & Latner, J. D. (2007). Stigma, Obesity, and the Health of the Nation's Children. *Psychological Bulletin, 133*(4), 557-580.

Read, S., & Papakosta-Harvey, V. (2004). Using Workshops on Loss for Adults with Learning Disabilities. *Journal of Learning Disabilities, 8*(2), 191-208.

Reeves, C. (2010). A difficult negotiation: fieldwork relations with gatekeepers. *Qualitative Research, 10*(3), 315-331.

Reilly, J. J., Methven, E., McDowell, Z. C., Hacking, B., Alexander, D., Stewart, L., et al. (2003). Health consequences of obesity. *Archives of Disease in Childhood, 88*(9), 748.

Renold, E., Holland, S., Ross, N., & Hillman, A. (2008). 'Becoming Participant': Problematizing 'Informed Consent' in Participatory Research with Young People in Care. *Qualitative Social Work, 7*(4), 427-447.

Renzetti, C., & Lee, R. (1993). Sensitivity in Field Research. In C. Renzetti & R. Lee (Eds.), *Researching Sensitive Topics* (pp. 101-107). Newbury Park: Sage.

Riley, M. (2005). Health consequences associated with overweight and obesity. *Nutridate, 16*(2), 5-7.

Robertson, J. (2000). I. Ethical Issues and Researching Sensitive Topics: Mature Women and `Bulimia'. *Feminism & Psychology, 10*(4), 531-537.

Roemmich, J. N., Epstein, L. H., Raja, S., & Yin, L. (2007). The Neighbourhood and Home Environments: Disparate Relationships With Physical Activity and Sedentary Behaviors in Youth. *Annals of Behavioral Medicine, 33*(1), 29-38.

Russell, L. (2005). It's a question of trust: balancing the relationship between students and teachers in ethnographic fieldwork. *Qualitative Research, 5*(2), 181-199.

Sallis, J. F., & Glanz, K. (2006). The role of built environments in physical activity, eating, and obesity in childhood. *Future of Children, 16*(1), 89-108.

Sandelowski, M. (1993). Rigor or rigor mortis: the problem of rigor in qualitative research revisited. *Advances in Nursing Science, 16*(2), 1-8.

Sandelowski, M. (1995). Focus on qualitative methods. Sample size in qualitative research. *Research in Nursing & Health, 18*(2), 179-183.

Sartain, S. A., Clarke, C. L., & Heyman, R. (2000). Hearing the voices of children with chronic illness. *Journal of Advanced Nursing, 32*(4), 913-921.

Scottish Intercollegiate Guidelines Network (2010). Management of obesity: A national clinical guideline. Retrieved from: http://www.sign.ac.uk/pdf/sign115.pdf

Serdula, M. K., Ivery, D., Coates, R. J., Freedman, D. S., Williamson, D. F., & Byers, T. (1993). Do obese children become obese adults? A review of the literature. *Preventive Medicine, 22*(2), 167-177.

Shields, M. (2005). Measured Obesity: overweight Canadian children and adolescents, Nutrition: findings from the Canadian Community Health Survey Retrieved from: www.statscan.gc.ca/pub/82-620-m/2005001/pdf/4193660-eng.pdf

Simon, C., Wagner, A., Platat, C., Arveiler, D., Schweitzer, B., Schlienger, J. L., et al. (2006). ICAPS: a multilevel program to improve physical activity in adolescents. *Diabetes & Metabolism, 32*(1), 41-49.

Snow, D. (1980). The Disengagement Process: A Neglected Problem in Participant Observation Research. *Qualitative Sociology, 3*(2), 100-122.

Stebbins, R. (1991). Do We Ever Leave the Field. In W. Shaffir & R. Stebbins (Eds.), *Experiencing Fieldwork: An Inside View to Qualitative Research* (pp. 248-255).

Newbury Park: Sage.

Steen, S. N., Wadden, T. A., Foster, G. D., & Andersen, R. E. (1996). Are obese adolescent boys ignoring an important health risk? *International Journal of Eating Disorders, 20*(3), 281-286.

Story, M., Kaphingst, K. M., & French, S. (2006). The role of schools in obesity prevention. *Future of Children, 16*(1), 109-142.

Strauss, R. S., & Knight, J. (1999). Influence of the Home Environment on the Development of Obesity in Children. *Pediatrics, 103*(6), 1278.

Strauss, R. S., & Pollack, H. A. (2003). Social Marginalization of Overweight Children. *Arch Pediatr Adolesc Med, 157*(8), 746-752.

Sutton, L. B., Erlen, J. A., Glad, J. M., & Siminoff, L. A. (2003). Recruiting Vulnerable Populations for Research: Revisiting the Ethical Issues. *Journal of Professional Nursing, 19*(2), 106-112.

Thomas, H. M., & Irwin, J. D. (2009). What is a healthy body weight? Perspectives of overweight youth. *Canadian Journal of Dietetic Practice & Research, 70*(3), 110-116.

United Nations (1989). Convention on the Rights of Children, Retrieved from: http://www.un.org/documents/ga/res/44/a44r025.htm

UyBico, S. J., Pavel, S., & Gross, C. P. (2007). Recruiting vulnerable populations into research: a systematic review of recruitment interventions. *Journal of General Internal Medicine, 22*(6), 852-863.

Vaughn, K., & Waldrop, J. (2007). Parent Education Key to Beating Early Childhood Obesity. (Cover story). *Nurse Practitioner, 32*(3), 36-41.

Watson, L., Irwin, J., & Michalske, S. (1991). Researcher as Friend: Methods of the Interviewer in a Longitudinal Study. *Qualitative Health Research, 1*(4), 497-514.

Wills, W., Backett-Milburn, K., Gregory, S., & Lawton, J. (2006). Young teenagers' perceptions of their own and others' bodies: A qualitative study of obese, overweight and `normal' weight young people in Scotland. *Social Science & Medicine, 62*(2), 396-406.

World Health Organization (2000a). What About Boys, Retrieved from: http://whqlibdoc.who.int/hq/2000/WHO_FCH_CAH_00.7.pdf

World Health Organization (2000b). Boys in the Picture, Retrieved from: http://whqlibdoc.who.int/hq/2000/WHO_FCH_CAH_00.8.pdf

Zand, D. H., Thomson, N. R., Dugan, M., Braun, J., Holterman-Hommes, P., & Hunter, P. (2004). The Recruitment Process: Factors that Predict African-American Adolescents' Initial Engagement into an Alcohol, Tobacco, and Other Drug Prevention Study. *Journal of Ethnicity in Substance Abuse, 3*(2), 43-54.

Appendix A

TEAM POSTER

Appendix B

Adult Participant Consent Form
(Professionals - Interview)

Date:

Dear NAME:

My name is Zakk Morrison. I am a graduate student at the University of Lethbridge in the Masters Program (School of Health Sciences) and I wish to invite you to participate in a research study called "Through Their Voices".

Through Their Voices is a research study interested in the day to day lives and experiences of adolescent males who are overweight. The intention of this research is to ask adolescent males questions on how their day to day lives impact their quality of life and physical activity.

The request for your participation in this research study is to provide feedback on the recruitment strategies implemented to seek overweight adolescent males within the City of Medicine Hat.

Your participation in this research study will include one open ended interview lasting 15-30 minutes in length. The interview will be conducted wherever you prefer (i.e. at your office), and will be digitally recorded.

There are no anticipated risks or discomforts related to this research, as well as you will not benefit directly from participation in this study. If you feel uncomfortable with any part of this study at any time, you have the right to terminate participation without consequence.

Several steps will be taken to protect your anonymity and identity. While the interviews will be digitally-recorded, the digital files will be destroyed once they have been typed up. The typed interviews will NOT contain any mention of your name, and any identifying information from the interview will be removed. The typed interviews will also be kept in a locked filing cabinet at the University of Lethbridge, and only myself, my supervisor (Dr. David Gregory) and a transcriptionist (sworn to confidentiality) will have access to the interviews. All information will be destroyed after 5 years time.

Your participation in this research is completely voluntary. Although we cannot offer you any compensation, you can take satisfaction in knowing that the information you give may potentially provide us and others with key direction and insight while working with adolescent males. However, you may withdraw from the study at any time for any reason. If you do this, all information from you will be destroyed. Again, there will be no consequences to any decisions you make.

The results from this study will be presented in writing, in journals read by exercise and health professionals, to help them better understand the experiences of overweight and adolescent males. The results may also be presented in person to groups of exercise or health professionals. At no time, however, will your name be used or any identifying information revealed. If you wish to receive a copy of the results from this study, you may contact one of the researchers at the telephone number or e-mail given below.

If you have any questions, please feel free to contact me at 403-581-9652 [zakk.morrison@uleth.ca], or my thesis supervisor Dr. David Gregory at 403-329-2432 [david.gregory@uleth.ca]. Questions regarding your rights as a participant in this research may be addressed to the Office of Research Services, University of Lethbridge (Phone: 403-329-2747).

Sincerely,

Zakk Morrison

I have read (or have been read) the above information regarding this research study called 'Through Their Voices', and consent to participate in this study.

_____ (Printed Name)

_____ (Signature)

_____ (Date)

Appendix C

Assent Letter for Children
(TEAM participation)

DATE

Dear NAME,

I am a student, like you, but at university and I am writing a project called a thesis. My project is on the thoughts and day-to-day experiences of teenage boys who are overweight. I would like to invite you to join a group I am putting together called '*the TEAM'.*

The TEAM is a Youth Advisory Committee (YAC) consisting of teenage guys between the ages of 13-17. The TEAM will get together 4 times over the course of a month. Each meeting of the TEAM will involve an activity or experience (i.e. trip to Harley Davidson shop, a hike, Tia Chi, or any other idea you have). After each activity we will have a chat session, where we'll talk about your the day to day experiences.

Every TEAM member will get a jacket with 'the TEAM' name on it.

After we have our TEAM activities I would set-up 2 times to meet with you and talk, for about an hour each time. I will ask you questions about your school, and home, as well as your family and friends. I would also like to discuss your thoughts on your health and day-to-day activities, such as; what type of activities you do at home and school. All of the information you share with me will go into my project, however, your name will not be mentioned and therefore no one outside our group will know you participated. I will also ask each guy to sign a form that says "no one can talk about the information that was shared during the TEAM chats". This is important so that everyone feels comfortable sharing. Our talks (interviews) are confidential (between you and I), however, if I suspect harm or danger to you and/or others, I must share this information with the proper authorities. If at any point you feel you would not like to participate anymore in the interviews or focus groups – that is ok. You can just say, "Zakk, I'm done with the interview" and I will stop the interview, no questions asked. There are no negative consequences if you decide, at any time, not to participate in the study.

I will also invite you and your parents to a group discussion at the Medicine Hat College to share the results of my project once I am finished and I may ask you to help me by reading a summary of the interviews, to see if I am understanding, your thoughts and ideas.

If you have any questions, I can be reached via telephone or e-mail at 403-581-9652 or zakk.morrison@uleth.ca.

Thanks for helping me with my project.

Zakk Morrison

I agree to work with Zakk and help him understand what my day-to-day life is like.

Name_____

Signature_____

Date signed_____

Appendix D

Parental Consent Form
(TEAM participation)

DATE

Dear Parent,

I am writing to ask your permission for your child to participate in a study I am conducting about overweight adolescent males. I am doing this research as part of my Masters of Science in Health Sciences thesis at the University of Lethbridge. I am interested in learning about the day-to-day experiences, and the health and physical activity issues of overweight adolescent males. I would invite your son to participate in the TEAM project. *The TEAM* is a Youth Advisory Committee (YAC) consisting of teenage guys between the ages of 13-17. The TEAM will participate in: various participant chosen activities (free activities within the city of Medicine Hat); TEAM chats (discussing their day to day experiences); 2-60 minute voice recorded interviews. The TEAM chats will be held at the location where the activity was held and the interviews can be held at either your son's home, Medicine Hat College, or another preferred location of your choosing.

Your son may find the chance to do activities and chat with myself and other boys his age as beneficial. This opportunity to chat and discuss the experiences of his day-to-day life may help by having others empathize with any issues or successes he may be having or have had.

To create camaraderie among the boys in 'The TEAM', all boys will receive a *TEAM jacket from Logo's Embroidery for their participation in this project.*

We recognize that the topics being discussed may lead to a sensitive nature and thus may either elicit strong emotions or feelings throughout the focus group and or the interview. If your son becomes upset during a TEAM chat or the interview, I will ask them if they would like to stop or leave the room. During the first meeting we will identify a 'talk to buddy' who your son may wish to talk with after any of the focus groups or the interview if our discussions elicit strong emotions or feelings.

Several steps will be taken to protect your son's anonymity and identity. While the interviews will be digitally-recorded, the digital files will be destroyed once they have been typed up. The typed interviews will NOT contain any mention of your son's name, and any identifying information from the interview will be removed. The typed interviews will also be kept in a locked filing cabinet at the University of Lethbridge, and only myself, my supervisor (Dr. David Gregory) and a transcriptionist (sworn to confidentiality) will have access to the interviews. All information will be destroyed after 5 years time.

Your son's participation in this research is completely voluntary. However, your son may withdraw from the study at any time for any reason. If he does this, all information from him will be destroyed.

All information your son shares with me will remain confidential. Therefore, I will not be able to share his comments with anyone (including parents). Although all talks between your son and I are confidential, if I suspect harm, danger and our abuse to your son and/or others, I am obligated under provincial law to report this to the appropriate authorities.

The results from this study will be presented in writing, in journals read by exercise and health professionals, to help them better understand the experiences of overweight and adolescent males. The results may also be presented in person to groups of exercise or health professionals. At no time, however, will your son's name be used or any identifying information revealed. I will also invite your son along with you to a group discussion at the Medicine Hat College, once my project is complete. This will be an opportunity for everyone to hear and share in the findings of the research. However, any participant unable or uninterested in attending the group discussions will be asked if they are interested in receiving an Executive Summary of the findings.

If you have any questions, please feel free to contact me at 403-581-9652 [Zakk.morrison@uleth.ca], or my thesis supervisor Dr. David Gregory at 403-329-2432 [david.gregory@uleth.ca]. Questions regarding your rights as a participant in this research may be addressed to the Office of Research Services, University of Lethbridge (Phone: 403-329-2747).

Sincerely,

Zakk Morrison

I consent to allow my child, _____, to participate in the thesis research concerning overweight adolescents conducted by Zakk Morrison as part of his graduate studies at the University of Lethbridge.

Name (please Print)_____Signature_____

Date signed_____

Contact information:

Phone:_____

E-mail:_____

Appendix E

Oath of Confidentiality
(Transcriptionist)

I, _____ , do affirm that I will not, directly or indirectly, without due authority disclose to any person any information or other matter that may come to me regarding the participants that are referred to in the Research Study titled, 'Through Their Voices: Experiences of Overweight and Obese Adolescent Males', by reason of my involvement with the project, so help me God/I so do affirm.

_____
Name

_____
Signature

_____
Witness