

## **Introduction**

### ***The rise and effects of childhood obesity***

The increasing prevalence of obesity in young people has been described as a 'global epidemic' (WHO, 2004). Craig, Mindell and Vasant (2009) cite approximately three in ten UK children as overweight or obese, particularly those aged 11-15. The Foresight report (2007) estimates that 25% of all children under the age of 16 could be obese by 2050, doubling the cost of treating obesity-related problems in the NHS to £10 billion.

Overweight and obese children also experience both subtle and overt stigmatization and bullying from peers, family and educators (Puhl & Latner, 2007). This can impact their self-esteem and quality of life related to their physicality and social relationships (Griffiths, Parsons & Hill, 2010). Stigma and fear of causing psychological harm can also make it more difficult for children and their families to talk about a child's weight status, a necessary stage to their seeking and engaging with potentially effective interventions (Chadwick, Sacher & Swain, 2008).

### ***Childhood weight management programmes***

Systematic reviews of childhood weight management programmes show promise in their effectiveness to reduce overweight (Luttikhuis, et al. 2009). Based on such findings, the UK National Institute of Health and Clinical Excellence (NICE, 2014) recommend childhood weight management programmes be multi-component and involve the child's parent(s)/carer(s). Such programmes derived from research in the United States that demonstrated significant reduction in overweight and obesity at five and ten-year follow-up points (Epstein, McCurley, Wing & Valoski, 1990; Epstein, Valoski, Wing & McCurley, 1994). In the UK, the most widely available

childhood weight-management programme based on NICE recommendations is MEND, shown to significantly reduce children's BMI and waist circumference and increase children's self-esteem compared to wait-list controls (Sacher et al. 2010).

The MEND programme is a multi-component community-based weight management programme for overweight and obese 7-13 year olds. The 12-week programme comprises twice-weekly sessions of one to two hours duration. Children are required to attend with a family member or carer. The curriculum of the programme has been described in Sacher et al. (2010); it contains child-friendly education on nutrition and physical activity relevant to weight regulation, behaviour change (stimulus control, environmental restructure, contingency management) and positive parenting techniques (praise, formal and informal rewards, modelling), to support the family in creating an physical and social environment conducive in helping the child gradually achieve a healthy weight status for their age. The MEND curriculum complies fully with NICE (2014) recommendations for community-based paediatric weight management programmes.

Whilst programmes such as MEND have been shown to be associated with improvements in anthropometric, behavioural and well-being outcomes prior to the onset of adolescence, relatively little is known about their impact as children start to enter this important phase of development. Whilst family-based programmes have the greatest evidence-based for successful treatment of paediatric weight problems Adolescence is marked by increased autonomy and independence *away from* the family as peer relations become increasingly significant (Havighurst, 1951). The prevalence of unhealthy lifestyle behaviours reaches their peak during adolescence (Wardle, Brodersen, Cole, Jarvis & Boniface, 2006) and being overweight as an adolescent is a more powerful predictor of adult obesity and associated health risks

than obesity at earlier stages of development (Luttikhuis et al., 2009). Obesity research conducted with adolescents remains scarce (Viner, 2010).

Qualitative studies of multicomponent childhood obesity programmes have also primarily focused on parental experiences (e.g. Stewart, Chapple, Hughes et al. 2008; Boskova, 2008). Some studies have involved children, but in combination with parental interviews (Dixey, Rudolf & Murtagh, 2006; Visram, Hall & Geddes, 2012). Findings across the above-cited qualitative studies highlights the acceptability of such programmes and their positive effect upon the child's self-esteem and confidence, exemplified through improved peer relationships and increased engagement in Physical Education and better choice of clothes the young people can wear (Stewart et al., 2008). Qualitative studies have also identified parents' struggles identifying their child as having a weight problem, meaning help-seeking is often delayed until relatively late in development when the issue may be more resistant to treatment (Stewart et al., 2008; Visram et al., 2012).

Given the surprising dearth of studies exploring young people's experiences of obesity treatment, especially during the crucial adolescent stage, with no qualitative studies of young people who have participated in MEND – the largest evidence-based childhood obesity programme in the UK – we set out to explore:

*What do children say about their experiences of the MEND programme, a year since completion?*

The question was kept purposely broad, in order to be guided by the focal topics with which the young people presented. This opened up potential for new perspectives and meanings without constraint of preformed assumptions or theories.

## **Method**

### ***Study Design***

This study used Interpretative Phenomenological Analysis (IPA; Smith, 1996) to explore participants' experiences. IPA adopts an inductive and idiographic stance, positioned firmly between realism and relativism. It is grounded in phenomenology, with data richly reflecting individual experience, and in interpretation viewing data as indirect accounts of experience, co-constructed by participants and researchers. This hermeneutic work is continued in systematic analysis, aiming to capture the essence of the phenomenon studied. IPA considers this essence to be real, but participants' accounts, and the analysis, as necessarily interpretative.

We judged IPA as suitable to provide sensitivity to our young participants' meanings and rigor to our analytic understandings. IPA is also appropriate to this study given its fitness for researching areas both under-explored (Reid, Flowers & Larkin, 2005) and complex (e.g. Smith & Dunsworth, 2003). The study adhered to relevant quality control guidelines (Yardley, 2000; Smith, 2011).

### ***Reflexivity***

For purposes of transparency and minimising bias, LW endeavoured to situate her role as researcher in context; their position as: an adult; White British; female; non-overweight; childless. A research journal was kept throughout the study and regular supervision undertaken.

### ***Participants***

There were 14 participants (see Table 1), all of whom met the inclusion criteria of:

- (1) Attendance at mainstream secondary education;
- (2) Completion of the MEND programme at least 12 months prior to interview

The former criterion was chosen for homogeneity purposes coherent with qualitative epistemology (Smith, Flowers & Larkin, 2009) – all children would have transitioned from primary to secondary school. This also helped ensure we captured participants at the developmental stage of increasing independence, where peer influence is increased compared with pre-secondary school. The timing of participant interviews of one year post-completion allowed for more consolidated narratives (Docherty & Sandelowski, 1999).

### ***Data collection***

Recruitment packs detailing the study were sent out to a randomised sample from the database of families who had attended a London MEND programme and had consented to contact for research purposes. Five participants responded to the postal invite to participate. Remaining participants were recruited by randomised follow-up emails and telephone calls.

Data collection was conducted by LW via an audio-recorded semi-structured interview (see Table 2). Interviews comprised open questions incorporating the young person's own language to check understanding and guide further discussion, with the schedule used flexibly to guide the young person through their experiences of MEND, beginning with their understanding and first encounter with MEND. More sensitive questions were placed towards the end in the hope that participants would feel more at ease at this stage (Smith, 2008). Two pilot interviews were arranged

with a view to refining the interview schedule. Due to positive feedback and minimal alterations, these interviews were included in the final dataset. The average duration of all interviews was 30 minutes. Interviews took place within the child's home separate from family members.

### ***Data analysis***

Each interview was transcribed verbatim post-interview and transcripts analysed in detail by LW. Stages of analysis were based on guidance by Smith et al. (2009) and Smith and Dunsworth (2003). The idiographic process began with reading and re-reading a transcript to become 'immersed' in the data, then noting descriptive, linguistic and conceptual comments before listing potential themes alongside transcript excerpts. Integrative coding followed where similarities, differences, generality of themes and exceptional aspects of the dataset were noted, which led to the compilation of superordinate and subordinate themes. Validity-checking by matching transcript extracts to themes (Elliott, Fischer & Rennie, 1999) was undertaken by PC.

### ***Ethical considerations***

Approval was obtained from the University's Research Ethics Committee and the directors of MEND. Informed consent was obtained from child and parent/guardian prior to interviews, emphasising the right to withdraw. All data was kept confidentially and identifying information anonymised.

Potential for distress was minimised through using appropriate language and adopting a non-judgemental attitude (Chadwick et al., 2008); deploying techniques to maximise development of rapport and using solution-focused questions to develop

a therapeutic environment (Hester, McKenna & Gately, 2009). Provision and contacts for support in light of any difficulties was clarified at the outset, though in the event none did so.

## **Results**

Please see Table 3 for an overview of all themes and subthemes to emerge from the dataset, a more extended analysis and discussion of which can be found in Watson (2011). The first theme – *Fun* – was the most common and striking theme to emerge from this research and forms the basis of this article. *Fun* was intrinsically connected to the other two themes; *The Power and Influence of Others* helped form the conditions for participants to experience fun, the intrinsic experience of which paved the way to *The Changed Self*.

*Fun* specifically related to how participants described their experiences whilst attending the MEND programme. The word ‘fun’ was used spontaneously by twelve of the 14 participants, to describe both the programme as a whole as well as specific components. Analysis of the other two transcripts demonstrated extracts that fitted the subthemes.

### ***“Going with the flow”***

The experience of fun was procedural and automatic, diverting the self from negative feelings. Fun was associated with a sense of being in the moment, of automaticity and procedural ‘flow’. It was not conveyed in a way that demanded effortful thinking, nor was it overly related to self-focus. Indeed the experience of

having fun appeared to hold the function of diverting attention away from any discomfort that could be experienced in body and mind.

*[I used to] think that exercise [was]...<sup>1</sup> sort of like a torture. But when I went [to MEND] I find it nice and fun and I just thought exercise was basically just going with the flow.*

Sunil makes an extreme comparison between what he used to *think* about exercise – that it was “like a torture” – compared to how he *experienced* it at MEND – “nice and fun”. “Going with the flow” is suggestive of something more automatic and not requiring thinking, other than perhaps his reflections upon it afterwards. It gives a sense of being ‘in the moment’, an elusive feeling. Flow can bring to mind the image of a river, as if it were a metaphor for the exercise; he is swept up and immersed. The experience seems to involve him entering into something else’s flow, something external to him – he is “going with” it and letting himself be guided. Torture, on the other hand, suggests a focus on the self – an acute experience of pain and suffering inflicted by something or someone. Sunil elaborates:

*It may seem hard at the beginning, but if you just get along with it and don’t really think about how tired you get you just think about how much fun you’re having, it’ll be very easy for you.*

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<sup>1</sup> ... denotes words removed for conciseness and clarity without altering intended meanings; (.) marks pauses; underlined words reflect participant emphases.

Sunil speaks of a process; it gets easier (and more fun) over time. There is a sense that you get used to “the flow”; once you “get along with it”, and do not fight it, the exercise starts to become fun. Note that he does not say get *on* with it but get *along* with it, as if it were, or has become, a friend. Or, embellishing the metaphor of a river, it is as if he is carried along by the flow of its current. A similar dichotomy between cognitive effort and the experience of fun is provided by Louise:

*[MEND] was all fun...not worrying at all.*

Worrying can be considered cognitive, effortful and negative – the antithesis of fun. Similar to how fun seemed to detract from having to *feel* certain things, here it seemed to provide a function of not having to *actually think*, reinforcing fun as associated with a focus away from the self and (negative) bodily experiences. Shamima at first found the activities “embarrassing”, because the parents were observing, again highlighting how self-focus can detract from fun.

Jovan provides another example of cognitive effort, in this case the active recall of memories, as distinct from the experience of fun. In response to being asked whether he learnt anything new from the activities, he said:

*(.) um, (.) well no not really. Not from the activities. ‘Cause they were more of like a fun thing, not learning.*

The pauses signify his difficulty in thinking about learning in relation to activity. He corroborates this with making a distinction between cognitively effortful learning and ‘fun things’.

Each of the above accounts share some commonality in both quality and conditions of what participants deemed ‘fun’. Fun was expressed as being ‘in the moment’ in a state of flow contrasted with cognitive, effortful processes such as worry and learning. Fun also served to divert attention from potential negative thoughts or feelings. The narratives regarding fun developed on reflection after the activities themselves.

### ***“Actually doing it” – seeing the fun side***

Fun was experienced through active *doing*, which brought variety and new meaning to activities and the young person’s experience of agency over their own bodies and fitness (e.g. improved stamina and breathing).

Fun was an adjective used to describe the ‘exercises’, ‘activities’, ‘sports’ or ‘games’: *actually doing* them, rather than taking a more passive stance (e.g. watching, waiting, or just talking about it). “Boring” was used to describe the passive learning elements. Active engagement in activities brought a new experience, such as through introducing variety or adding a new meaning to the sport. Here Raif demonstrates the connection of fun with doing activities:

*When we actually started the sport it was really fun...I thought the actual classes weren’t as helpful as the sport was...some of it was helpful when we went on trips and we actually did experiments, but it wasn’t helpful when we just sat there doing nothing and just looked at the whiteboard.*

His repetition of ‘actually’ conveys a sense of realness, emphasised with how he follows this with the verbs to start and to do as well as how they ‘went’ on trips.

The experiments he refers to suggest *active* learning; trying things out, testing things, doing things *differently*. This contrasts with the lesser position of observer, “just” sitting or looking at a whiteboard, suggestive of passivity and blankness. Blankness could relate both to abstract content as well as an expression of blankness in response to what is presented.

Ashley describes how what they were learning about “made more sense” when the other half involved games that were “suited with the lessons”. He provided the following example to support his point:

*The blood flows was boring at first cause we weren't really doing anything...lessons like how blood vessels were working and then because we went and did the game on it, it made it more fun to do...it didn't seem boring like [a] really long dreary lesson, it seemed more fun because we realised we were seeing the fun side of it...the education side of it together made it seem more fun.*

It is as if, for Ashley, doing the games and activities brought alive what he may have previously experienced as a long dreary lesson. This is reflected in the game that he remembers – blood flows. The doing of the exercise may have increased his own ‘blood flows’ in the process; for him, its relevance is both personified and, literally, brought alive. The amount of fun is stressed by his thrice repetition of the phrase “more fun”. Below, Louise gives her account of what made exercise enjoyable:

*[The exercise] wasn't like 'do ten steps and see your pulse then go', it was 'do ten steps...feel your pulse...then come down and do ten steps...see how fit you are [by feeling] your pulse again, and seeing [if] your heart's racing faster or slower', so it was really good doing exercise.*

Louise's example conveys the active involvement that seems to be important for things to be 'fun'; she is (1) *doing* the steps and (2) *comparing* her pulse before and after. She can be her own monitor now that she understands how to assess "how fit" she is; feedback from her own body is the learning material, providing her a central role in the learning exercise as well as in the actual activity and, ultimately, a different perspective or meaning on a familiar practice (in this case checking her pulse). This latter point relates to another example she provides; she tells of a new experience of going swimming:

*Instead of just going swimming you could swim differently and faster...you don't have to just do one length, get bored and get out, you can do a couple of lengths, all different strokes. Makes you lose lots of weight, but not falsely, it's enjoyable to do.*

Varied and new ways of swimming protects against it becoming boring; she can do more because it is enjoyable, and doing more also *makes* it enjoyable. The effect for Louise was that she lost weight. The weight loss for her is 'not *false*' [our emphasis]; her enjoyment increases her want to swim, which could make for 'true' (lasting?), rather than 'false' change. Similarly for Matt, "when it's the same sort of

exercise type thing every day it gets a bit boring”, again highlighting the importance of variation as key to experiencing exercise as fun.

In summary, fun is associated with doing exercises and activities. It contrasts to passive classroom activities often associated with boredom. Once someone is actively involved, they by definition become a part of what they are doing. The meaning and relevance associated with this appear to develop a new perspective that is experienced as fun.

***“You do games in unity” – “It’s not as fun on your own”***

Fun was also experienced as energising. This was in anticipation of doing activities with others, who were often considered integral to the fun that was experienced, in contrast to being alone. Albana speaks of the *necessity* of another (here the instructor), for the activities to take place:

*[With the] games it’s got to be a whole class thing with the instructor... ‘cause if there was no one to shout out the numbers you couldn’t play the game.*

In Albana’s experience, the games were involved everyone as a “whole class thing”. For Sunil, there appears to be a correlation with the amount of *people* participating in the games and the amount of *fun* that he experiences:

*If there’s one person, you can play a small game, the more people there are you can play better games...it’s a fun programme where you do games in unity and have lots of fun games...by myself, all of the things that I’m doing*

*would actually be much more fun with more people...I really find it much more fun with more people.*

Sunil conveys his experience of fun as increasing incrementally with the amount of people. He repeats how it would be “much more fun with more people”, calling the games themselves “games in unity” and further reinforced by his words “better” and “lots”, reflected both the amount of fun and people. He contrasts this to being by himself, held back by being only one “by myself” – unable to increase the size of the game, increasing focus on the self. One person means you can play only a small game, which may represent how he experiences his own position – small and not united in fun games. Sunil was from a Bengali background; such cultural factors may play a role in his emphasis on the interconnection with those around him. For Tom, he values having his friends there – they made it fun for him, positively impacting his confidence:

*I met most of my friends so that's what I liked about [MEND] the most, 'cause it's not as fun when you're not with anybody like anybody you know...when you know someone you're not alone exactly...[when my friends weren't in] I was mostly alone, and that's what kind of stopped my confidence a little bit.*

For Tom ‘most’ of his friends equated with what he ‘most’ liked, in contrast to doing activities by himself. Being alone is what he attributes to times that his confidence ‘stopped’; when the activity with others stops, so too does his fun, confidence. As with Sunil, it is not about being with just anyone that leads to experiencing fun; for Tom it is about being with someone that you *know*. Shamima

also emphasises not being alone, and the importance of knowing the others that you join together with to have fun:

*I don't really like doing stuff alone, I like doing stuff with other people I feel safe and comfortable with...if I felt really excited and comfortable with those people I get really really excited and want to do it so much...because there's lots of fun activities...I get interested.*

For Shamima, being prepared for fun first involved feeling “safe and comfortable” with the other people – then she would “want” to do the activities and feel “excited” and “interested”. Her choice of words have an energy also reflected in her emphasis and repetition of “really”, and the ‘flow’ of her words. Albana uses a similarly energised word in relation to attending MEND:

*you was...motivated...‘cause everyone there was in the same club and everything you was motivated by it.*

Albana’s motivation is conveyed through the emphasis she places upon the word. Her language also reinforces the inclusivity as important for fun – “everyone” and “everything” was in the “same club”. For some, it was not simply about engaging in activities with others, but being in *competition* with others. Lizzie recounted “our team won”, rather than recall of the name of the game or any other details. Matt enjoyed “being in competition with the older ones” against the “little ones”; it was fun because “most of the time we either won or came second”.

Thus other people were key players in participants' accounts of having fun. Others were deemed necessary; increasing participants' experience of fun and impacting on their positive experiences at the programme. Others evoked positive feelings such as safety and comfort, which in turn could provide conditions for the more energised feelings akin to 'fun', such as excitement, motivation and confidence.

## **Discussion**

Findings from this study highlighted a repeated and unmistakable theme that was not unearthed during the literature review: 'fun'. Fun was experienced when participants were *actively participating* in activities that provided variety and new perspectives – particularly if the young person could see the impact of their own behaviour changes. Such activities appeared to be more memorable and positive than didactic and passive learning environments that were associated with boredom. If the groups and activities can be set up to optimise fun, then learning and other positive effects – including weight maintenance or loss – may also be optimised.

In order for the young people to engage the activities, however, it seemed that homogeneity – not feeling too different from, or scrutinised by, others in the group – was an important prerequisite. Once participants felt comfortable in the group, they could participate and 'have fun'. And fun seemed to increase the likelihood of experiencing other benefits such as physical conditioning improvements and increased confidence.

### ***The flow of fun***

In order to conceptualise this unexpected theme, further literature was sought to apply our findings to wider literatures. McManus and Furnham (2010)

acknowledge research into fun as very limited and neglected; at the expense of their psychometrically-based report, we felt the experience of 'fun' in our data appeared to be better encapsulated by, and to epitomise, what Csikszentmihalyi (2000) has theorised as 'flow'. This term, with its metaphorical association with liquids, typifies the fluid, changeable and somewhat elusive sense that we found in the present findings. Csikszentmihalyi's thought-provoking research positions the state of flow as intrinsically rewarding and as "the experience of acting outside the parameters of worry and boredom" (p. 39). This fits with participants' accounts of fun, which was associated with involvement in games and activities: "not worrying at all" (Louise); "it didn't seem boring like really long dreary lesson" (Ashley).

Flow is associated with feeling "relaxed, comfortable and energetic" (p.39); such adjectives are synonymous with Shamima's experience of fun that came through her feeling "safe and comfortable" with others as well as "excited" and "interested" in the games. Albana conveyed her energy through describing herself as "motivated".

Csikszentmihalyi (2000) shows that flow is reported when there is an optimal match between personal skills and task demands; post-reflection on this match can boost one's self-concept. Anxiety occurs where there is an objective or perceived excess of environmental demands in relation to one's skills and abilities to cope with the demands; boredom occurs with the inverse, when skills exceed the situational demands. This notion is expressed by Sunil and the importance for him of the teacher knowing the group's ability and delivering appropriately matched games:

*If I had a different sports teacher, I would feel completely different about MEND...that teacher knew what kind of fun things we like, whereas one day*

*we had a supply [teacher]...He would make us do very easy things...it was fun but it wasn't as fun.*

### **Motivations for change**

What does the data say about *motivators* behind engaging in the activity components of the programme? 'Flow' is considered intrinsically motivating; external rewards or motivators (e.g. the prospect of weight loss) are not deemed necessary for the experience of flow (Csikszentmihalyi, 2000). Our data supports this by the lack of discourse from participants surrounding the notion of losing weight as a reason for engaging in the activities, when compared to the experiential aspects of the activities – the fun that was had.

In their review of intrinsic and extrinsic motivation, Ryan and Deci (2000) highlight the innate needs for *competence*, *autonomy* and *relatedness* underpinning intrinsically motivated tasks. This supports the findings of this study: connection with others ('relatedness') was an important component that led them to experience fun; improvements begotten by their own actions increased their self-esteem ('competence'); and they experienced more autonomy from practise of these often "new" or "different" activities.

However, participants often did not anticipate the activities would be fun and thus were not intrinsically motivated during early stages of the programme. Exercise was often "hard at the beginning" (Sunil), before being experienced as fun. Deci and Ryan (2000) distinguish between avoiding punishment and instrumental values (i.e. rewards) as different extrinsic motivators; either or both of these might have to be employed at the engagement stage of such programmes, such as initial seeking of

rewards such as weight loss, praise from teachers or parents, or other non-food incentives.

Deci and Ryan (2000) propose a central question of how to enable participants to value and self-regulate activities without the requirement of external pressure. This is particularly important given the developmental stage of our participants who were embarking on adolescence. In short, maintenance of weight and weight loss that such programmes strive to develop in their attendees is of little value if once the intensive programme ends, such healthy endeavours also end.

What implications do these findings have for practice? Firstly, there may be requirement for some external motivators – for both parents and children – to help recruitment. Perhaps this could involve active engagement in some of the activities that have connected with experiences of fun in our sample of participants, such as an activity with others that leads to a different experience of an activity, fostering a sense of competence. There are also implications in our findings for maintaining new healthy activities. This could come in the form of on-going group activities that incorporate the elements of the programmes experienced as ‘fun’, without requiring the didactic elements of the programme.

### ***Limitations and areas for future research***

This was an explorative, small self-selected subgroup of participants. Participants cannot therefore speak for the experiences for all participants of MEND, particularly those with perhaps more negative experiences and/or those who did not complete. Given high attrition trends in such programmes (Sacher et al., 2010), it would be fruitful to explore reasons behind attrition and how to promote engagement and maintenance.

Despite the theme of change emerging from the data, the actual degree of weight loss and lifestyle changes was not a focus of the present study. Further research could adopt mixed methodology to quantify change and gather experiential data prospectively at differing time points. This may build up a richer picture of young people's journeys through the programme and the various processes and degrees of change.

### **Conclusion**

This study sought to explore the lived experiences of young people who had attended a weight management programme. A clear theme of fun emerged, though was not anticipated, bringing to life literature on intrinsic motivation and 'flow'.

We hope that this exploration of the experiences of young people on their continued journey of weight-management has a salutary effect upon programme design and delivery. In tackling overweight and obesity in young people, it may be more fruitful to focus on facilitating *fun* healthy lifestyle activities rather than emphasising risk and gravitas associated with overweight – arguably, the antithesis of fun.

## References

Boskova, Z. (2008). Parents' perception of childhood obesity intervention: 'MEND'. (Unpublished master's dissertation). St. Mary's University College, London.

Chadwick, P., Sacher, P. & Swain, C. (2008). Talking to families about overweight children. *British Journal of School Nursing*, 3, 271-276.

Craig, R. Mindell, J. & Vasant, H. (2009). The Health Survey for England 2008: Physical activity and fitness. London: National Centre for Social Research.

Csikszentmihalyi, M. (2000). Beyond boredom and anxiety: Experiencing flow in work and play. Chichester: Wiley.

Deci, E. L. & Ryan, R. M. (2000). The "what" and the "why" of goal pursuits: Human needs and the self-determination of behaviour. *Psychological Inquiry*, 11, 227-268.

Dixey, R., Rudolf, M. & Murtagh, J. (2006). WATCH IT obesity management for children: A qualitative exploration of the views of parents. *International Journal of Health Promotion and Education*, 91, 736-739.

Docherty, S. & Sandelowski, M. (1999). Focus on qualitative methods: Interviewing children. *Research in Nursing and Health*, 22, 177-185.

Elliott, R. Fischer, C. T. & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38, 215-229.

Epstein, L. H., McCurley, J., Wing, R. R., Valoski, A. (1990). Five-year follow-up of family-based behavioural treatments for childhood obesity. *Journal of Consulting and Clinical Psychology*, 58, 661-664.

Epstein, L. H., Valoski, A. M., Wing, R. R., & McCurley, J. (1994). Ten-year outcomes of behavioral family-based treatment for childhood obesity. *Health Psychology*, 13, 373-383.

Foresight (2007). *Tackling Obesities: Future Choices – Project Report*. London: Government Office for Science.

Griffiths, L. J., Parsons, T. J. & Hill, A. J. (2010). Self-esteem and quality of life in obese children and adolescents: A systematic review. *International Journal of Pediatric Obesity*, 5, 282-304.

Havighurst, R. J. (1951) *Developmental tasks and education*, New York: Longmans.

Hester, J. R., McKenna, J. & Gately, P. J. (2009). Discussing lifestyle behaviours with obese children. *Education and health*, 27, 62-66.

Luttikhuis, H. O., Baur, L., Jansen, H., Shrewsbury, V. A., O'Malley, C., Stolk, R. P. & Summerbell, C. D. (2009). Interventions for treating obesity in children (Review). *Cochrane Database of Systematic Reviews*, 3, 1-57.

McManus I & Furnham A (2010) "Fun, fun, fun": Types of fun, attitudes to fun, and their relation to personality and biographical factors *Psychology* 1 159-168

National Institute for Health and Clinical Excellence (2014). *Obesity: identification, assessment and management of overweight and obesity in children, young people and adults*. London: NICE.

Puhl, R. M. & Latner, J. D. (2007). Stigma, obesity, and the health of the nation's children. *Psychological Bulletin*, 133, 557-580.

Reid, K., Flowers, P. & Larkin, M. (2005). Exploring lived experience. *The Psychologist*, 18, 20-23.

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55, 68-78.

Sacher, P. M., Kolotourou, M., Chadwick, P., Cole, T.J., Lawson, M. S., Lucas, A. & Singhal, A. (2010). Randomized controlled trial of the MEND program: A family-based community intervention for childhood obesity. *Obesity*, 18, 62-68.

Smith, J. A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology and Health, 11*, 261-271.

Smith J. A. (Ed.) (2008) *Qualitative Psychology: A Practical Guide to Research Methods* (2nd ed) London: Sage.

Smith, J. A. (2011).Evaluating the contribution of interpretative phenomenological analysis, *Health Psychology Review, 5 (1)*, 9-27.

Smith, J., & Dunsworth, F. (2003). Qualitative Methodology. In K. Connolly & J. Valsiner (Eds.), *The Handbook of Developmental Psychology*. (pp. 603-621). London: Sage.

Smith, J. A., Flowers, P. & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London: Sage.

Stewart, L., Chapple, J., Hughes, A. R., Poustie, V. & Reilly, J. J. (2008). Parents' journey through treatment for their child's obesity: A qualitative study. *Archives of Diseases in Childhood, 1*, 35-39.

Viner, R. (2010, November). *Social determinants of health in adolescence*. Speech presented at UCL, London.

Visram, S., Hall, T. D. & Geddes, L. (2012). Getting the balance right: qualitative evaluation of a holistic weight management intervention to address childhood obesity. *Journal of Public Health, 35*(2), 256-254.

Wardle, J. Brodersen, N. H., Cole, T. J., Jarvis, M. J. & Boniface, D. R. (2006). Development of adiposity in adolescence: Five year longitudinal study of an ethnically and socioeconomically diverse sample of young people in Britain. *BMJ, 13*, 1130-1135.

Watson, L. (2011). Managing overweight: children's stories of their journey through treatment and beyond. Unpublished doctoral thesis. University of East London.

World Health Organization (2004). Obesity: preventing and managing the global epidemic. Report of a WHO consultation. Geneva: Author.

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health, 15*, 215-228.

**Table 1.** Participant information

Participant pseudonym	Age at interview	Gender	Ethnicity
Samantha	14	Female	White British
Louise	12	Female	White British
Lizzie	11	Female	White British
Tom	13	Male	White British
Beth	14	Female	White British
Raif	12	Male	White British-Turkish
Ashley	13	Male	White and Black African
Matt	14	Male	White British
Sunil	11	Male	Bangladeshi
Shamima	12	Female	Indian
Jovan	13	Male	Kosovan
Taylor	14	Male	White and Black African
Albana	12	Female	Algerian
William	11	Male	Italian-Danish

**Table 2.** Interview schedule

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- Could you describe what MEND is in your own words? (What is it about/for?)
  - What was MEND like for you? (Most important things about MEND for you?)
  - How did it come about that you went along to MEND? (Whose idea? How did you feel?)
  - Could you tell me what it was like going along to MEND? (What did you like/not like/find difficult? What were the other people in the group like? What was it like for your family/friends?)
  - Looking back at MEND, what do you think about it? (Its influence/not? Any before/after comparisons?)
  - How did you think about yourself/your body before / during / since MEND (words to describe, thoughts, feelings)?
  - If you had to summarise your journey through the MEND programme (before/during/after MEND), what would you say?
  - Are there any other things that you haven't told me about MEND that you think are important?
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**Table 3.** Table of themes<sup>2</sup>

<b>Superordinate theme</b>	<b>Subtheme</b>	<b>Description</b>
<b>FUN</b>	<b>“Going with the flow”</b>	Fun was experienced through active <i>doing</i> , which brought variety and new meaning to activities.
	<b>“Actually doing it” – seeing the fun side</b>	The experience of fun was procedural and automatic, diverting the self from negative feelings and contrasting with effortful thinking.
	<b>“You do games in unity” – “It’s not as fun on your own”</b>	Fun was also experienced as energising. This was in anticipation of doing activities with others, considered integral to the fun that was experienced.
<b>THE POWER AND INFLUENCE OF OTHERS</b>	<b>Family influence and support</b>	Family influenced certain behaviours and feelings, through varying degrees of enforcing change and providing emotional support.
	<b>Peers: “like me”</b>	Peers influenced self-concepts, feelings, and behaviours. Participants strived to be <i>liked</i> , as well as to be <i>like</i> their peers. Healthy behaviour could be supported and enabled by peers, but also be counteracted by ‘peer pressure’.
<b>THE CHANGED SELF</b>	<b>“We learnt quite a lot of new things”</b>	What they knew changed: they learnt what to do to help themselves (e.g. lose weight/become healthy). It made them “actually think”.
	<b>“I could tell I was changing”</b>	Participants noticed they were changing through applying what they had learnt. This included differences in mind-set, behaviours and feelings.
	<b>“There were changes”</b>	Changes external to the self, that affected the self, were experienced and reflected upon. They felt that certain changes were beyond their control, such as events that happened and growing up.

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<sup>2</sup> From Watson (2011)