Author's response to reviews

Title: Previous experiences and emotional baggage as barriers to lifestyle change - a qualitative study of Norwegian Healthy Life Centre participants

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Version: 6 Date: 13 May 2015

Author's response to reviews: see over
Dear Executive Editor,

Thank you for the opportunity to revise our manuscript with the previous heading “Previous experiences and emotional baggage as influences on lifestyle change”. The heading is now revised to: “Previous experiences and emotional baggage as barriers to lifestyle change”.

We were grateful to revise the manuscript and address the comments, criticism and concerns raised by the reviewers. We have strived to fill in depth and explicit details as helpfully suggested from referee 1 to improve the manuscript. We have also applied theoretical concepts and models and tried to answer the essential questions raised after the instructive feedback from referee 2. We were very thankful for the useful articles referee 2 provided us for the revision of the manuscript.

The submitting author has responsibility for the revision and resubmission of the article according to the requirements of your journal. A point-by-point description of the changes made in the light of the reviewer’s comments follows on page 2-6. A response to the two reviewer’s comments follows on page 7-9.

We believe that this study adds important information about the complexity in lifestyle change and that emotional distress from people’s life history are important to address, and look forwards to your final decision. We will be happy to oblige to any further comments you may have to the manuscript.

Sincerely yours,

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A description of the changes made in the revised manuscript:

The content of the points:

- **Point 1:** Heading
- **Point 2-6:** Abstract
- **Point 7-8:** Background
- **Point 9-15:** Method
- **Point 16-17:** Results
- **Point 18-23:** Discussion
- **Point 24:** References

**Heading**
- Following Referee 1 suggestion about adding barriers in the heading, we changed the heading” to “Previous experiences and emotional baggage as barriers to lifestyle change”

**Abstract**
- In the last sentence in the background section of the abstract, line 63, we added “…in relation to changing lifestyle…. “ as suggested by referee 1.

- Suggested from referee 1 we tried clarifying why we used systematic text condensation in line 65-69 (*The data were analysed using systematic text condensation searching for issues describing participants’ responses, and looking for the essence, aiming to share the basis of life-world experiences as valid knowledge*).

- To referee 1’s question about previous negative experiences was opposed to just previous experiences this is opposites in the meaning that previous experiences with lifestyle change refers to the experience in the attempts which we tried to make more understandable and explicit with adding *negative* in line 69 and letting previous experience stand alone in line 72.

- After referee 1 suggestion about adding an example about what we mean about emotional baggage we added some text referring more explicitly to emotional baggage in line 74 (“…..an emotional baggage with….. ”). Furthermore, we revised the text in line 75-78 (*Respondents said that they felt that the burden of this emotional baggage was an important explanation for why they were stuck in old habits and that conversely, being stuck in old habits added load to their already emotional baggage and made it heavier*).
After comments from referee 2 we added a sentence in the conclusion section, line 81-82. 

Behavioural change can be hard to perform as psychological distress from life baggage can influence the ability to change, referring to more the theoretical connections as the article is revised to contain more about behavioural change theories and its connections to our findings.

Background

After suggestion from referee 1 we moved the text about the Healthy Life Centers (previous line 99-115) to the Method section under Healthy Life Centres (line 160-172). (Starting with Healthy Life Centres offer physical activity..... Ending with:......... Healthy Life Centers serve as a low threshold health service, and Norway’s public health insurance covers the cost of participation in centre programmes). An exception of text that is not removed from the Background to the Method section is previous line 104-106 that now is at line 116-118 about the theoretical foundation for Healthy Life Centres.

In line 119-132 there is added information about behavior change theories and more about the rationale for the study based on both referees’ comments (Lifestyle change depends on individual behavioural factors. Multiple individual factors as social, psychological and practical barriers can make lifestyle change hard to perform (13). Performing lifestyle change and adherence to change is a continuous process and contains several different phases (14). Behavioural change theories have not in particular dealt with psychological or emotional distress (15-17), although they present several are common factors that are important for lifestyle change: social relations, attitude, stages of change and self-efficacy (18). Individual barriers to lifestyle change may be countless and they can be hard to address by health care providers (19). Previous negative life experiences could cause psychological or emotional distress (20) and are known to negatively affect the ability to change lifestyle (21). Addressing psychological and emotional distress as barriers to lifestyle change may help improve outcomes from lifestyle change programs.).

Method

As pointed out by referee 2 there was a need to clarify the meaning in line 154, and we opted to clarify the meaning by changing it: “…..addressed by the questions....” to: “….addressing the questions in the study objective....”
As mentioned in point 7 (Background) the information about the Healthy Life Centres was moved after suggestion from referee 1. Because of this, the section, with the heading, Healthy Life Centres is now added in line 159 and the section Recruitment and participants is moved to line 174.

Referee 2 asked about how we addressed the conflict of interest regarding the personnel working in Healthy Life Centres in the recruiting process and how they differentiated between their professional roles and being a recruiter. We added this text in line 180-184 (The personnel informed the participants that they helped recruiting and that they as personnel were not part of the study. The personnel also told that if they participated in the study or not, it would not affect the participants period at the Healthy Life Centre. Recruitment proceeded continuously until data saturation.).

After suggestion from referee 2 we omitted part of a sentence at previous line 215/216 (“…..the statement codes defined the interviewers experience…”).

After question from referee 1, we added information to clarify the member checking in the ethics section, line 218-221 (All participants were offered to read their transcribed interview. Only three participants accepted, and none had any comments to the transcript. Participants were also offered to know more about the content of the analysis, but none was interested).

Referee 1 suggested we clarified why we used systematic text condensation in the abstract and thereby we also added more content in the analysis section in line 229-232 (The systematic text condensation were performed by looking for the essence, and thereby aiming to share the basis of the informants life-world experiences as valid knowledge (23).

Referee 2 requested further explanation about where the MindJet mapping preliminary themes came from. These were themes that were discovered during transcription of the interviews, which we have explained in the text in line 239-241 (MindJet MindManager mapping with preliminary themes that arose during transcription were added during the coding process).
Results

• About the comments on figure 1 from referee 1, we have added more information to the figure and in the figure caption. To show the main findings as clearly and explicit as possible. The purpose of adding a figure as we read in the guidelines for BioMed Central was to increase the clarity of the article (http://www.biomedcentral.com/authors/figures). We have tried to make it as self-explaining as possible without repeating too much of the text in the manuscript and not present anything other than in the manuscript, as said in the recommendations for the preparation for submission for Medical Journals (ICMJE).

• As suggested by referee 1, the referring back to participant’s quotes was changed from female to woman (line 273, 295, 311, 341, 360, 488).

Discussion

• To meet the comment from referee 1 about the first sentence in the discussion, where he noted that we could be much more specific about that they are stuck in old habits to not lose depth, we added more about the content in this in line 383-385 (“….. making unhealthy choices on food, activity and tobacco in their everyday life, which affected themselves and their environments negatively…. ”).

• After suggestion from referee 1, there is changed a sentence to fulfill and exemplify the meaning of negative experiences in line 391-394: “…..being bullied in childhood and harassed at work, not having supporting parents, having violent partners and children with drug problems…….”

• We have tried to meet the comment from referee 2 about the mixture of self-referrals and referrals from general practitioner may have implications for stage of change according to the Trans theoretical model of behavior change, this is added in line 410-414. (To get a referral from the general practitioner to the Healthy Life Centre, as half of the participants had gotten, may have had implication for these participants readiness for change (30). The other half who had contacted the Healthy Life Centre themselves could acknowledged their lifestyle problems, and thereby be readier to perform lifestyle change),
• As suggested from referee 2 we added more about the theoretical framework related to behavior change to strengthen the discussion. Referee 2 helpfully referred to how people’s previous experience is a key factor for self-efficacy in Banduras social cognitive behavioural theory, and we the changed lines 416-421: Our participants told about the importance of not relapsing from a changed habit, known in behaviour change theories staged that those who have performed lifestyles changes are working to prevent relapse (31). Three months with intervention was said by participants to be to short time to make a lasting change, and the time aspect of incorporating changed behavior is important (31), and in lines 442-446 accordingly: Psychological distress from previous experiences in childhood can influence the ability to change negatively (20). Previous experiences are key factors for self-efficacy (41). Thus, experiences, which are negative, as they were for our participants, the self-efficacy, may be low. Consequently, the behavioural change gets harder to perform.

• After comment from referee 1 about emphasizing more on the clear need to address the common psychological and emotional barriers to lifestyle change that perhaps have been neglected in the past, we added more about this in line 457-460 (The complexity of the etiology in lifestyle issues may have been neglected in the past. We found psychological and emotional barriers for participants as important hindrances when starting a lifestyle change program).

• After revision of the conclusion in the abstract as suggested by referee 2, also the main conclusion in the discussion chapter is revised to be more robust with referring back to the behaviour change theories in line 497-499 (Previous negative experiences with accompanied psychological distress can influence the ability to change as self-efficacy may be low, which can make behavioural change hard to perform).

References
• After the revisions and added text in the manuscript there has been added 12 new following references as numbered in the text:

Response to reviewer’s comments

1. Reviewer’s report
We were delighted to hear that you found the information from this study as very valuable and important. We hope that many readers will appreciate such a paper as it adds to descriptions of the complexity when it comes to changing lifestyle and why current lifestyle interventions do not work. We appreciated the good feedback and we strongly agreed in the Reviewer report we received. We have done our best to revise after the comments (as described at page 2-6). However, not all comments have led to a revision of the manuscript. In the following we will argue why.

To answer your important question about the theme feeling like a victim and if it was further explored, we did not further explored it because there were not much data where participants explicitly highlighted the theme. Shame and guilt was mentioned by participants, and both shame and guilt were themes in the data analysis. We discussed shame and guilt during the process of the analysis, and it would have been interesting to follow up. We hoped, by doing this research looking at overweight patients in the primary health care, to find participants with higher compliance for performing lifestyle change, as the Finnish Diabetes Prevention Study has found possible in primary care setting. Unfortunately, but true, and very important for clinicians and decision makers, were that these participants in the Norwegian primary health care have emotional baggage and may need other approaches than healthy diet courses and exercise.

Our results was actually quite different from the original aim of the study, as we originally wanted to know participants expectations for starting a lifestyle change, but then we ended up with stories about their life experiences and accompanied emotional load. If we had second interviews, we could guess that shame, stigma, guilt and feeling like a victim could had been explore further. The shame, guilt and victimization that overweight and obese people experience from being stigmatized with the common preconception of them being lazy, not taking care of them self, lack of self-control, is something that would have been interesting to elaborate more on. We wish that the findings in our study can add to a growing evidence about the complexity of the etiology of obesity, and that sigma of people with serious lifestyle issues can diminish.
2. Reviewer’s report

We were very glad to hear that you found our paper as having potential to provide insight into important issues relevant to lifestyle change and we were very glad for the helpful feedback to improve the manuscript. We strongly agreed in the Reviewer report we received, and we have done our best to revise our manuscript according to the comments (as described at page 2-6). For the questions asked that is not revised, we provide our arguments below:

In this study, we were exploring participants’ expectations in a clinical setting when starting an intervention, which was not theory based. The Healthy Life Centers has salutogenesis as a theoretical foundation, as we have written in the introduction and discussed in light of the results. Chosen for the analysis, we used systematic text condensation as it can be applied without comprehensive theoretical training as it entails a limited level of philosophical commitment (Malterud K, Scandinavian Journal of Public Health, 2012, 40:795-805). Thus, we have done our best to implement the aspect you helpfully mentioned about behavior change theories in our manuscript. We see the importance of applying behavioral change theories to give strength and to discuss the results in light of theories as the main themes and findings is coinciding with these theories.

Like mentioned in the article you kindly recommended us, McKenzie SH, Harris M, *Understanding the relationship between stress, distress and healthy lifestyle behavior: a qualitative study of patients and general practitioners.* BMC Family Practice 2013, 14:166; theoretical models of behavior change do not consider the role of psychological and emotional distress clearly refereeing to Bandura, Azjen, and Proschaska. We have highlighted this as important and hope that further studies who have theoretical foundation will emphasize and elaborate on the role of psychological and emotional distress when it comes to connecting theories and looking at the clinical settings where lifestyle interventions is being performed.

Respons to minor revision:

To answer your question if there were any differences in results between the genders there were no gender differences in the results. Both men and women had a great amount of emotional baggage they highlighted. As that is said, there were only seven men and 16 women the number of participants makes it difficult to draw any conclusion to gender differences in this study.