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**Starting the Conversation about Eating and Body Image:
The Clinical Experience of Young Women with Type 1 Diabetes**

**A dissertation presented in partial fulfilment of the requirements for the degree of
Doctorate in Clinical Psychology at Massey University, Manawatu, New Zealand**

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Abstract

A diagnosis of type 1 diabetes, in particular the concomitant restrictive eating and insulin regimen and the threat of short- and long-term complications associated with poor metabolic control, may introduce or exacerbate psychosocial or psychological stressors for young people. Moreover, the focus on eating and the increase in body mass index that is often associated with a diagnosis of type 1 diabetes may exacerbate eating, weight and body image issues for young women in particular. Whilst weight control measures can be healthy, there are a variety of disturbed eating behaviours that young women may employ for this purpose. These behaviours range from those that may be relatively benign through to more risky behaviours, including the practise of manipulating or omitting insulin for weight loss, which can jeopardise optimal health outcomes. To understand the milieu in which eating, weight and body image issues develop as well as talking about them in a clinical setting, this qualitative study aimed to explore the both lived and clinical experience of young women with type 1 diabetes. The participants in this research were 12 young women with type 1 diabetes attending diabetes services and 5 health professionals working with this group. The stories of both groups were explored thematically and analysed using a narrative methodology on two levels, namely the personal story and the public narrative. Firstly, the analysis demonstrated the variations and contradictions within the lived experience stories of the young women and the areas of congruence and discordance between the clinical experience stories of the young women and the health professionals. Secondly, the socially available narratives that shaped the stories were explicated. The analysis showed that there is often a paradigm clash between the biomedical goal of stable metabolic control and living a “normal” life. Whilst the health professionals described their collaborative approach, some of the young women perceived that their clinical interactions were dominated

by biomedical goals. These perceptions threatened the functionality of the clinical relationships. This suggests that health professionals should seek to minimise and manage the discordance that young people may experience between living a “normal” life and living with diabetes. Exploring the lived experience of diabetes, the young women experienced a range of eating, weight and body image issues, and 2 young women had engaged in insulin omission, culminating in serious health complications. The clinical experience stories indicated that, if weight was talked about at all clinically, it tended to be in medical terms, and weight gain was not always discussed if it fell within medically acceptable parameters. Moreover, health professionals were reluctant to ask about disturbed eating behaviours unless they had cause to suspect them. These findings suggest that there are two possible areas of intervention. Firstly, talking about weight and body dissatisfaction may help identify risk factors that foster the development of disturbed eating behaviours. Secondly, screening for disturbed eating behaviours may help identify them before they become entrenched.

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