

UNDERSTANDING THE CONSTRUCT OF BODY IMAGE
TO INCLUDE POSITIVE COMPONENTS:
A MIXED-METHODS STUDY

DISSERTATION

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the Degree Doctor of Philosophy in the Graduate
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By

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ABSTRACT

Quantitative methods were used to identify women with positive body image and qualitative methods, with a focus on grounded theory, were used to analyze these women's data. Fifteen undergraduate females and five clinical/research experts offered information related to body image via interviews. Assertions emerged regarding women who espouse positive body image: (a) they embraced unique characteristics such as gratitude and self-love, (b) they relied on an encouraging social support network, (c) they identified and critiqued society's obsession with the female body, (d) they accepted a range of beauty ideals across racial/ethnic heritages, (e) they acknowledged the role of spirituality/religion in relation to body image, (f) they endorsed realistic self-appraisals, and (g) they adhered to healthy lifestyle choices that include intuitive eating/drinking and exercise. A fluid model of body image, including both positive and negative components, was created that emphasizes trait and state levels of this construct. This study adds incremental knowledge associated with positive body image and serves as foundation for future research on this topic.

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CHAPTER 1

INTRODUCTION

Research focused on body image issues has dramatically increased in the past 50 years (Cash & Brown, 1989; Feingold, & Mazzella, 1998; Pruzinsky & Cash, 2002). To date, an abundance of literature exists on body image, specifically concerning negative aspects of body image. One of the primary reasons for conducting research on negative body image is the relationship with dieting behaviors and eating disorders (Anton, Perri, & Riley, 2000; Kearney-Cooke & Striegel-Moore, 1997; Mautner, Owen, & Furnham, 2000; Mussell, Binford, & Fulkerson, 2000; Rosen, 1998; Rosen, Srebnik, Saltzberg, & Wendt, 1991). In 1993, the American Psychiatric Association reported that weight preoccupation, a component of negative body image, was the primary symptom associated with eating disorders. The incidence of adolescent and young adult women exhibiting full-blown eating disorders lies between one and four percent (APA, 1993).

However, it is important to emphasize that not every person who suffers from negative body image is catapulted into a full-blown eating disorder such as anorexia nervosa or bulimia nervosa (Kashubeck-West & Saunders, 2001a). According to the Diagnostic and Statistical Manual of Mental Disorders (4th edition; American Psychiatric Association, 1994), diagnosis of full-syndrome eating disorders is rare in America (anorexia nervosa between 0.5% and 1%; bulimia nervosa between 1% and 3%) but is on the rise (Kashubeck-West & Mintz, 2001). It is estimated that 90% of individuals

diagnosed with a full-blown eating disorder are women (Kashubeck-West & Mintz, 2001; APA, 1994). Of those women diagnosed with anorexia nervosa, approximately 20% will die from health problems (Ressler, 1998).

Factors Associated with Body Image

In addition to its relevance with eating disorders, body image alone is important to investigate as this construct profoundly affects other components of the self such as attitudes, thoughts, perceptions, and behaviors (Pruzinsky & Cash, 2002). A negative evaluation of the body can range from mild dissatisfaction to extreme aversion (Cooper, Taylor, Cooper, & Fairburn, 1987; Rosen, 2002). The occurrence of a negative body image can interfere with one's ability to develop a healthy self-esteem (Cash & Labarge, 1996), to establish and maintain positive sexual relationships (Wiederman, 2002), and to engage in healthy eating behaviors (Cash, 2002c), among other issues. Feelings and thoughts regarding body image can affect social functioning (Cash & Fleming, 2002; Rosen & Ramirez, 1998) and has the potential to influence our relationships with others (Pruzinsky & Cash, 2002). Individuals who are dissatisfied with their bodies might avoid situations that provoke awareness of appearance such as engaging in sexual activity or wearing specific clothing (Evans & Wertheim, 1998; Rosen & Ramirez, 1998). They might also engage in appearance-related activities where they spend considerable time and attention on the body via exercise regimes and grooming practices to perfect the body (Rosen, 2002).

Many women (and some men) endorse a negative body image (Hotelling, 2001; Mulholland & Mintz, 2001). It is often assumed that women as a whole experience more problems with body image issues than men (Cash, 1998). Rosen (1998) posited that

approximately 10% of all women suffer from body image problems. Body image concerns are so prevalent in women that it has been termed “normative discontent” (Cash, 2002c; Rodin, Silberstein, & Striegel-Moore, 1985). A representative survey collected in 1993 examined body image concerns among 803 adult women in the United States (Cash & Henry, 1995). Results from this study suggested that half of the participants reported global negative evaluations of their bodies and preoccupation with being and/or becoming overweight (Cash & Henry, 1995). A meta-analysis conducted by Feingold and Mazzella (1998) revealed significant findings regarding gender differences in body image. Two hundred and twenty studies from a 50-year span of time were analyzed to determine if the prevalence of eating disorders in women has increased due to lowering levels of body satisfaction (Feingold & Mazzella, 1998). Based on this meta-analysis, the authors suggested that females are more dissatisfied with their bodies in comparison to men and that dissatisfaction has increased over time (Feingold & Mazzella, 1998).

Positive Body Image

Current body image literature focuses on negative components and is consistent with a pathology-related framework (Cash, 2002b; Williams, Cash, & Santos, 2004). Although significant attention is given to negative body image, the construct of positive body image remains elusive, as few empirical studies have specifically addressed this component. The literature identifies positive body image as being an optimal outcome for clinical interventions and prevention programming (Kearney-Cooke & Striegel-Moore, 1997; O’Dea & Abraham, 2000) yet contains modest information on how this construct is operationalized (Avalos, Tylka, & Wood-Barcalow, 2005; Cash, 2002b;

Williams et al., 2004). Striegel-Moore and Cachelin (1999) encouraged researchers to investigate the idea of resilience (or positive body image) to identify what characteristics and factors are associated with protecting women from developing disordered eating, body image disturbance, and eating disorders.

Counseling Psychology and Body Image

The discipline of counseling psychology provides the optimum forum to engage in dialogue associated with positive body image as it focuses on the hygiene (Super, 1955) rather than pathology of individuals. As part of its identity, counseling psychology emphasizes healthy aspects of human behavior and one of the five unifying themes is the focus on the assets and strengths of individuals (Gelso & Fretz, 2001). Counseling psychologists identify and cultivate individual strengths with the goal of promoting a holistic perspective of well-being (Gelso & Fretz, 2001). This approach is congruent with the movement in the overall profession of psychology known as positive psychology (Seligman & Csikszentmihalyi, 2000).

Current Study

This study reviews contemporary literature for both negative and positive components of body image research. Early studies in this area focused on aspects of negative body image in relation to eating disorders but failed to appropriately address the construct of positive body image and its integral role in overall well-being. Two leading body image models proposed by Cash (2002) and Kearney-Cooke and Striegel-Moore (1997) are presented in this study. Although these two models explore the development of negative body image, they do not explicitly address the role of positive components in generating a positive body image. Two recent empirical studies purposely explored the

construct of positive body image with intents to understand its precursors and correlates (Williams et al., 2004) and to create an assessment identifying body appreciation (Avalos, Tylka, Wood-Barcalow, 2005). The unique contributions of these research articles will be highlighted in addition to how the current study adds incrementally to the research base.

The literature review also includes rationale for the type of mixed methods design employed in this study to garner additional information related to positive body image within females. Quantitative and qualitative analysis is described followed by a discussion of the specific research question.

CHAPTER 2

LITERATURE REVIEW

Definition of Body Image

Body image is a multidimensional construct (Dorian & Garfinkel, 2002) that can be defined according to different standards. Some people refer to body image as weight satisfaction, appearance evaluation, body concern, and/or body distortion (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). Several authors defined body image as the attitudes one has regarding self-perceptions, cognitions, affects, and behaviors of the physical body (Cash, 1998; Muth & Cash, 1997). Kashubeck-West and Saunders (2001) characterized body image as related to a person's perception of size, shape, and weight. Furthermore, the term body image is associated with the experiences that a person has with her/his body (Cash, 2002). Pruzinsky and Cash (2002) posited that the use of various body image definitions results in "terminological confusion." The multiplicity of definitions can lead to various researchers attempting to define body image with sometimes complementary, sometimes conflicting results (Thompson, Altabe, Johnson, & Stormer, 1994; Thompson & Van Den Berg, 2002). With the knowledge of confusion among researchers and practitioners, it is necessary to question how this terminological confusion affects research participants and clients. How do participants/clients uniquely define this multidimensional construct from a cultural framework as well as from an individualistic perspective?

Mazzeo (1999) concluded that the multidimensional construct of body image could be defined according to three main areas of research: (a) perception, (b) attitudes, and (c) preoccupation. The earliest measures of body image dealt with perceptions that assess the *accuracy of an individual's estimation of her/his size* (Keeton, Cash, & Brown, 1990; Mazzeo, 1999). Although much research has been collected based on this conceptualization of body image, measures of perception have exhibited questionable reliability and convergent validity (Gleghorn, Penner, Powers, & Schulman, 1987; Keeton et al., 1990; Mazzeo, 1999). Body image can also be defined and measured with reference to an *individual's level of satisfaction with her/his body shape*, which is known as an attitude. Although attitude is the most commonly measured construct of body image, previous studies demonstrated that numerous women without disordered eating also have negative attitudes toward their bodies (Mazzeo, 1999). Finally, body image can be measured with respect to an *individual's preoccupation with her/his body* (Mazzeo, 1999). Preoccupation addresses the *strength* of the beliefs toward the body and the *importance* of the concept of body image (Mazzeo, 1999). Excessive preoccupation with the body (time-consuming, distressing, and/or possibly interfering with functioning) is often referred to as negative body image (Rosen, 1998). Therefore, an integration of the conceptualized multidimensional construct of body image is needed.

Researchers disagree about the nature of body image. Some suggest that it is fixed and consistent over time, while others believe body image is malleable and affected by experiential states and contextual variables (Asher & Asher, 1999; Dorian & Garfinkel, 2002; Melnyck, Cash, & Janda, 2004; Pruzinsky & Cash, 1990; Thompson, 1996; Tiggemann, 2004). For this study, body image is operationalized as the

combination of perceptual, attitudinal, and behavioral features (Dorian & Garfinkel, 2002; Kashubeck-West & Saunders, 2001; Kearney-Cooke & Striegel-Moore, 1997; Keeton et al., 1990). *Perceptual* features include a person's ability to accurately estimate the actual size and shape of the body (Dorian & Garfinkel, 2002; Kashubeck-West & Saunders, 2001; Keeton et al., 1990). *Attitudinal* features include a person's cognitions and affect related to the body (Dorian & Garfinkel, 2002; Kashubeck-West & Saunders, 2001; Keeton et al., 1990). Finally, *behavioral* features include a person's engagement in specific actions (e.g., mirror checking and exercise) and the potential avoidance of particular situations/environments (e.g., avoiding the beach; Kashubeck-West & Saunders, 2001). Therefore, the term body image represents a *global conceptualization* of perceptions, attitudes, and behaviors.

Assumptions Related to Body Image

As important as it is to define body image, it is also necessary to explore the various explicit and implicit assumptions associated with this construct from both research and clinical lenses. By acknowledging assumptions, one is able to question the legitimacy of the current framework and to provide insight into various unexplored domains. Although this list represents quite a few assumptions, it is not intended to be exhaustive. The reader is encouraged to speculate other presuppositions. Furthermore, some of these assumptions have been challenged in the recent past (such as number one) and are integral components of current discourse.

1. Body image is a fixed, static construct (Cash, 2002a; Melnyck, Cash, & Janda, 2004; Tiggemann, 2004).

2. Body image is related to eating disorders (Anton, Perri, & Riley, 2000; Kearney-Cooke & Striegel-Moore, 1997; Mautner, Owen, & Furnham, 2000; Mussell et al., 2000; Rosen, 1998; Rosen, Srebnik, Saltzberg, & Wendt, 1991).
3. Positive body image is the opposite of negative body image (Striegel-Moore & Cachelin, 1999).
4. Negative body image includes both desirable and undesirable outcomes (Heinberg, Thompson, & Matzon, 2001).
5. There exists an ability to alter body image from a negative state to a positive state (Kearney-Cooke & Striegel-Moore, 1997).
6. This multidimensional construct can be understood fully through reductionistic, quantitative inquiry.
7. The construct occupies varying amounts of space/importance within individuals known as investment (Cash, 2002b).
8. People of color do not experience the same prevalence rates of negative body image concerns as Caucasians/Whites (Celio, Zabinski, & Wilfley, 2002; Smolak & Striegel-Moore, 2001).
9. Although body image is acknowledged as a multidimensional construct, researchers continue to deconstruct that definition and measure it from a narrow interpretation of the phenomenon (Tiggemann, 2004).

Negative Body Image

The construct of negative body image has been described as body image disturbance, body dissatisfaction, and excessive body image preoccupation (Lyddon &

Slaton, 2002; Rosen, 1998). Researchers and clinicians emphasize the potential implications of individuals espousing negative body image, as this frame of reference may be related to engaging in behaviors that are detrimental to both physical and psychological health. An abundance of research exists that examines negative body image in relation to sociocultural factors (Levine, Smolak, & Hayden, 1994; Heinberg, 1996), developmental and personal factors (Levine & Smolak, 1992; Graber, Archibold, & Brooks-Gunn, 1999), eating disorders (Striegel-Moore & Cachelin, 2001), and prevention programs (Levine & Piran, 1999; Mussell, Binford, & Fulkerson, 2000; Smolak, 1999). For example, negative body image is associated with low self-esteem (Dorian & Garfinkel, 2002), viewing “attractive” photographs of models (Ogden & Munday, 1996), friendship cliques in adolescent girls (Paxton, Schutz, Wertheim, & Muir, 1999), the onset of puberty (Cash, 1998), and even teasing and/or criticism from family members and peers (Cash, 1998).

Negative body image models. Two major models proposed by experts in the field of body image are explored in this section. Cash explained the development of negative body image through a model that highlights both historical, developmental causes (a person’s background) and proximal influences (present occurrences; Cash, 1998; Cash, 2002b). Historical factors include personality dispositions (self-esteem and social confidence), physical attributes (disfigurement and aging), and cultural and interpersonal socialization (media, family, and peers). Proximal determinants (social comparison, exercising, and social scrutiny) are those events that “activate schema-driven processing

of information,” related to one’s body appraisal of the body (Cash, 1998). These combined influences can ultimately affect strategies and behaviors of an individual (see Figure 1).

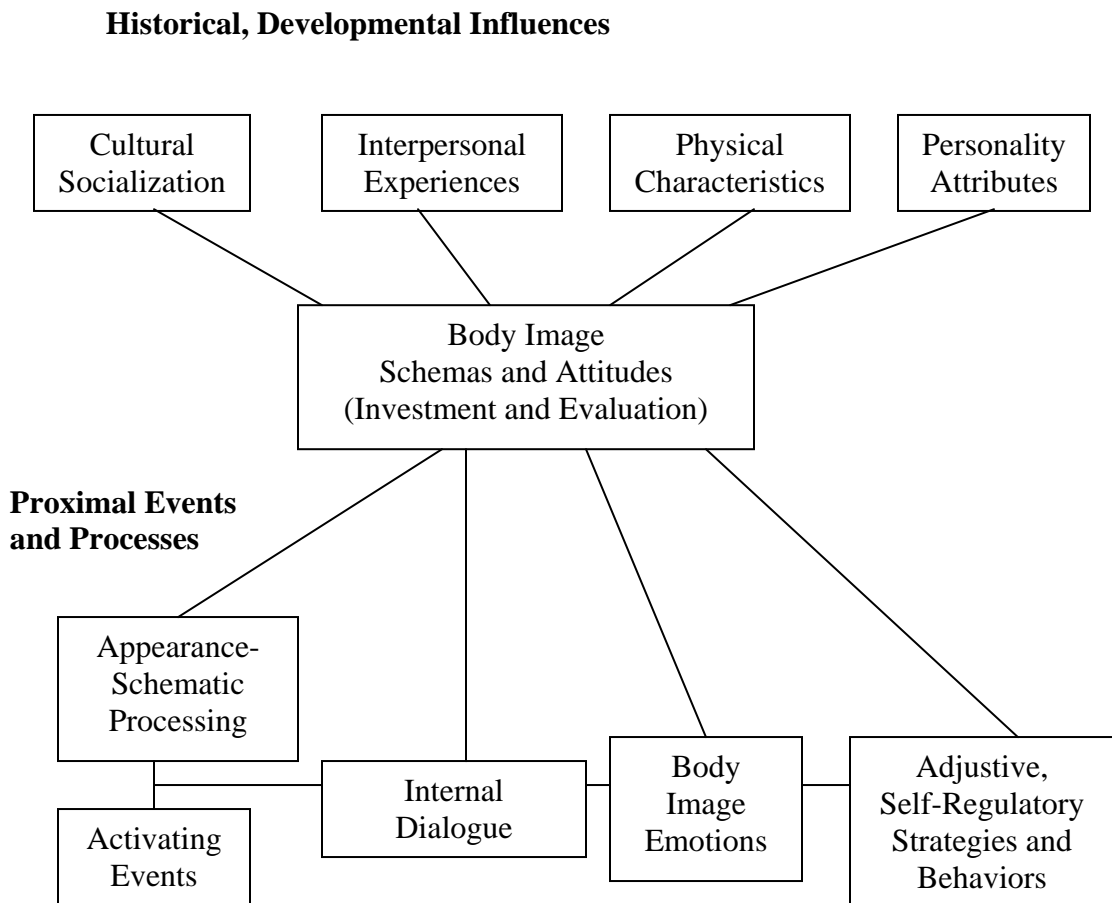


Figure 1. A cognitive-behavioral model of body image development and experiences (Cash, 2002b).

Kearney-Cooke & Striegel-Moore (1997) described two possible pathways of the development of negative body image. It is emphasized that this model was created based on clinical information from eating disordered clients. The first pathway, *Internalization as the Key Process*, focuses on an individual’s interactions with the outside world and

how negative information is internalized, creating negative representations of their physical selves (Kearney-Cooke, 2002; Kearney-Cooke & Striegel-Moore, 1997). For example, a young girl who is constantly exposed to images of an ideal female body through the media might internalize these messages of beauty. As a result, she might then believe that she must assume a certain appearance and body shape/weight in order to be considered attractive, successful, and likeable. Individuals who internalize an ideal are likely to experience body image disturbance (Mussell, Binford, & Fulkerson, 2000). To deal with this body image disturbance, she might resort to extreme measures (e.g., dieting, excessive exercise, plastic surgery) to change her body with the hope that it will be more aligned with the ideal.

Projection as the Key Process is the second pathway proposed to promote negative body image development (Kearney-Cooke, 2002; Kearney-Cooke & Striegel-Moore, 1997). It is hypothesized that individuals project their overwhelming internal states onto their bodies as a coping mechanism. For example, if a woman is experiencing a loss of control in her romantic relationship, she may attempt to regain a sense of control via her body through such strategies as dieting and restricting food intake. This process may offer temporary relief from aversive emotions but is maladaptive in the long-term as it does not include appropriate coping techniques. As a result, the negative emotional states will likely return, thereby replicating this process (see Figure 2).

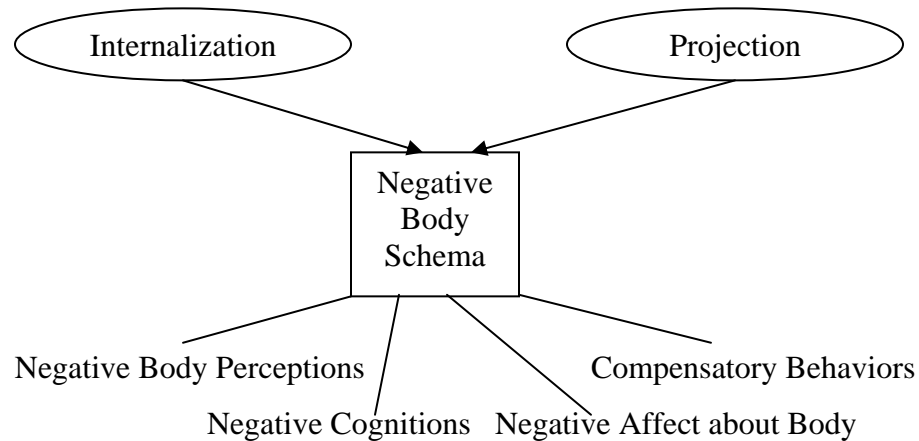


Figure 2. Body image disturbance as a result of Internalization and Projection (Kearney-Cooke & Striegel-Moore, 1997).

Currently, negative body image is conceptualized as existing on a continuum from “benign discontent” to intense disturbance and distress (Cash, 2002c; Lyddon & Slaton, 2002). Although the aforementioned models attend to negative body image, they do not specifically address the possibility of positive body image components. Therefore, a major gap exists in the body image literature regarding positive factors. A complete model of body image, including both negative and positive components, is needed to fully capture the relationship between these two variables. With the recognition of this gap in literature, researchers and theorists should speculate and investigate models of body image that include not only negative factors but also positive factors.

Issue Needing To Be Addressed

As mentioned previously, a considerable amount of body image research exists on the precipitating factors and consequences of endorsing a negative body image.

Although current body image literature thoroughly examines negative aspects, this

research foundation is lacking in the operationalization of positive body image.

Additionally, for the body image literature that does reference positive body image, a complete understanding of this construct is still lacking.

Current definitions imply both negative and positive features of body image, but only negative components are investigated thoroughly in research (Cash, 2002b).

Although negative body image is a worthy construct to measure, positive body image is just as important to recognize due to both research and clinical implications. Both researchers and clinicians are asking the question: “How can a person’s body image be improved (Kashubeck-West & Saunders, 2001, p.194)?” Most experts in this field realize that accentuating positive body image is an important goal, but little is known on how to achieve that goal (Kashubeck-West & Saunders, 2001).

Rationale to Study Positive Body Image

In their 1999 article, Striegel-Moore and Cachelin addressed the issue of “resilience” in young women that prevent them from developing negative body image and eating disorders. They acknowledged that the majority of body image and eating disorder literature focus on risk factors with little information written on protective or resilient factors. They proposed that the interplay of three broad sets of protective factors result in resilience: (a) personal characteristics (e.g., high emotional intelligence, strong sense of identity, and high self-esteem), (b) familial variables (e.g., secure attachments, low desire for perfectionism, positive family environment), and (c) social context (e.g., level of sociability, support from family/friends). Striegel-Moore and Cachelin (1999) encouraged researchers to look beyond risk factors and investigate those factors that lead to resilience in young women. Furthermore, they stated, “Understanding the combination

of factors that lead to a positive body image and healthy eating is important for developing prevention efforts in the area of eating disorders” (p. 87). The question that naturally follows this discussion is “How is positive body image defined?”

Although a formal definition of positive body image has yet to be accepted, the construct is *assumed* to include characteristics associated with a healthy perspective of the body (Kashubeck-West & Saunders, 2001; Kearney-Cooke & Striegel-Moore, 1997). For example, in order to decrease the detrimental effects of negative body image, experts suggest that individuals learn to resist negative sociocultural forces and focus instead on body acceptance (Cash, 1998; Irving, 2002; Kashubeck-West & Saunders, 2001; Kearney-Cooke & Striegel-Moore, 1997; Levine & Piran, 2002). Kearney-Cooke and Striegel-Moore (1997) suggested creating alternative body image schemas using guided imagery, positive data logs, and implementation of a positive continuum. Rosen (1998) proposed assisting the client in eliminating negative self-talk, using a journal to challenge irrational thoughts, accepting compliments rather than rejecting them, and reducing social comparisons with friends, family, and cultural ideals. Yet, it is necessary to acknowledge that these assumptions have yet to be tested extensively within research paradigms. Without a formal definition of positive body image, it is difficult to create and assess outcomes for prevention programs and clinical work.

Positive psychology movement. Examining the construct of body image from a positive perspective is in alliance with the positive psychology movement, which emphasizes the exploration of strengths and virtues inherent within individuals (Seligman & Csikszentmihalyi, 2000). Advocates of the positive psychology movement envision a catalytic change from a preoccupation with pathology to a focus on building strengths in

individuals through both treatment and prevention of mental illness (Seligman, 2002; Seligman & Csikszentmihalyi, 2000). This movement can be recognized as a new paradigm of science that focuses on the positive aspects associated with being human (Snyder & Lopez, 2002). Seligman stated that working within the constraints of a disease model limits psychologists from moving closer to the effective prevention of problems (Seligman, 2002). At present, a predominantly negative bias exists in traditional models that can alter and/or limit the understanding of successful human functioning (Sheldon & King, 2001). Seligman and Csikszentmihalyi (2000) stated that major strides in prevention work are due to the emphasis in building competencies. Keyes and Lopez (2002) proposed that social scientists should focus on diagnosis and intervention methods that promote mental *health* rather than mental *illness*.

Although it appears positive psychology is a rather novel approach to the overall profession (Snyder & Lopez, 2002), the discipline of counseling psychology has long recognized the importance of healthy aspects of human behavior (Gelso & Fretz, 2001). Counseling psychologists appreciate the importance of attending to the strengths inherent in humans and building those components to promote a holistic perspective of well-being (Gelso & Fretz, 2001). Focusing on strengths results in optimal outcomes for prevention efforts (e.g., creation of more effective outreach programs) and for research endeavors (e.g., exploration of new research topic). Therefore, examining body image from a positive point of view coincides with the positive psychology movement as well as the overarching identity of counseling psychology.

Prevention efforts. As social and political domains continue to influence the profession of psychology, there is a renewed interest in prevention programming (Carter,

2003; Romano & Hage, 2000). The current health care model in the United States, with a reliance on managed care companies, delivers as little mental health services as possible while still providing psychological services (Karon, 1995). As a result, there is pressure within and outside the profession to create and implement prevention programs (Cummings, 1995) that deliver psychological services to large audiences to reduce potential negative symptoms from burgeoning into devastating disorders.

A major goal of eating disorder prevention programs includes improving body image (Springer, Winzelberg, Perkins, & Taylor, 1999) as well as explaining the etiology and negative consequences of eating disorders and diets (Dorian & Garfinkel, 2002). Researchers implementing primary prevention (reduce number of new incidences of a disorder) and secondary prevention (lower rate of disorder by targeting at-risk populations) programs experience conflicting results in relation to eating disorders and body image programming (Berel & Irving, 1998; Irving & Berel, 2001; Levine, Piran, & Stoddard, 1999; Levine & Smolak, 1998; Paxton, 1999; Romano & Hage, 2000; Stice, Mazotti, Weibel, & Agras, 2000). Primary prevention programs that address issues such as decreasing fat bias, educating about the intentions to diet, and increasing knowledge about healthy eating is associated with successful outcomes (Paxton, 1999). However, some researchers contend that prevention programs might do more harm than good when eating-disordered behaviors such as maladaptive weight regulation are introduced within the program (Carter, Stewart, Dunn, & Fairburn, 1997; Dorian & Garfinkel, 2002; Irving, 2002; Stice, Mazotti, Weibel, & Agras, 2000).

Although knowledge is increased through these types of programs, the majority of targeted behaviors do not withstand long-term change (Dorian & Garfinkel, 2002).

Results from prevention programs that are designed to change attitudes and behaviors have resulted in disappointing outcomes (Carter, Stewart, Dunn, & Fairburn, 1997; Dorian & Garfinkel, 2002; Irving, 2002; Springer, Winzelberg, Perkins, & Taylor, 1999). A feminist perspective on the unsuccessful programs argues that many programs: (a) neglect to educate participants on how attitudes and behaviors develop, (b) are too structured, and (c) focus on pathology rather than wellness or hygiology (Irving, 2002; Piran, 1999).

A major question in prevention programming that needs to be addressed is: Does the reduction in negative body image and body dissatisfaction factors necessarily result in an increase in positive body image and body satisfaction? For example, several prevention programs argued successful outcomes in decreasing body dissatisfaction, weight concern, and a thin-ideal internalization using instruments such as the Eating Disorder Inventory (EDI) and the Eating Disorder Examination-Questionnaire (EDE-Q; O'Dea & Abraham, 2000; Springer, Winzelberg, Perkins, & Taylor, 1999). These contentions are well founded as these particular instruments were designed to discover eating pathology and negative body image.

However, the researchers also claimed that the interventions actually *improved* body image when the interventions did not include instruments to indicate this finding (O'Dea & Abraham, 2000; Springer, Winzelberg, Perkins, & Taylor, 1999). It is my contention that these statements are unfounded as one cannot assume that a decrease in body dissatisfaction equates to an increase in body image. As Keyes and Lopez (2002) contended, “mental health is not merely the absence of mental illness, nor is it merely the presence of well-being. Rather...it is the absence of mental illness and the presence of

high-level well-being” (p. 48). Likewise, the absence of negative body image does not necessarily involve the presence of a positive body image. This argument is not intended to discount the positive outcomes of these prevention programs, but rather encourage dialogue about how positive body image is actually assessed within research studies and prevention programs. The question arises as to how future prevention interventions might become more effective by focusing on positive body image with instruments specifically designed to identify these particular components of body image.

A close examination of positive body image in the research domain will inform psychologists of prevention efforts that could appropriately address this construct. One of the primary goals of prevention endeavors is to produce and maintain healthy behaviors within individuals. In order to obtain effective outcomes, psychologists must investigate whether a current theoretical foundation of pathology is congruent with the optimal goals of prevention. If they are not complimentary, the theoretical foundation must be reevaluated to improve future prevention programming. For example, prevention programs that are constructed upon principles of a pathological model might not witness positive change processes at the individual or institutional levels due to a focus on deficiencies rather than on strengths. A “disease-specific approach” focuses on changing target behaviors such as reducing unhealthy behaviors (Mussell, Binford, & Fulkerson, 2000). Furthermore, even if strengths are detected within this framework, they might not be pursued, as they are not of primary focus within a pathological model (Snyder & Lopez, 2002). Seligman (2002) commented that a preoccupation with pathology has “has rendered science poorly equipped to do effective prevention.” Therefore, programming must assume a model built upon strengths to both promote and

witness positive change. This alternative model emphasizes healthy adaptations rather than maladaptations. The task then becomes how to translate the theory of positive body image into effective prevention programs (Striegel-Moore & Cachelin, 1999).

Research endeavors. Given that current research has yet to thoroughly examine the concept of positive body image, exploring this topic will promote a new line of research pertinent to both body image and eating disorders. Researchers might pursue a variety of hypotheses related to this construct to understand fully the development and maintenance of positive body image within women and men of various race/ethnicities, ages, socioeconomic backgrounds, and nationalities.

Research can inform clinicians on how positive aspects of body image influence self-worth as well as overall well-being. From a clinical perspective, practicing psychologists might better understand the intricacies associated with body image to further promote positive change within individuals. This knowledge might lead to potential modifications in treatment modalities such that clinicians will exert more time and energy focusing on positive aspects of the self rather than on negative attributes.

Recognizing the lack of research related to positive body image, Williams, Cash, and Santos (2004) defined and validated this construct via quantitative and qualitative data collection. In a sample of 467 female undergraduate students with an average body mass index of 23.9 ($SD= 5.0$), Williams et al. (2004) conceptualized a three-part definition of body image (evaluation, emotional impact of distress, and quality of life) in which three groups evolved from cluster analysis: positive body image (51%), normative body image discontent (23%), and negative body image (24%). The authors used a variety of measures including, but not limited to, Body Image Experiences, Rosenberg

Self-Esteem Scale, Body Image Quality of Life Inventory, Social Support Appraisals Scale, and Appearance Schemas Inventory-Revised to determine the unique characteristics associated with identification in one of the three body image groups (Williams et al., 2004).

Results from this research support the notion that positive body image differs from negative body image as well as that of normative discontent. Williams et al. (2004) reported the following characteristics associated with positive body image in relation to the other two groups: higher self-esteem, greater appearance satisfaction, lower internalization of media influences, and less detrimental eating attitudes and behaviors. A logistic regression analysis of predictors associated with positive body image revealed the following significant predictors presented in order of influence: dysfunctional investment in appearance, avoidant coping, global self-esteem, and overweight in adolescence. Qualitative data revealed the following indicators as being related to positive body image: social support, appreciation/acceptance of the body, physical activity, and external values (Williams et al., 2004).

The authors also examined the variable of race/ethnicity whereby a larger representation existed for Black women within the positive body image group as compared to White/European counterparts. This finding supports the notion that African American women tend to be more satisfied with their body image than other racial/ethnic groups (Celio, Zabinksi, & Wilfley, 2002; Smith, Thompson, Raczinsky, & Hilner, 1999).

To address the fact that little exists regarding the theoretical and empirical foundations for positive body image, researchers created and utilized an assessment

focusing on factors associated with positive body image. Avalos, Tylka, and Wood-Barcalow (2005) created an assessment known as the Body Appreciation Scale (BAS) to highlight key components of positive body image including favorable opinions of the body, body acceptance, respect for the body and protecting the body by rejecting unrealistic ideal body images portrayed in the media. The 13 items, such as “I take a positive attitude towards my body,” “Despite its imperfections, I still like my body,” and “I am attentive to my body’s needs,” are scored on a 5-point scale (1 = *never*, 2 = *seldom*, 3 = *sometimes*, 4 = *often*, 5 = *always*). It was assumed that higher scores reflect higher levels of body appreciation.

Evidence for internal consistency existed whereby alpha was .94 and test-retest reliability of three weeks with a different sample ($r = .90, p < .001$). Higher levels of body appreciation was positively associated with a tendency to evaluate one’s appearance favorably (as measured by the Appearance Evaluation subscale of the Multidimensional Body-Self Relations Questionnaire) and negatively associated with body preoccupation (Body Shape Questionnaire-R-10) and body dissatisfaction (Body Dissatisfaction subscale of the Eating Disorders Inventory-2). Additionally, this instrument was negatively related with eating disorder symptomatology as measured by the Eating Attitudes Test-26. Furthermore, the BAS was found to predict unique variance in well-being indices (i.e., self-esteem, optimism, and proactive coping) above and beyond the variance accounted by all measures of negative body image investigated. This finding suggests that positive body image is not merely the absence of negative body image and has unique properties worthy of further speculation and investigation. Avalos et al. (2005) acknowledged that although this instrument addresses positive body image,

additional research is warranted to determine potential additional and/or different qualities than what the BAS currently assesses. They encouraged researchers to further examine the construct of positive body image from a qualitative paradigm to further assess its comprehensiveness and complexity (Avalos, Tylka, & Wood-Barcalow, 2005).

The original studies mentioned above serve as an excellent foundation to further study positive body image. Although these studies confirm potential factors associated with a positive body image (e.g., high self-esteem, appearance satisfaction, low internalization of media messages, embracing a positive attitude towards the body, and accepting the body despite potential flaws), many questions remain unanswered. First, would women who identify as espousing a positive body image corroborate the findings identified above? Second, how might these women describe their unique experiences with body image in their own words? Third, would similarities and differences exist among those women who identify with positive body image? Fourth, what additional factors or qualities might be associated with positive body image in women that have yet to be addressed? Before a discussion of the rationale and methodology of this study is provided, it is important to review background literature relating to quantitative and qualitative inquiry as these two paradigms are the foundation of this research investigation.

Quantitative and Qualitative Research

The unique strengths and weaknesses comprised in both quantitative and qualitative research paradigms should be considered upon the design of a research project. Quantitative and qualitative research paradigms constitute alternative, but not mutually exclusive, frameworks for research (Patton, 2002). As a result, many

investigators include both strategies within their research design, known as mixed methods design. To allow a complete understanding of social behavior, psychologists embrace mixed methods design as a strategy (a) to extrapolate findings from a sample to a population as well as (b) to attain a rich understanding of the data (Hanson, Creswell, Plano Clark, Petska, & Creswell, 2005). I decided to use both quantitative and qualitative inquiry in this study to provide a full explanation of positive body image. Before relaying specific details associated with the design of this study, I present background information on quantitative and qualitative paradigms, an explanation of qualitative inquiry and types of methods including grounded theory, along with the purpose of this study.

Paradigms. Quantitative and qualitative research paradigms differ by their distinct, underlying paradigms. A paradigm is a worldview that encompasses what is important, legitimate, and reasonable (Patton, 2002) based on definitions of *ontology* (the nature of reality), *epistemology* (how reality can be known) and *methodology* (how to gain knowledge of the world; Denzin & Lincoln, 1992). Lincoln and Guba (2004) defined paradigms as belief systems or worldviews that guide a researcher's approach and are subject to "human error" because they are "human constructions" (p. 22).

When addressing the similarities and differences associated with quantitative and qualitative analysis, paradigms are generally grouped into two domains based of research movements throughout time: positivism (quantitative) and postpositivism (qualitative; James-Brown, 2003). Positivism includes those paradigms that focus on a single truth and objectivity; whereas, postpositivism includes a collection of paradigms that espouse multiple truths and subjectivity such as constructivist-interpretive, critical theory,

feminist, and poststructuralism (Denzin & Lincoln, 1992; Ponteretto, 2005). A concise description of postpositivist paradigms is located within Ponteretto's 2005 article in the *Journal of Counseling Psychology* as well as Guba and Lincoln's (2004) article, *Approaches to qualitative research: A reader on theory and practice*. Additional information regarding qualitative research paradigms are located within the following articles: Denzin and Lincoln (1992); Highlen and Finley (1996); Patton (2002); and Ponterotto (2005).

Regarding ontology, quantitative research supports a positivist perspective that assumes the existence of an objective reality (Denzin & Lincoln, 1994; Highlen & Finley, 1996; Patton, 2002). Alternatively, qualitative paradigms embrace a postpositivist perspective that contends, if an objective reality exists, it can only be approximated (Denzin & Lincoln, 1994; Highlen & Finley, 1996).

Quantitative and qualitative inquiries also have different epistemological bases. Positivism assumes a value-free knowledge that is verifiable, quantifiable, and predictable (Carr & Kemis, 1983; Denzin & Lincoln, 1994; Highlen & Finley, 1996). Complex social constructs can be reduced to explanatory and causal relationships using the scientific method (Carr & Kemis, 1983). The researcher is viewed as detached, objective, and even "superior" to participants (McGrath & Johnson, 2003).

Alternatively, postpositivism contends that reality is socially constructed and is bound within a historical, political and social context (Carr & Kemis, 1983). Qualitative inquiry provides a rich description of information (Schlosser, Knox, Moskovitz, & Hill, 2003) through which participants make meaning of their own experiences (Morrow, Raksha, & Castaneda, 2001). The process is inductive such that theory is constructed

through observations of data rather than inadvertently imposing a structure (Knox, Hess, Petersen, & Hill, 1997). This type of inquiry highlights: (a) the researcher as an instrument (Patton, 2002), (b) the assumption that reality is socially constructed (Highlen & Finley, 1996), and (c) that measurement is understood through words rather than numbers (Schlosser, Knox, Moskovitz, & Hill, 2003).

Methodology strategies can differ within positivist and postpositivist paradigms. The hypothetical-deductive approach of quantitative research from a positivist paradigm requires the generation and declaration of hypotheses before data collection (Patton, 2002). Standardized measures are used to assess the reactions of large numbers of people and to facilitate comparison via statistical aggregation of data (Patton, 2002). The investigator highlights variables of interest and speculates about the relationships among these variables. The purpose of this process is to predict and confirm hypotheses generated by the researcher.

Qualitative research, on the other hand, entails an emergent design whereby the investigator identifies assertions that are modified and adapted based on gathered information throughout data collection (Morrow & Smith, 2000; Patton, 2002). A primary focus of qualitative research is to gather a wealth of detailed information from a smaller number of people via in-depth interviews, direct observation, and written documents (Patton, 2002). Qualitative research methods have the ability to capture subtle cultural differences (Merchant & Dupuy, 1996) as participants share their unique perspectives through their own words and understanding of the world. They encourage the probing of inner experience without predetermining and/or assuming responses (Knox, Hess, Petersen, & Hill, 1997). A priori hypotheses are not constructed within

qualitative research but rather categories materialize upon an in-depth understanding of the emerging data (Charmaz, 2004; Glaser & Strauss, 1967; Glesne & Peshkin, 1992; James-Brown, 2003; Richardson, 2004; Strauss & Corbin, 1994).

Qualitative research and psychology. Historically, psychology as a discipline “decided that numbers are more real than words” (Camic, Rhodes, & Yardley, 2003, p. 5). Within a positivist perspective, the majority of psychologists strive for objectivity with the assumption that complex phenomenon such as human behavior can be reduced to mathematical formulations (Camic, Rhodes, & Yardley, 2003; McGrath & Johnson, 2003). Another positivist assumption upholds that social behavior can be controlled and predicted via an independent observer (McGrath & Johnson, 2003), wherein statistical significance defines relevance of theory (Glaser & Strauss, 1967). Furthermore, it is assumed that participants cannot be objective, but researchers can attain objectivity (McGrath & Johnson, 2003).

Many psychologists around the world engage in qualitative research endeavors (Marecek, 2003). Psychologists are contemplating and redefining what constitutes quality research. They understand that appropriate and effective research pursuits must be “meaningful and useful” at both the professional and practical levels (Camic, Rhodes, & Yardley, 2003). Psychologists involved with qualitative research: (a) refute the positivist assumption of objectivity, (b) acknowledge the instrumental role of the researcher, (c) and declare that the researcher and participant are interdependent and affect each other (Asher & Asher, 1999; Camic, Rhodes, & Yardley, 2003; McGrath & Johnson, 2003). With the understanding that researchers are instruments (Charmaz, 2004; Glaser & Strauss, 1967), researchers should exhibit the following characteristics:

(a) thoroughness, (b) expertise, and (c) awareness of various factors including theoretical, historical, sociocultural, and interpersonal context (Camic, Rhodes, & Yardley, 2003; James-Brown, 2003). Additionally, researchers should strive for credibility, applicability, and consistency within their research (McGrath & Johnson, 2003; James-Brown, 2003).

A recent movement is emerging for counseling psychologists to embrace qualitative paradigms (Neimeyer & Diamond, 2001). A 2005 special issue of the *Journal of Counseling Psychology* is devoted to articles outlining qualitative and mixed method approaches to studying human behavior. Haverkamp, Morrow, and Ponterotto (2005) claim that “the field of counseling psychology will be enhanced significantly by the increased use of qualitative and mixed methods research designs rooted in diverse philosophical paradigms” (p. 123). Furthermore, these authors encourage future publications of qualitative research methods within counseling psychology journals to stimulate dialogue (Haverkamp, Morrow, & Ponterotto, 2005) on alternative perspectives of research methodology (Fassinger, 2005).

Alternative paradigms in qualitative research. In producing trustworthy and credible research endeavors, researchers are encouraged and expected to explain their overarching paradigm related to qualitative inquiry, also known as “locating oneself” (Ponterotto, 2005). Researchers should ask themselves the following questions to identify their beliefs and how it relates to various paradigms: (a) “What is the nature of reality and being?” (*ontology*), (b) “What is the relationship between knower (participant) and would-be knower (researcher)?” (*epistemology*) and, (c) “How does the inquirer

obtain information that she believes can be known?” (*methodology*; Guba & Lincoln, 2004; Ponteretto, 2005). A researcher’s answers to these questions will gravitate toward a particular paradigm.

Before I answer the above questions and locate myself within a particular research paradigm, I acknowledge how my educational training and clinical experiences contribute to my worldview. Undoubtedly, my undergraduate and graduate training, which focused on psychology, shaped my understanding of the environment and how people interact within that context. My training in research methodology from a psychology framework focused on a positivist perspective that assumes knowledge is objective/value-free and can be manipulated in order to achieve predictable outcomes (Carr & Kemis, 1983). From the positivist perspective, I learned early in my career that a universal truth/reality exists that can be quantified, standardized, and measured to obtain knowledge that either confirms or disconfirms hypotheses (Carr & Kemis, 1983). I value tenets of the positivist approach that include honoring efficiency, parsimony, and scientific rigor.

However, in the past few years of my graduate training, I began to understand that my theoretical orientation for clinical work aligned with the principles identified within constructivism. Neimeyer and Neimeyer (1993) explain constructivism as a worldview in which humans are “active” in interpreting events in order to make meaning of their interactions within the world. Constructivists believe that knowledge is not based on an objective reality and that individuals co-create meaning based on their experiences and

interactions with others (Neimeyer & Neimeyer, 1993). Within a psychotherapeutic context, clients construct reality through their own stories and narratives (Neimeyer & Neimeyer, 1993).

Upon realizing how constructivism complements my own belief system regarding clinical work, I then challenged myself to explore my research pursuits through alternative viewpoints to positivism. I elected to participate in year-long coursework offered through the college of education to receive training in qualitative research paradigms. Reading the qualitative research articles from other social scientists (including psychologists), I realized that like the theoretical orientation of constructivism, qualitative researchers typically believe that no single truth exists, not all theories can explain all people, and that it is difficult to capture the complexities of a person's life story when reducing experience to a set of numbers. From this reflective process, I concluded that my beliefs and worldview most closely align with constructivism.

From an ontological standpoint, constructivism does not adhere to a universal truth like positivism but rather posits that humans construct multiple viewpoints and realities that can be conflicting (Charmaz, 2003; Guba & Lincoln, 2004; Patton, 2002). Constructivists believe that reality is "subjective and influenced by the context of the situation, namely the individual's experience and perceptions, the social environment, and the interaction between the individual and the researcher" (Ponterotto, 2005, p.130). Typically, constructivist researchers involved within qualitative work believe that multiple interpretations of data exist and, therefore, do not rely on other researchers to provide consensus (Ponterotto, 2005).

Regarding epistemology (relationship between participants and researchers), constructivists assert that the beliefs and ideas of both participants and researchers cannot be separated as they are co-constructed in order to make meaning (Guba & Lincoln, 2004; Ponterotto, 2005). Researchers assuming the constructivist paradigm engage in intense interaction with participants via observation and interviews. Because of this co-creation, “the researcher, as well as the participant, is changed in some way as a result of the dialogic interaction (Ponterotto, 2005).” Participants and researchers become more informed as result of the interaction (Guba & Lincoln, 2004). Furthermore, the researcher is viewed as both an “orchestrator” and “facilitator” (Guba & Lincoln, 2004) and acknowledges her role (perspective, worldview, biases, assumptions) in this collaborative process, also known as bracketing (Ponterotto, 2005).

Regarding methodology, researchers from a constructivist worldview value prolonged engagement with participants in order to obtain a thick description of the phenomenon (Ponterotto, 2005). This level of engagement usually occurs via in-depth interviews and/or observation (Patton, 2002; Ponterotto, 2005). It is important to note that methodological practices and procedures differ for researchers based on within group variations of constructivist worldviews, availability of resources (e.g., monetary, personnel, technological), training experiences, and overall intentions associated with the outcomes of research. Therefore, researchers can choose from a variety of actual methodological procedures in order to arrive at outcomes consistent with their unique circumstances (Strauss & Corbin, 1998).

Although I ascribe to a constructivist worldview, tenets of postpositivism resonate within my orientation and the actual implementation of this study. Postpositivism

assumes that an objective reality does exist but can only be measured imperfectly (Guba & Lincoln, 2004). Proponents of postpositivism believe in the ability to predict and control phenomena through theory falsification (Guba & Lincoln, 2004; Ponterotto, 2005). Many researchers may challenge that it is impossible to balance both postpositivism and constructivism beliefs within research design due to their conflicting understandings of the nature of reality. However, pragmatists honor the notion that both qualitative and quantitative methods can be appropriately implemented within a single study (Hanson, Creswell, Plano Clark, Petska, & Creswell, 2005). Furthermore, Ponterotto (2005) examined how one type of qualitative inquiry developed by counseling psychologists, known as Consensual Qualitative Research (CQR; Hill, Thompson, & Williams, 1997), gravitates between postpositivism and constructivism in addressing issues of ontology, epistemology, and methodology.

I chose to employ methods of grounded theory rather than other types of qualitative inquiry utilized within counseling psychology (e.g., Consensual Qualitative Research), as the purpose of grounded theory is to create a theory that is supported within the data (Strauss & Corbin, 1998). Similar to CQR, I embrace elements of both constructivism and postpositivism within my study of positive body image. I honor these paradigms via my effort to capture an understanding of multiple social realities in which participants are experts (constructivism; Charmaz, 2003) while respecting the requests of my dissertation committee to create a product that aligns with the worldview of my psychology program (postpositivism). As an example, I employed a mixed methods design to study positive body image, which acknowledges the use of potentially competing paradigms (both qualitative and quantitative data) that values objective and

subjective knowledge to arrive at conclusions (Hanson, Creswell, Plano Clark, Petska, & Creswell, 2005). In addition to my own individual analysis of data (constructivist), my dissertation committee suggested the involvement of a research team to collaborate on overriding themes to further substantiate the generation of theory (postpositivist).

Grounded theory. Grounded theory, an inductive method of theory development that emphasizes the conceptualization of data (Glaser & Strauss, 1967; Patton, 2002; Strauss & Corbin, 1994) will be the strategy used in this study. A conceptual model is built and/or created through systematic rigor, data collection, and data analysis, rather than tested based on preconceived assumptions (Patton, 2002; Strauss & Corbin, 1994). In fact, proponents of grounded theory suggest that researchers dismiss any preset or valued hypotheses in exchange for the emergence of ideas (Glaser & Strauss, 1967). The ultimate goal is to produce a theory that honors the complexities of participants' "lived experiences in a social context" (Fassinger, 2005, p. 157).

Conceptual categories are generated from the evidence supplied (Glaser & Strauss, 1967). Glaser and Strauss (1967) contended that hypotheses "are suggested from findings, not tested with them" (p. 194). The qualitative researcher is continually immersed with incoming data and comparing pieces of data for similarities and differences (Glaser & Strauss, 1967; Henwood & Pidgeon, 2003; Strauss & Corbin, 1994). Constant comparison is utilized within this methodology to allow the emergence of new ideas that are rooted in participants' experiences (Fassinger, 2005). Grounded theories are described as "fluid" due to an emphasis on temporality and process (Strauss & Corbin, 1994).

Henwood and Pidgeon (2003) describe seven phases of grounded theory in qualitative research. First, researchers engage in open-coding of data to fully capture details as well as the inherent complexities of theory. During the next phase, researchers constantly compare information to discern similarities and differences. Researchers then move to the third phase that consists of sampling new data and cases based on theoretical grounds. As a result, qualitative researchers are able to explore emerging concepts and then to begin coding selected core categories. Fassinger (2005) further recommended that descriptions of categories include dimensions along a continuum. Coding occurs until the researcher becomes aware of data saturation. Finally, the researcher moves from descriptive analysis of data to theoretical levels (Henwood & Pidgeon, 2003).

Of those qualitative investigators who utilize grounded theory, the majority of researchers employ *modified* versions in research endeavors (Richardson, 2004). One reason for modified versions of grounded theory includes demands/requirements from external sources. For example, grounded theorists recommend that literature reviews be conducted at the cessation of data collection to potentially eliminate biases throughout the research endeavor (Charmaz, 2004; Glaser & Strauss, 1967; Richardson, 2004). This suggestion is not always a feasible option for graduate students attempting to propose their research within programs that require a document complete with a literature review. Many committees require that literature reviews are conducted before data collection to ensure clarity of ideas.

Qualitative interviews are used in grounded theory to capture the worldviews of participants through the individual's terminology (Patton, 2002). An assumption exists that the perspective of the interviewee is meaningful and can be communicated through

verbal and nonverbal language (Patton, 2002). Interviewing is viewed as a strategy of “research-gathering” in which a “partnership” exists between the participant and interviewer to create meaning (Miller & Crabtree, 2004). Furthermore, a shared opinion exists such that the interview is only as good as the interviewer (Glesne & Peshkin, 1992; Miller & Crabtree, 2004; Patton, 2002). In fact, Miller and Crabtree (2004) asserted that the “interviewer, not the research guide, is the research instrument” (p. 196).

Interviews situated within grounded theory supply answers to “process questions” that address experiences over time and/or various changes (Morse, 1994). Interpretation and analysis actually occur throughout the interaction as themes emerge (Miller & Crabtree, 2004). Interviewers must continually negotiate what ideas to further explore and when it is appropriate to move on to new ideas and/or questions.

Voice. Unlike positivist research articles, grounded theorists and other qualitative researchers write in the first person to make her voice explicit while using numerous quotations from participants (Ponterotto, 2005). As it is integral to “locate” oneself via a specific paradigm at the onset of a research endeavor (Fassinger, 2005; Ponterotto, 2005), it is also important to take ownership of the researcher’s co-creation of information with participants (Fassinger, 2005; Patton, 2002). Throughout this document, I will use first person as is consistent with qualitative research. Furthermore, the voice of participants will be captured with direct quotes to elucidate phenomena in a way that honors the spirit of the speaker in a clear and effective manner (Fassinger, 2005).

Purpose of study

The purpose of this study was to understand the construct of body image to include positive components and highlight strengths inherent within women as it relates

to a healthy sense of self. Due to the perceived multidimensionality of this construct, both quantitative and qualitative research strategies were utilized as the combination of methods provides a deeper understanding of phenomena than relying on one method alone. Six major types of mixed methods design exist: sequential (explanatory, exploratory, and transformative) and concurrent (triangulation, nested, and transformative; Hanson, Creswell, Plano Clark, Petska, & Creswell, 2005). Hanson and colleagues (2005) suggested that researchers visually represent the type of mixed methods procedure for quick reference for readers. Following this recommendation, the current study is described according to the following procedural notation: quan → QUAL/separate. This study followed a sequential explanatory method whereby quantitative information was first gathered using the Multidimensional Body-Self Relations Questionnaire (MBSRQ) to inform data collection via qualitative semistructured interviews to gain an in-depth understanding of the construct of body image, including positive components. Priority was given to the qualitative data as designated by the word “qual” in uppercase letters and analyses of the data (both qualitative and quantitative) were conducted at separate intervals.

Operating within a constructivist/postpositivist paradigm, I employed grounded theory to recognize emerging themes associated with positive body image. Using semistructured interviews, undergraduate female students and clinical/research experts supplied information related to their individual and collective understandings of body image. Interestingly, the participants and experts relayed knowledge of and experiences with both positive *and* negative body image to provide a comprehensive understanding of this construct. Information garnered from this study was used to create a holistic model

of body image that includes both positive and negative components. Additionally, the model highlights the fluid nature of body image at both trait and state levels. This study adds incremental knowledge associated with positive body image as previously examined by Williams et al. (2004) and Avalos, Tylka, & Wood-Barcalow, (2005).

CHAPTER 3

METHOD

Participants

Student recruitment. Purposeful sampling focuses on selecting information-rich cases to gather in-depth information that will illuminate the questions under study (Patton, 2002). Criterion selection, a type of purposeful sampling, identifies and reviews cases from standardized questionnaires that meet some predetermined criterion of importance (Patton, 2002; Polkinghorne, 2005). For this study, criterion sampling was used to garner potential female participants from a pool of students completing an introductory psychology course.

Qualitative analysis includes the collection of data until the researcher attains saturation (Glesne & Peshkin, 1992; Patton, 2002). Data saturation occurs when examination of various sources results in redundant themes and no new ideas emerge (Glaser & Strauss, 1967; Glesne & Peshkin, 1992; Patton, 2002; Richardson, 1992; Strauss & Corbin, 1994). It was estimated that data saturation would emerge upon interviewing approximately 15 undergraduate students.

Potential female participants were screened through the Research Experience Program (REP) through the Department of Psychology. Participants included OSU female students in an introductory psychology course (Psychology 100) who were 18 years or older. Female students were asked to voluntarily complete a prescreening

questionnaire, the Multidimensional Body-Self Relations Questionnaire (MBSRQ), demographic information, and respond on a Likert scale (1= *strongly agree* to 5= *strongly disagree*) to the question “I feel that I have a positive body image” in exchange for research points toward their grade. Students interested in participating in future interviews for additional research credit, were asked to provide their name and preferred method of contact.

Within the pool of potential participants, 120 females completed the MBSRQ, demographic information and positive body image question in exchange for research credit. Participants consisted of 120 college women ranging in age from 16-40 years ($M = 19.84$, $SD = 3.61$) recruited from a large Midwestern university. Most women (70%) identified as Caucasian/White, followed in frequency by African American (15%), Asian American (6.7%), Other (4.2%), Hispanic/Latina (2.5%), and American Indian/Eskimo (1.7%). Of the 118 women who responded to the item “I feel that I have a positive body image,” 45% either strongly agreed ($n=13$) or agreed ($n=41$) and the remaining participants responded neutral ($n=35$; 29%), disagree ($n=21$; 17.5%), and strongly disagree ($n=8$; 7%).

To determine whom to invite for interviews for in-depth exploration of positive body image, a research team (see below for more information) collaborated on criteria assumed to be related to the construct of positive body image. The research team, aware of the potential confounding variable of “normative discontent (Mintz & Betz, 1988),” discussed how positive body image might be demonstrated within a college female sample. The research team hypothesized that college women who endorse a positive body image would receive subscale scores indicative of health on the MBSRQ (as

determined previously by Harris, 1995) and would either *strongly agree* or *agree* to the item “I feel that I have a positive body image.” A single composite score is not generated for MBSRQ; rather, it is interpreted using total scores for each subscale. After considerable dialogue, the research team decided upon two subscales from the MBSRQ: Appearance Evaluation (measures feelings of physical attractiveness and satisfaction of one’s looks) and Overweight Preoccupation (concerns related to fat anxiety, weight vigilance, dieting, and eating restraint; Cash, 2000). It was expected that those individuals with a *high* score on appearance evaluation (feeling positive and satisfied with their appearance) coupled with a *low* score on overweight preoccupation (low fat anxiety and weight vigilance) would be suggestive of embracing a positive body image.

The responses from the 120 completed instruments were entered into SPSS 12.0 to determine mean scores and standard deviations of the two subscales: Appearance Evaluation ($M = 3.12$, $SD = 0.86$) and Overweight Preoccupation ($M = 3.04$, $SD = 0.90$). These means and standard deviations were consistent with those derived from female participants in U.S. national survey data from the mid-1980s: Appearance Evaluation ($M = 3.36$, $SD = 0.87$) and Overweight Preoccupation ($M = 3.03$, $SD = 0.96$; Cash, Winstead, & Janda, 1985; Noles, Cash, & Winstead, 1985; Case, Winstead, & Janda, 1986). See Table 1 for means and standard deviations associated with this sample in relation to data obtained in the 1980s.

Subscale Name	Norms for Current Study N= 120		Norms for Cash's studies N= 1070*	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Appearance Evaluation	3.12	0.86	3.36	0.87
Appearance Orientation	3.57	0.62	3.91	0.60
Fitness Evaluation	3.83	0.78	3.48	0.97
Fitness Orientation	3.26	0.89	3.20	0.85
Health Evaluation	3.46	0.71	3.86	0.80
Health Orientation	3.24	0.70	3.75	0.70
Illness Orientation	3.04	0.76	3.21	0.84
Body Area Satisfaction Scale (BASS)	3.13	0.74	3.23	0.74
Overweight Preoccupation	3.04	0.90	3.03	0.96
Self-Classified Weight	3.40	0.63	3.57	0.73

Table 1: Means and standard deviations for females in the current sample and Cash et al., (1985 & 1986).

* The BASS and Self-Classified Weight subscale norms are based on several combined samples with *N*= 804 women.

Consistent with criterion sampling, participants were selected based upon a predetermined criterion set forth by the researcher (Polkinghorne, 2005). The research team decided to invite those individuals for interviews who scored one standard deviation above the distribution for this particular sample. Upon reviewing the means and standard deviations for the sample of 120 women, the research team decided on the following as criteria for inclusion: (a) a score of 3.98 *or higher* on Appearance Evaluation, (b) a score of 2.14 *or lower* on Overweight Preoccupation, and (c) *strongly agree* or *agree* on the item “I feel I have a positive body image.” Using these criteria to select a subsample of participants, *only seven women met these standards*. With the knowledge that all of these individuals might not want to participate in further assessment and thus limiting an ample sample size for qualitative data analysis, the research team agreed upon less stringent criteria and opted for a composite score of the three subscales to determine inclusion.

Rather than use narrow criteria that focuses on the individual scores of three criteria, we, the research team, decided to implement a composite score for inclusion. The benefits of using a composite score include: (a) a total score that accounts for range and variation associated with individual responses related to positive body image, and (b) other body image instruments, like the MBSRQ, use composite scores when assessing the multidimensional construct of body image. Considering that the two MBSRQ subscales (appearance evaluation and overweight preoccupation) and positive body image question are on a 5-point Likert scale, we decided to multiply the three scales by each other to receive a new composite score. Before doing so, we transformed the scores so that all scales were measured in the same direction. For example, high scores on the Appearance Evaluation subscale reflect high satisfaction and low scores on both the Overweight

Preoccupation subscale and the Positive Body Image question indicate a healthy orientation. Therefore, we transformed the raw scores of Appearance Evaluation to align in the same direction as the other two criteria (overweight preoccupation and body image item) whereby *low scores indicate health orientations*. Upon adjusting the raw scores, we multiplied the three scales by each other to obtain a composite score to identify potential interview participants. With the new criteria established, the mean of the sample was 27.93 and the standard deviation was 22.70. We subtracted one standard deviation from the mean to obtain a criteria score equal to *5.24 or lower*. Of the original sample of 120, only 10 women met this new criterion, four of whom did not consent to participate in interviews. As a result, we adjusted the criteria to reflect those women who were included in the upper $\frac{3}{4}$ standard deviation of the sample, or a score of *10.91 or lower* as lower scores reflect more healthy orientations. Twenty-seven females of the original 120 sample endorsed the above criteria with a composite score ranging from 1.25- 10.90. Individuals with a composite score in this range (1.25-10.90) were identified as those women whose responses were above the normal distribution of the study, and probably reflective of a positive body image.

This subsample of 27 undergraduate female students was invited to participate in the data collection process involving an initial and follow-up interview (each lasting one hour). Participants were contacted according to their preferred method of communication as stated in the demographic questionnaire (see Appendix E). I relied on an email script (see Appendix H) and telephone script (see Appendix Q) when soliciting the participation of potential students that was approved by The Ohio State University's Office of Responsible Research Practices. I kept detailed notes associated with

correspondence (see Appendix C). Of the 27 email invitations, 15 agreed to participate (approximately 55%), 8 declined the offer, and four did not respond to the email request. In exchange for participation in two interviews, participants received two research credits for their two hours of time. Students were fully informed of the interview format and time commitment involved with this study in order to make an educated decision as to whether they would like to participate.

Description of student participants. Of the 15 females who agreed to participate in the interviews, six identified as African American, eight identified as White/Caucasian, and one identified as biracial (Asian American and White/Caucasian). Participants ranged in age from 18-21 years ($M = 19.47$, $SD = 0.99$) and seven strongly agreed to endorsing a positive body image and the other eight agreed. Nine identified as first year students, three as sophomores, one as a junior, one as a senior, and one as other (e.g., continuing education). Regarding grade point average, four reported in the range of 3.5-4.0, five in 3.0-3.49, four in 2.5-2.9, and two in 2.0-2.49. One woman identified as bisexual and the remaining fourteen identified as heterosexual. Body mass indices ($BMI = \text{kg/m}^2$) ranged from 17.9 to 25.2 ($M = 21.7$, $SD = 1.86$). Body mass index is a tool to indicate weight status within adults whereby a BMI in the range of 18.5-24.9 indicates a healthy weight, below 18.5 is underweight, 25.0-29.9 is overweight, and 30.0 and above is obese (Center for Disease Control and Prevention, 2005). See Table 2 for MBSRQ means and standard deviations associated with this subsample.

As many adolescents, including older adolescents, have difficulty reporting accurate assessments of socioeconomic status specifically related to family income, researchers created a composite score to assess for this multidimensional construct

Subscales of the Multidimensional Body-Self Relations Questionnaire (MBSRQ)	Norms for Subsample <i>N</i> = 15	
	<i>M</i>	<i>SD</i>
Appearance Evaluation	4.25	0.48
Appearance Orientation	3.71	0.56
Fitness Evaluation	4.02	0.77
Fitness Orientation	3.38	0.83
Health Evaluation	3.93	0.77
Health Orientation	3.40	0.82
Illness Orientation	3.32	0.81
Body Area Satisfaction Scale (BASS)	3.96	0.49
Overweight Preoccupation	2.30	0.73
Self-Classified Weight	2.93	0.42

Table 2: MBSRQ means and standard deviations for females in the subsample (n=15).

(Ensminger, Forrest, Riley, Kang, Green, Starfield, & Ryan, 2000). This composite score accounts for human capital (parental education), social capital (household structure that assesses number of parents living in the home) and financial capital (parents' employment and government resources such as welfare checks, food stamps, and reduced lunches). Typically, this composite score is used to facilitate comparisons across groups. Due to the small sample size of the females in this study, individual factors of the measure were assessed and reported rather than making comparisons across the 15 respondents. For this sample, the women reported the educational levels of their mothers (5= high school and 10= college) and their fathers (5= high school and 10= college). Regarding mother's employment status, five reported that their mothers do not currently work, 1 reported that her mother works part-time, and nine reported that their mothers work full-time. For fathers, one woman reported that her father works part-time and the

remaining 14 reported that their fathers work full-time. Only one woman reported receiving assistance in the form of free or reduced lunches. Regarding family structure, four women reported single-family homes, three reported a home with a parent and stepparent/other adult, and eight reported a mother and father. See Table 3 for information.

In order to capture the true essence of the female participants, I will share background information to provide context and create a more integrated representation. Remember, the names of the participants have been changed and replaced with pseudonyms.

Jocelyn is a 19-year-old white heterosexual female in her first year of college. Jocelyn shared her experience of working at the office of plastic surgeon and her concerns for a female roommate who struggled with eating concerns. She described herself “as a girl that got to grow up with a wonderful family. I didn't have all of the pressures around me and other stressors. I've always done well in school. I've always been active in sports. I've been fortunate to have a high metabolism.”

Jasmine identified as a Black Irish white, heterosexual female (“dark skin, dark eyes, dark hair Irish people”). She attributed the development of a positive body image as a result of the intimate relationship she shares with her dad, her “hero.” Jasmine revealed how her diagnosis of cancer at such a young age (19) impacted her sense of body image, “I think it’s made me appreciate my life a whole lot more, especially being so young. I notice that I appreciate my body a lot more. I appreciate the small things. I appreciate my hair cause of the thought of losing it. I have to let go of the small things that bother me because in the end they don’t matter.”

Socioeconomic Status Factors

<u>Factor</u>	<u>Frequency (n=15)</u>
Mother's Employment	
Not working	4
Part-time	1
Full-time	10
Father's Employment	
Not working	0
Part-time	1
Full-time	14
Mother's Education	
Less than high school graduate	0
High school graduate, vocational school, some college	5
College graduate	10
Father's Education	
Less than high school graduate	0
High school graduate, vocational school, some college	5
College graduate	10
Receive Aid to Families with Dependent Children	
Yes	0
No	0
Receive food stamps	
Yes	0
No	0
Receive free or reduced-cost lunches	
Yes	1
No	0
Family structure in your current household	
Single parent	4
Parent and stepparent, other adult	3
Mother and father	8

Table 3: Socioeconomic factors for females describing a positive body image.

Upon learning of her mother's diagnosis of lupus, *Violet* (18-year-old African American heterosexual female) described her reaction of moving from a negative to positive body image, "I decided that if I don't want to be like that, to not let stuff get to me, so I just stopped, not stopped caring, but stopped putting all my attitude towards somebody. I mean I still cared, but I had bigger things to worry about than me. So that's when I just started letting things be. I don't let nothing stress me out no more, cause it did damage to my mom." She relayed that taking care of herself is related to her body image including eating healthy, drinking plenty of water, following a consistent exercise schedule, and getting enough rest.

Angela is an 18-year-old heterosexual African American woman who takes pride in "presenting" herself to others on a limited household income. She described a close friendship with another woman in high school in which they "shared" a positive body image. Angela focused on the long-term effects of today's choices and states, "I learn(ed) how to relieve some type of stress so it won't build up in you and you won't take it out on yourself." She also used the metaphor of a temple to describe her relationship with her body, "Your body is pretty much like a temple. It's very important, it's the center of everything and everything really revolves around it. It's real important to take care of it and respect and it make sure that everything is fine and going well with your body."

In describing her positive body image, *Michelle* (21-year-old white, heterosexual born-again Christian) shared, "I just think that its contentment with who I am and what I've been given by God. I just feel that I've been made special. When you believe that

you were designed by a Creator and that you were thought of and preconceived and put together, you just feel good.” She attributed a lack of media influences (e.g., television, fashion magazines) and tight family relations as integral in shaping her positive body image. “If you're able to be yourself and still find that love, then you're going to be more willing to accept yourself if you have others who on a day to day basis accept you for who you are, then in turn, you're going to accept yourself more. If you have loving parents or family, who sees the situation for what it is, and is there to communicate that to you, you're being educated in the topic of body image.” She also expressed her concern with how women are depicted in the media, “Hardly anybody really thinks about the real function of body parts. You have girls walking around showing off their chests all the time, but then when a mother is breastfeeding in public, it's a horrific thing. It's disgusting or whatever. The ironic thing is that's what that is for. That's the purpose of it.”

Lynn (19-year-old heterosexual white female) relayed her difficulty in discussing the topic of body image, “I always felt kinda middle of the road about myself. Never really thought about body image. Not something that was a really big deal for me.” She shared how media presents an ideal image, “For the most part, the fact that people kept women in the entertainment industry women that are performing, women that are in the spotlight, it seems to be so emphasized to have the perfect body image. It seems like there's an expectation that is set and not only are women expected to try to meet that expectation, but also more if they meet that expectation, to make everyone aware of it, how they dress, how they interact with people.” *Lynn* further proclaimed, “You can live a happy life without necessarily being 100% thrilled with how you perceive yourself. At

the same time, it is important to have an awareness of where you're at to take healthy measures, if there are things that you could possibly change.”

Robin, a 21-year-old African American junior, described her experience of negotiating the differing standards of beauty within black and white cultures. As the only African American female in her grade school, she revealed, “I didn't like the fact that my lips were so big, my eyes were so broad, my eyes were so wide, and my nose was so broad. Then when I would be in my best friend's neighborhood, she was Black, and everyone else was Black, it made me think I was pretty and cute. I hated when I was in class feeling ugly and be with my Black friends feeling pretty. As I've gotten older, and went to high school, and I've just learned to accept myself.” She was candid in sharing her disgust of women being objectified, and described herself as a “hypocrite” for desiring attention from men related to her body.

“I think when you surround yourself with people who have a positive body image, I think it's automatically going to rub off on you,” stated *Heather*, a 19-year-old African American in her first year of college. She described her body image journey. “I started off self-conscious cause I didn't like my eyes and other things. As I got older, I started to get a lot more comfortable with my body and then I got to the point where I became completely satisfied.” She also addressed a television show focusing on skin color in relation to ideal images in the media. “Now, even in the African Americans you have to be lighter. There were two girls who were dark-skinned complaining about that because the models or whatever want you to be as light as possible now. Brown skin is okay, but dark is out. I guess you're not as attractive when you're darker.”

Veronica (20-year-old) identified as a bisexual, biracial (Asian/white) female in her senior year of college. She described her transition from a negative to positive body image as a result of engaging in a study abroad program in the Dominican Republic. She reported that appearance-related feedback from her mother and maternal grandmother affected her body image. “The fact that I was never that hourglass figure, even when I was 15 or 16, when she (grandmother) thought I should have been, she would mention things like that.” *Veronica* described how her own “comfortable” self “might be rubbing off” on her mother. *Veronica* now chooses to express her body or “canvas” through differing hair colors, piercings, and tattoos.

Patti, a 19-year-old heterosexual white woman, remembered the labels of “big girl” and “chubby” as an overweight child prompting an internal desire for a healthier lifestyle. Upon losing 30 pounds through healthy eating and consistent exercise, *Patti* revealed frustration with other people’s response. “People say that I have a good body and some people say I’m too skinny now, but I feel like they expect me to be chubby because I always was. Why am I not allowed to be healthy and look good because I wasn’t when I was little? Can’t people change? Can’t I make beneficial, positive changes in my life? I’m healthy. I feel like sometimes people, my friends who aren’t as healthy, get mad because I have the motivation to do it.” In her follow-up interview, *Patti* contemplated the promotion of the thin-ideal within the majority culture. “Why isn’t a sign of status for white girls to be chubbier? Maybe because like White men were always rulers of the world and the women were supposed to be below them. It was easier to control them if they were little and fragile and skinny.”

Courtney identified as a heterosexual, 20-year-old African American female with a strong adherence to the Baptist faith. She shared that her maturity, lessons learned from her grandmother, and ability to handle stress through meditation and poetry helped her to maintain a positive attitude and body image. "Society makes famous people be like sex symbols. It's like everything you see a woman is half-dressed or she's not dressed. Or she be out there like she's stupid. The media can fix women as the imaginary woman. Ain't no woman like that!" Courtney explained her relationship with her body, "I feel like I'm treating my body with love. My body treats me back with love."

Julie (19-year-old heterosexual, White female) explained that although she endorses an overall positive body image, there are days in which she does not feel positively about her body. "You gotta let it go and not let it get to you, bring that whole week down. It's just that one day and the next day you can wake up with a better perception of it." She described an abundance of negative media images that she "filters out." Furthermore, Julie stated, "I think society is on their way of being more accepting of people's bodies." In between interviews, Julie relayed her awareness associated with the other women in her college dorm. "I was paying attention this past week to what everyone was saying in the hall. 'Does this outfit look okay? Does my hair look okay?' It's not necessarily a bad thing, but it is so important to girls what they look like or how they feel they look."

Pam, a 21-year-old African American sophomore in college, reported that living in both "negative" and "positive" environments impacted her body image. "A lot of things you perceive in your life, you look at it in a positive or maybe negative way depending on what type of environment you was in and the type of things you have seen

and experienced.” Upon moving to a more “stable environment” during her teen years, Pam reported that her positive mentor helped her switch from a negative body image to positive. “When I had someone who was more positive around me and teaching me more positive things, that’s when I really began to look at myself in a more positive and beautiful way.” She shared the following, “I look at myself as this beautiful woman who’s grown to be mature, who’s trying to do something with herself, who’s making it through a lot of obstacles. I just look at myself as a beautiful person outside and inside.”

During her teen years, *Erin* (19-year-old white heterosexual Jewish female) battled an eating disorder at age 13 that began as “throwing up everyday” from discontent with “being the slightly bigger one” in relation to her friends and sister. Growing up in an affluent Chicago suburb, she claimed that designer labels on clothing/accessories and being “skinny” was related to popularity in high school. She reported that “maturity” and “choosing my own friends” has contributed to a more positive body image over the years. Erin now critically analyzes media images and questions why “regular people” are not included in television shows and how many current programs focus on plastic surgery as a way to alter the body.

April (20-year-old white heterosexual female) admitted that there are areas of her body that she does not “like” and yet still wear a bikini. “It may not be the thing I’m most comfortable in, but I still wear it.” She reported growing up in a “small town” in which “everyone was active” and “was raised to believe that everybody’s different.” In relation to the abundance of media messages about body, April declared, “I don’t let it get to me so it bounces off.” She shared that body acceptance “comes from within yourself more

so than from other people because if you're happy with how you feel on the inside, then just naturally that will show on the outside. Other people will respond to that in a positive way.”

Clinical/Research expert recruitment. Inviting clinical and research experts to participate in interviews, allowed triangulation of data whereby these experts could provide comparing and contrasting perspectives on positive body image in relation to the female participants (Polkinghorne, 2005). Experts were defined as those individuals who have at least 10 years of experience in eating disorder and body image related activities such as research/teaching and providing psychotherapy (clinical). Snowball selection, a type of purposive sampling, was implemented to identify potential clinical/research experts. This approach of sampling locates information-rich informants by asking the question “Who knows a lot about ____ (Patton, 2002; Polkinghorne, 2005)?” Frequently repeated names of clinical and research experts served as possible sources of information related to positive body image knowledge. Six potential experts were asked to participate in this study via email in exchange for the gratification of contributing to body image literature and a \$50 stipend made possible through the *Coca-Cola Critical Difference for Women Dissertation Grant* via The Ohio State University (see Appendix G). They were informed of the interview format and time commitment (one hour) involved with this interview in order to make an educated decision as to whether they would like to participate. Five experts (two research-based and three clinical-based) consented to participate in this study and selected interview locations that were comfortable for them (e.g., in their offices and in OSU university rooms).

Description of clinical/research experts. A brief description is provided for each of the five clinical and research experts included in this study.

Michael Levine, PhD, is a professor of psychology at Kenyon College in Gambier, OH. He has over 20 years of experience the prevention of negative body image and disordered eating as well as the influence of mass media on those constructs. Dr. Levine has served as editorial consultant for many scholarly journals and as a consultant to the National Anorexic Aid Society/National Eating Disorders Organization, the National Institute of Mental Health, the Department of Health & Human Services' Office of Women's Health, and the McKnight Foundation (Minneapolis, MN).

Judy Cusin, MSW, LISW, conducts psychotherapy for university students at The Ohio State University's counseling center. Her interest in eating disorders and body image surfaced approximately 30 years ago. Since that time, Ms. Cusin has counseled numerous women who suffer from eating disorders and negative body image. Ms. Cusin's other clinical interests include relationship counseling, group work, and working with individuals/couples dealing with infertility, single parenthood, and donor insemination.

Penny Winkle, LISW, LPCC, provides psychotherapy specializing in the treatment of eating disorders and body image at the Counseling & Consultation Service (CCS) at The Ohio State University. Ms. Winkle was trained in psychodynamic and family systems theories and works from a predominately cognitive behavioral therapy model. She works with a wide variety of clients, including eating disorders, affective disorders, women's issues, and couples work.

Laura Hill, PhD, is the CEO/CCO of The Center for Eating Disorders and Psychotherapy in Worthington, Ohio. She has provided therapy for persons with eating

disorders since 1979, and has conducted research on eating disorders since 1984. Dr. Hill was the Director of the National Eating Disorders Organization from 1990 (formerly NAAS) to 1994, when it moved to Laureate and then evolved to become a part of the National Eating Disorders Association in Washington (note our link to this national organization).

Nancy Rudd, PhD, is an associate professor in the Department of Consumer and Textile Sciences at The Ohio State University. Her teaching and research interests include clothing and appearance management behaviors in relation to body image. Dr. Rudd facilitates the Body Image and Health Task Force (established in 1996) to address issues of anorexia, bulimia, excessive exercise, laxative and diuretic abuse, fad dieting and disorders dealing with body hatred and self-mutilation that are present at The Ohio State University campus: <http://www.hec.ohio-state.edu/bitf/index.htm>.

Informed consent. All participants were informed numerous times that participation was voluntary and that they could end the interview at any time. Informed consent as a continual process was explained so that all participants understood that they had the right to refuse answering questions and the opportunity to end the interview at any time without penalty. The participants signed an informed consent form before the beginning of the first interview that explained the opportunity to withdraw from the study at any time. At the beginning of both initial and follow-up interviews, the interviewer also verbally reiterated the participant's right to refuse responding to questions that they did not feel comfortable answering and to stop the interview for any reason.

All data collected remained confidential and identifiers were removed participant transcripts. Participants' responses were considered confidential via the assignment of a

code number. They had the opportunity to use a pseudonym during the course of the interview to ensure a further level of protection. Two female students and one clinical expert chose to use pseudonyms. Furthermore, all identifying information was deleted from the interview transcripts and replaced with a code number to maintain confidentiality.

Research team. Another measure of triangulation included using multiple analysts to compare and contrast findings from the data (Patton, 2002). The goal of triangulation with multiple analysts is to eliminate potential bias while ensuring consistency in data via multiple perspectives (Patton, 2002). Hanson and colleagues (2005) suggested the use of research teams within mixed method designs to appropriately analyze and elaborate both qualitative and quantitative information over an extended period of time. In this study, a research team of three individuals was created at the beginning of the project. The research team consisted of myself (White, heterosexual 28-year-old partnered female graduate student), another female graduate student, (White, heterosexual 24-year-old partnered female), and a female faculty member with expertise in eating disorders and body image in counseling psychology, (White, heterosexual 31-year-old partnered female). The team members completed a pledge of confidentiality associated with their involvement in this research project (see Appendix P). I conducted the initial and follow up interviews with all of the participants (female students and clinical/research experts) and collaborated with my research team on all major decisions related to this research. The other two research members immersed themselves within the data by reading each coded transcript and supplying feedback related to theory. We, the research team, met on a consistent basis to review category development and to

explore potential theoretical models emerging from the data. During one meeting, we labeled all of the categories on note cards and rearranged them on the ground to capture the fluidity of the construct. Also, we each brought forth ideas associated with the visual display of the data. Upon discussion of the similarities and differences associated with the visual displays, we co-created one model that fully describes the phenomenon of positive body image.

Instruments for Female Participants

Demographic Questionnaire. A brief questionnaire regarding age, gender, and race/ethnicity was disseminated to Psychology 100 students (see Appendix E). Students who willingly supplied their demographic and contact information (e.g., name, phone number, email address) *and* who obtained a composite score *equal to and under 10.90*, were invited to participate in the current research study.

Multidimensional Body-Self Relations Questionnaire (MBSRQ). The MBSRQ measures body image attitudes and weight-related variables through three attitudinal dimensions: affective, cognitive, and behavioral (Brown, Cash, & Mikulka, 1990; Harris, 1995; Kashubeck-West & Saunders, 2001; see Appendix O). The measure also examines three “somatic domains” of body image including *fitness* (physical effectiveness), *appearance* (physical aesthetics), and *health/illness* (physical integrity; Brown, Cash, & Mikulka, 1990). Example items include “I do things to increase my physical strength (fitness),” “I like the way I look without my clothes (appearance),” and “I have deliberately developed a healthy lifestyle (health/illness).” This 69-item questionnaire

measures body image on a five-point Likert-response scale ranging from one (*definitely disagree*) to five (*definitely agree*). Higher scores on the subscales reflect healthier body images (Harris, 1995).

Three subscales exist in this instrument: (a) The Body-Areas Satisfaction Scale (BASS), (b) the Overweight Preoccupation Scale, and (c) the Self-Classified Weight Scale (Brown, Cash, & Mikulka, 1990; Kashubeck-West & Saunders, 2001). The BASS examines satisfaction with particular body features such as lower torso, muscle tone, and face. The Overweight Preoccupation Scale assesses concerns related to dieting, eating restraint, weight vigilance, and anxiety about fat. The Self-Classified Weight Scale obtains self-appraisal of weight from underweight to overweight. Evidence exists for satisfactory internal reliability of the MBSRQ in a sample of women and men ($r = .75-.91$; Brown, Cash, & Mikulka, 1990).

This particular instrument was chosen from a variety of body image assessments, as it is one of the few that addresses positive aspects of body image. The majority of body image assessments explore the construct from a pathological perspective of disturbance without acknowledging positive components. See Kashubeck-West and Saunders (2001) for more details associated with body image instruments.

Interview protocols. I constructed a semi-structured interview format to identify key questions before the initial participant interviews to allow participants the freedom to explore certain subjects in greater depth (Patton, 2002). The semi-structured interview specifically tailored for the female participants consists of questions relating to the construct of positive body image (See Appendix N). The interview protocol was reviewed by the researcher's dissertation committee, research team, and other qualitative

researchers before implementation. Examples of open-ended questions included: How do you understand the term body image? What does it mean to have a negative body image? What does it mean to have a positive body image? What factors might relate to having a positive body image? In the final section of the interview, participants were asked to describe their own perceptions of body image and how significant events altered/shaped their views.

Follow-up questionnaire. To determine additional demographic information associated with the female students, a questionnaire was distributed at the beginning of the follow-up interviews. Participants were informed that they had the right to not answer questions on this questionnaire that they found too personal or sensitive. Examples of items included status in school, GPA, sexuality, and questions related to socioeconomic status (see Appendix I).

Instruments for Experts

The experts did not complete any assessments. Instead, I constructed a semi-structured interview protocol for the experts in this study (see Appendix M). This protocol included similar questions as the female participant protocol outlined above. However, the expert interview protocol included specific questions related to their expertise: How long have you been interested in body image and eating disorder concerns?

Procedure

Pilot interview. Many qualitative researchers recommend using a pilot interview to discern potential concerns associated with the interview protocol and the format/structure of the interview (Fassinger, 2005). In addition to obtaining feedback on

the interview questions from multiple sources (e.g., dissertation committee, research team, qualitative researchers), I conducted a pilot interview with a consenting family member, using the pseudonym Stella. In one and a half hours, Stella responded to questions and provided both general and specific feedback related to the overall interview process. For example, Stella reported feeling at ease with the abstract nature of the questions, thereby allowing her to answer questions according to her level of comfort. Stella also stated that she was “relieved” and “excited” that the issue of positive body image was of central focus in this study as “everyone focuses on negative [body image].” Stella suggested rewording two items in the interview protocol for the purpose of clarification. I utilized the feedback from Stella to refine interview questions and further explore my own intentions/biases in collecting data.

Bracket Interview. Some qualitative researchers employ the strategy of a bracketing interview to explore their own biases and assumptions related to their work (Patton, 2002). The goal of this process is to elucidate any implicit and/or explicit thoughts that permeate the researcher’s worldview. I chose to engage in a bracketing interview before gathering data from participants. A qualitative research colleague assisted me in this process by asking the same questions outlined in my interview protocol in March 2004. The entire interview lasted approximately one hour and 45 minutes from start to finish.

As part of the bracketing process, I am to reflect on my experience and note any feelings or ideas that emerge. Upon engaging in this interview, I was struck by the abstract nature of the questions and found it sometimes difficult to answer in a cogent manner that is reflective of my true experience rather than provide responses from a

research lens. I was surprised to hear my own journey from experiencing a somewhat negative body image to embracing a positive body image within the past eight years. I began to intimately own that journey and understand my current passion for studying this very phenomenon. Furthermore, I had the opportunity to experience the somewhat awkward nature of speaking about body image within an interview format and understand firsthand how this might be the experience of future participants.

As a result of engaging in this bracketing interview, I modified the wording of the interview questions and also delineated probes to help facilitate discussion for more abstract ideas. From this experience, I also understood the importance of creating a warm and safe environment for the female participants to share openly their experiences of body image. Consequently, I chose to conduct the female participant interviews in university rooms that are used for psychotherapy with the hopes that these rooms would be more comfortable than classroom settings. To create a relaxing environment for the participants, I also burned a candle and offered each woman a chilled bottle of water.

Interviews. I completed all initial (one hour) and follow-up (one hour approximately two weeks later) interviews for undergraduate students and clinical/research experts. I created an interview schedule to keep track of both initial and follow-up interviews for participants (see Appendix L). Female participant interviews (both initial and follow-up) began in March 2004 and lasted until June 2004. Clinical/research interviews were conducted from September 2004 through October 2004.

Interviews for undergraduate students were conducted in an audio-visual equipped room located in Psychological Services at The Ohio State University. The

rooms consisted of two oversized recliner chairs, a small table, and a video camera mounted in the corner ceiling. Because the focus of the study is related to body image, I did not use the video recorder as I did not want the female participants to feel uncomfortable and/or objectified through the use of video. For each interview, I brought the following materials: important forms (e.g., interview script, consent form, debriefing form), audiotapes, audio recorder, microphone, batteries, pen, reflexive journal, candle, scrap paper, and bottled water (see Appendix F). Expert interviews consisted of a one-time, one-hour session. Experts identified comfortable and convenient locations for their interview sessions.

Before conducting interviews, the female participants and experts signed a standardized consent form provided by the university to ensure voluntary involvement within research (see Appendix B). I read aloud instructions associated with the study and allowed participants the opportunity to ask questions (see Appendices J and K). The initial interview included a semi-structured protocol to facilitate dialogue about the topic of positive body image. During the follow-up interview, I offered the female participants the opportunity to view a typed transcript of their interviews allowing the participant to report reactions as well as to offer additional comments. Participants commented on the degree to which their individual experiences were described and confirmed the maintenance of confidentiality. Each participant was asked to sign a form acknowledging the opportunity to read/review the transcript as well as have their questions answered (see Appendix A). None of the 15 female participants requested revisions or additions to their original interview transcripts. At the end of each interview,

I provided a debriefing form that explained the rationale of the study (see Appendix D) and allowed participants the opportunity to ask additional questions.

Transcripts. All interviews were audiotaped with participant consent and transcribed verbatim with the exception of minimal encouragers, silences, and stutters. All identifying information for participants was removed, and each participant was assigned a code number to maintain anonymity. Furthermore, each participant had the opportunity to choose a pseudonym to ensure anonymity of responses. If a participant did not choose a pseudonym at the time of interviews, I later replaced their names with others to ensure anonymity. I kept a transcription log to accurately reflect the process involved with transcribing (see Appendix R).

CHAPTER 4

ANALYSIS

Qualitative researchers describe data analysis as an ongoing process that began with the design of the investigation and continued throughout the research endeavor (Glaser & Strauss, 1967; Glesne & Peshkin, 1992; Highlen & Finley, 1996; Morrow & Smith, 2000; Patton, 2002). Five categories of data analysis strategies exist: (a) organizing data, (b) generating categories and themes, (c) testing emergent hypotheses against data, (d) searching for alternative explanations, and (e) writing the research report (Marshall & Rossman, 1995).

More specifically, grounded theorists are encouraged to study data throughout the research endeavor (Charmaz, 2004). The qualitative researcher analyzes data during collection to study emerging patterns with the ultimate goal of developing theory (Charmaz, 2004). They employ a variety of methods to analyze data such as memo writing in a reflective journal, creating analytic files to organize information, and designing coding schemes (Glesne & Peshkin, 1992). Charmaz (2004) suggested that grounded theorists transcribe their own audiotapes of interviews to learn the nuances associated with language and meaning within their sample of participants.

Criteria for Judging Quality

Whereas conventional scientific research criteria include validity, reliability, and objectivity as standards of research excellence, constructivist researchers strive for

reflexivity/subjectivity acknowledgement, triangulation (multiple perspectives of data), in-depth data immersion, constant comparison of data, credibility and trustworthiness (scientific rigor; Lincoln & Guba, 1986; Patton, 2002). These terms describe the rigor involved with research and the researcher's credibility to produce quality work via her commitment to this type of inquiry. I will describe my decisions to uphold these standards throughout the course of my research project with the ultimate goal of attaining a product that is both trustworthy and credible.

Reflexivity. Richardson (1992) posited that reflexive writing is a method of qualitative analysis and a “way of knowing” that should occur throughout the life of a research project. Paradigms of qualitative inquiry acknowledge the role of researchers as “interpreters and meaning-makers” and accept the fact that researchers have the ability to ultimately shape the final representation of data (Glesne & Peshkin, 1992). With this acknowledgment of power and/or authority, qualitative researchers rely on reflexive journals to record the nuances of their work and to explore their own biases, assumptions, and reactions (Glesne & Peshkin, 1992; James-Brown, 2003; Marecek, 2003; Morrow & Smith, 2000; Richardson, 1992; Richardson, 2004). As Roberts and McGinty (1995) acknowledged, a reflexive journal allows the researcher the time and space “to discover the subtleties of subjectivity.” Richardson (1992) suggested using the following categories in reflexive writing: (a) observational notes to record concrete details, (b) methodological notes that address how to collect data, (c) theoretical notes that explore hunches and hypotheses, and (d) personal notes that include the researcher's thoughts and feelings. Upon writing the research report, the researcher must address making sense of

the data, representation (the voice of the text and the text's audience), and legitimization (is the text accurately describing that which it intended to; Highlen & Finley, 1996).

I kept a reflexive journal from the inception of the project idea throughout the analysis process and until the actual defense of the dissertation. In my journal(s), I captured the potential biases inherent within my work so as to monitor how these factors might shape or alter my outcomes. Furthermore, I collected ideas, hunches, and assertions as themes emerged in my data. I continuously reviewed these journal entries to ensure that I identified these nuances within the ultimate product. My journal also served as a holding place to relate ideas associated with my study to the works of other body image researchers. This process allowed me to honor the similarities and differences of various lines of research. I also included "to do" lists to keep a systematic record of my future work in this project. Upon finishing a goal, I highlighted the original task to provide closure for that component and to direct my attention to other tasks.

Triangulation. Researchers secure two or more qualitative methods to provide a holistic view of data known as triangulation (Morse, 1994). Triangulation is ideal as it allows the identification of similarities across data as well as inconsistencies that highlight the complexities of social sciences (Patton, 2002). Four different types of triangulation are identified by Denzin (1978) and Patton (2002): (a) data- multiple data sources, (b) investigator- contributions of several researchers, (c) theory- multiple perspectives to interpret data, and (d) methodological- using multiple methods within a study. Janesick (1994) added another type of triangulation known as interdisciplinary triangulation to honor the various perspectives of numerous disciplines like psychology, history, sociology, and anthropology.

In this study, I implemented numerous types of triangulation. For data triangulation, I used a quantitative assessment (Multi-Self Relations Questionnaire; MBSRQ), a single self-report item (“I feel that I have a positive body image),” and interviews (participants and experts) to gather multiple sources on the identification of a positive body image. The research team of three individuals constitutes investigator triangulation by incorporating the views, opinions, and suggestions to create a theory of positive body image. I also investigated similarities/differences within and across other body image theories developed by Cash (2002) & Kearney-Cooke (1997) to establish theory triangulation. Methodological triangulation was achieved by implementing both quantitative assessment (MBSRQ) and qualitative assessment (face-to-face interviews) to capture the complexity of the construct from various angles. Finally, interdisciplinary triangulation was obtained through the selection of clinical and research experts from various disciplines (psychology, social work, and human ecology) to garner how positive body image is understood within a variety of contexts.

In-depth immersion. This phrase refers to the prolonged engagement in data to ensure the witnessing of emerging themes (James-Brown, 2003; Lincoln & Guba, 1986). Methods of in-depth immersion vary across studies, and I will now explain how I immersed myself within the data via multiple methods. First, I made the explicit choice to conduct all participant (initial and follow-up) and expert interviews myself rather than rely on additional research assistants. Although this process was time consuming with a total of 30 interviews lasting approximately an hour each, I believe that this prolonged engagement provided the unique opportunity for me to experience first-hand the themes that evolved. Second, as I knew that transcribing interviews allows opportunity for data

immersion (Patton, 2002), I chose to transcribe all 30 interviews while keeping my reflexive journal nearby for hunches and ideas. Third, I thoroughly coded each interview transcript *at least two times* to ensure the conformability of categories being grounded within the actual data. To code one transcript took approximately 2-5 hours total. Finally, my involvement with a research team on a biweekly basis afforded me the opportunity to remain immersed within my project as I provided progress updates and introductions to the emerging themes.

Constant comparison. In order to generate solid theory that is grounded from data, qualitative research experts suggest that analysts employ a method of constant comparison within data analysis (Charmaz, 2004; Glaser & Strauss, 1967; Patton, 2002; Strauss & Corbin, 1998). Data comparison can occur through a variety of methods including, but not limited to, comparing data from the same person at different points in time, comparing ideas from different people, reducing many themes into a set of higher level concepts, and finally in the actual writing of the theory (Charmaz, 2004; Glaser & Strauss, 1967). The purpose of constant comparison is to determine how individual pieces of data fit together as well as “stand up to such scrutiny” (p. 24, Strauss & Corbin, 1998).

Within this study, I employed various methods of constant comparison within the collection of data. For example, Glaser & Strauss (1967) recommend that one incident is compared with another incident in order to achieve a better understanding of the similarities and differences among those two incidents. In this study, incidents were compared via individual participants at two different times via longitudinal data, the initial and follow up interviews. Information gleaned from the initial interview was

supplied to the participant during the follow up interview so as to confirm the data as well as to offer the participant the opportunity to further explicate on these ideas. The participants themselves had the opportunity to compare incidents of data between these two interviews. In essence, a form of within group comparison occurred during this time. Upon presenting this information to participants, I had the opportunity to compare incidents to gain a better understanding of the complexities associated with these themes.

I also employed a method of constant comparison within the follow up interview. Not only did I provide personal incidents of the participants, but I also offered incidents from the other female participants in the study. Participants listened to these other incidents and had the opportunity to comment on their own reactions of support, disagreement, and/or both related to these incidents. This process is similar to that of between group analysis employed within quantitative research analysis. As a result, participants and I were actually engaged in multiple levels of comparison during the follow up interviews. As Strauss and Corbin (1994) stated, “it is not the researcher’s perception or perspective that matters but rather how research participants see events or happenings” (p. 47).

Another form of constant comparison involved within this study was the inclusion of clinical/research experts within the sample. At the beginning of the interviews, experts had the opportunity to share their own thoughts, feelings, and ideas related to the experience of positive body image. The experts shared their clinical and research knowledge on this topic as well as offered examples of personal trials, tribulations, and success stories related to positive body image. The end of the interview focused on me supplying themes that were generated from the interviews with the female college

students. Experts could then compare their own understanding of positive body image with that which was presented from the female participants. They were delighted to hear this information as it confirmed and sometimes disconfirmed their own hypotheses on this issue. This additional step within the research allowed the grounded data from female participants to be compared with the knowledge and experience garnered by professionals within the clinical and research realms of positive body image.

Furthermore, I employed constant comparison within the coding of data. Using NUD*IST software, I coded ideas and categories at *nodes* (QSR International, 2005). Nodes can either be *free* (without organization) or exist as *trees* (organized according to a hierarchical system that involves logical relationships). This system of theory building is intended to be flexible and to change based on constant comparison of data. With the touch of a button, I can switch categories within nodes as relationships begin to emerge. The ultimate goal is for category development and the synthesis of data.

Credibility. One of my ultimate goals related to this project was to produce a theory of positive body image that is credible and legitimate based on findings. To ensure credibility, I employed the following methods. First, I elected to take a three course series in the college of education to gain an in-depth understanding of qualitative research design. I knew that if I wanted to produce a credible dissertation using qualitative inquiry, I must first learn from experts how to properly design, implement, analyze and present findings from this framework. Second, at the inception of this project, I asked a fellow colleague to interview me with the semistructured protocol I planned to use with participants, known as a bracketing interview. As a result of engaging in this interview, I was able to identify my own assumptions associated with

data collection, and tweak the questions as a result to reflect this newfound knowledge. I also solicited feedback on the design of my project from qualitative research students and experts such as Dr. Pamela Highlen, Dr. Laurel Richardson, and Dr. Peter Demerath.

Second, as mentioned previously, I created a research team of individuals interested in body image and eating disorder work. As a team, we challenged each others' biases/assumptions, encouraged alternative viewpoints of data, integrated various theories and ideas into our work, and shared in the exciting evolution of this project. This process of peer debriefing allowed a theory to emerge that reflects viewpoints outside of my own worldview. Furthermore, I provided the original transcripts and data coding to both research members for their review. My research colleagues reviewed my data analyzed in NUD*IST 6 to confirm and/or negate that my codes were accurate and grounded in the information. I encouraged my research team to present diverging ideas and alternative understandings of the data to ensure credibility.

Finally, to legitimate my work with the actual participants (both female students and experts), I employed member checks. Participants are able to confirm or negate information by reviewing material in the study (Janesick, 1994; Lincoln & Guba, 1986). Within this study, I offered the original interview transcript to participants during the follow-up interview and encouraged them to read the document for accuracy. Upon reading the text, I asked each participant to sign a form acknowledging their ability to review the transcript and have their questions answered (see Appendix F). Furthermore, I provided the experts a copy of their interview transcripts via email (by their permission) as a form of member check.

Coding Qualitative Data

I will briefly describe the coding process associated with data analysis in my study. As I chose grounded theory as the preferred framework for analyzing my qualitative data, I relied on coding techniques presented in my qualitative research courses and articulated by grounded theorists within various articles.

For grounded theorists, the coding process begins by examining each line of data, known as line-by-line coding, to develop theoretical categories (Charmaz, 2004). After the completion of this type of coding, the researcher then employs focused coding in which the details of information are summarized into larger, all-encompassing categories (Charmaz, 2004; Highlen & Finley, 1996). Coding entails constant comparison among data, incidents, and concepts with the attempt to construct meaning from groups of data (Charmaz, 2004; Highlen & Finley, 1996). The researcher, immersed within data, searches for both supporting and disconfirmatory data to advance a deeper understanding of data (Highlen & Finley, 1996; Marshall & Rossman, 1995; Patton, 2002).

Many qualitative researchers today rely on computer software programs to assist with analysis. Qualitative software can ease the burden of previous coding strategies by offering analysts the opportunity to store, code, sort data while generating larger themes or theories. Although qualitative software provides a method of handling data, it does not perform the actual analysis of data (Charmaz, 2003; Glesne, 1999; Patton, 2002). It is the analyst who makes sense of the data and uses her/his creativity to formulate theories from the emerging data.

For this study, I chose to employ the software Non-Numerical Unstructured Data Indexing Searching and Theorizing (NUD*IST) to manage data and to augment the

coding process. I took a course that focused solely on data interpretation using this particular software. NUD*IST software allows qualitative researchers to rapidly and accurately code text units of any size (line, paragraph) into new categories and to make higher order connections among themes represented in the data (QSR International, 2005). Grounded theorists use NUD*IST 6 as it allows both open and axial coding and assists theory formulation as researchers can construct complex organizational systems of data that represents various relationships (Charmaz, 2000; Charmaz, 2003; Fassinger, 2005; Glesne, 1999).

As recommended by grounded theorists, I began line-by-line coding for each transcript beginning with participants and ending with the experts. Once I became comfortable with the process of coding, I then realized that I could employ line-by-line coding as well as coding larger excerpts of text (e.g., paragraphs) in one document at the same time. From this process, I learned first-hand that coding can gravitate from the specific to general and vice versa allowing a rich understanding of the information. Upon coding all of the interviews, I realized that various themes emerged later within the analysis process that might have been reflected, but not necessarily, coded as such earlier. Therefore, I recoded all 30 interviews to make sure that the emergence of themes identified later in the coding process were confirmed (if appropriated) within the interviews that were coded first. I also kept a specific coding journal within NUD*IST to record the time spent coding each document and my overall reactions related to this process.

My coding process resulted in 218 codes and 13 higher categories. I spent considerable time and energy rearranging data to obtain this final product. As it is

unnecessary to include all 218 codes within this document, I have included examples of the smaller codes: importance of the body/looks, processing of information, definition of beauty, feeling attractive/beautiful, comfortable with self, insecurities/imperfections, feedback from others, identification with own culture, function of body, good days versus bad days, sexuality, religious/spiritual components, and a realistic appraisal of self. I arranged the higher-order codes according to 13 categories (in no particular order): (a) fluidity of body image- changes and fluctuations, (b) definitions of body image, (c) influence of others/relationships- including family/friends/peers/romantic partners, (d) inner self- emotions (happiness), attitudes (satisfaction), values and more , (e) society/media- reactions to the standards promoted and key people in the media, (f) outer self/portrayal of outer self- presentation of self and more, (g) eating/nutrition, (h) heritage/culture- racial/ethnic similarities/differences, (i) environment- education levels (grade school, high school, college) and neighborhood/community, (j) eating disorder references- knowledge of and engagement with these practices, (k) expert opinions, (l) reactions from interviews, and (m) care for self- how women respond to their bodies and needs.

I provided the research team a simple training on the use of NUD*IST software and included a sheet to highlight various functions of the program. I asked them to immerse themselves within the data so that they could witness and confirm the accuracy of my findings as well as provide alternative viewpoints. They provided invaluable recommendations such as the inclusion of the following categories: importance of body image, protection of the body, objectification theory, and feminist identity development. Upon obtaining these suggestions, I then recoded my data to include these ideas within

the transcripts as identified by the research team. Furthermore, by becoming immersed within the data, the research team members were able to identify their own thoughts and ideas related to this data.

Although some qualitative researchers use the higher-order categories as a foundation for the construction of theory, we merely relied on these categories as a method to organize information. A detailed description of theory construction is outlined next.

Construction of Theory

We, the research team, met for an extended period of time (4 ½ hours) one afternoon to discuss the emerging codes and to create a model to explain the data. One team member took detailed notes to ensure an audit trail of generated ideas and assertions. Each researcher provided specific comments related to the categories and shared how previous literature supported these concepts such as feminist identity theory and objectification theory. We offered our interpretations of story lines associated with the data in order to construct an overall view of the data (Timlin-Scalera, Ponterotto, Blumberg, & Jackson, 2003). The story line included the acknowledgement of a protective filter in processing information related to one's body image. Additionally, we each brought a visual representation of how we understood the data to be expressed within this study. Interestingly, there was overlap in how we represented data from the actual influence of sources to the use of circles to demonstrate a non-linear perspective of data. As each model contained unique and necessary information, we decided to fuse the models into one final product and sketched these ideas onto a dry erase board. We

photographed the multiple versions of the model to capture the evolution of this theory.

After much dialogue, debate, and consensus, we decided upon the following visual model that includes both positive and negative features of body image.

CHAPTER 5

HOLISTIC BODY IMAGE MODEL

In describing the results of this study, I will first introduce a new body image model, labeled the Holistic Body Image model, followed by assertions that burgeoned from in-depth analysis of the interviews of women with positive body image and experts in this field. I will explain the process of analyzing the multiple sources of data, introduce a visual diagram of this model, and provide an explanation of the model via assertions that are grounded in the data. While presenting categories and major themes within these data, I will include quotes that both confirm and disconfirm assertions to reflect the continua of responses based on participants' individual differences. Additionally, I will relate findings from this study on positive body image to previous literature on both positive and negative body image highlighting the unique contributions discovered in these data. Furthermore, I will explore the similarities and differences of this model in relation to other body image models that exist including Cash's Cognitive-Behavioral Model of Body Image Development and Experiences (2002) and Kearney-Cooke & Striegel-Moore's (1997) model of Body Image Disturbance. Although it is impossible to capture all of the nuances and intricacies of these data, I will present them in a way that honors the experience of the participants and encourages researchers to further expand on these ideas.

This model is holistic as it includes the physical, mental, spiritual, and social factors associated with the development and maintenance of body image with the acknowledgement of both positive and negative factors. It is important to emphasize that this model is exploratory in nature and not predictive. There are no linear components with suppositions of an “if, then” process. Rather, this model is intended to be viewed as fluid and adaptive according to the unique processes by which women interpret and internalize information about their bodies. See Figure 3 for the Holistic Body Image model.

Reciprocity

The Holistic Body Image model emphasizes the reciprocal nature of sources in relation to the self. As highlighted in the diagram, external and internal sources of information can include the following: (a) biological/hereditary factors (e.g., health/illness orientation), (b) cultural influences (values, attitudes, racial/ethnic identification), (c) society/media, (d) education levels, (e) spirituality/religion, (f) interpersonal factors (family, friends, romantic partners, roommates, etc.), (g) communities (e.g., hometown, neighborhood, nation, etc.), (h) developmental changes (age, pregnancy, puberty, etc.), (i) significant events (traumas, enlightening experiences), and intrapersonal factors (e.g., personality, sexuality). Consistent with grounded theory, I only included those sources that were specifically addressed in both the women’s and experts interviews. Therefore, additional sources might exist that impact body image but because they were not explicitly stated within the interviews are not included within this particular model. As a result, future research can examine the inclusion of additional sources.

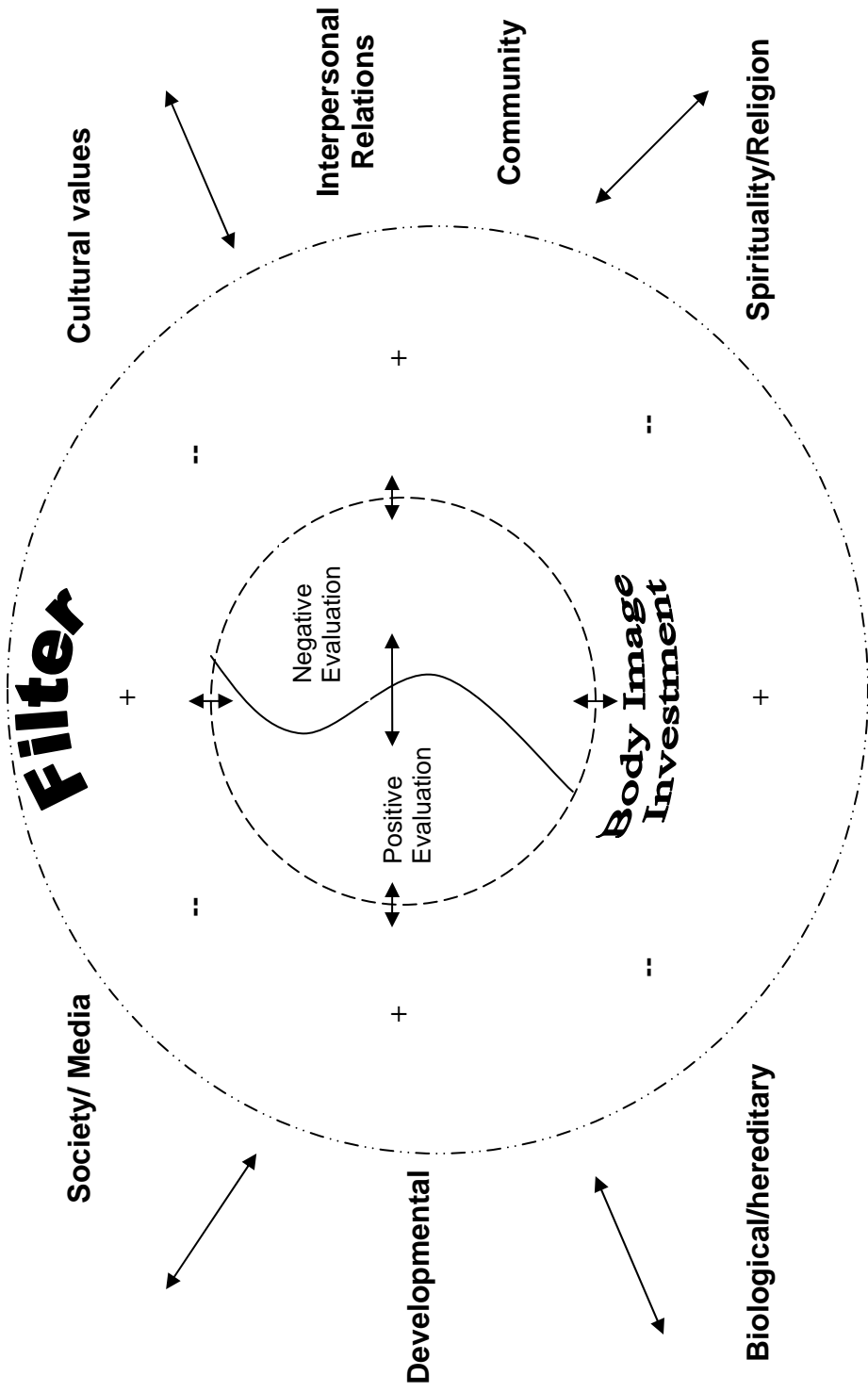


Figure 3. Holistic Body Image Model

It is important to note that these sources are understood as overlapping, evolving categories rather than as mutually exclusive entities. Stice (2002) reported that the development of a negative body image is a complex process shaped via multiple pathways including the media, family, and peers. Similarly, the sources in this model are represented as static, but it is important to remember the complex interactions among these variables that cannot be regulated to discrete categories. For example, a woman's body shape/weight, and ultimately body image, can be impacted by a biological predisposition (e.g., particular body type), developmental changes (e.g., puberty), significant events (e.g., diagnosis of and living with a particular illness), community values (e.g., standards of beauty), processing of societal standards (e.g., thin versus thick ideal), education (e.g., knowledge of sexism and feminism theory), spirituality (e.g., viewing body as a temple), and a woman's attitude (e.g., acceptance and positive emotions), thoughts (e.g., realistic self-appraisal) and behaviors (e.g., level of exercise, healthy eating). Therefore, it is necessary to assess how these sources interact and impact one another to gain a holistic understanding of a woman's body image.

Within the Holistic Body Image model, it is also important to highlight that the levels of importance of sources (both external and internal) vary at an individual level. Although one source might significantly impact the body image of one woman, it might hold little value for another. An example from this study is that Michelle believes that her religion is integral to her body image development. Michelle shared, "I think that when you have been, when you believe that you are designed by a Creator and that you were thought of and preconceived and put together, that you have, you just feel good. You feel special. I do think that that has a big part in it (body image)." Whereas

Veronica, who does not ascribe to a particular faith, believes body image is not related to spiritual components. Veronica stated, “For me, religion is not a concern. It doesn't affect me. Religion hasn't played a part of my body image whatsoever in my personal experience.”

Sexuality is another example of how individuals differ in the emphasis they place on this source in relation to body image. Robin commented, “I think the way you feel about yourself does show in your sexuality. The way you express yourself with the other person, everything.” Veronica revealed, “Sexuality does have something to do with it (body image), yes. On occasion, I might be a little more reluctant to show a certain part of the body or I might be more comfortable if it were a darker setting. It's going to vary and depend on my mood.” Patti shared, “I think it impacts but I don't know how exactly because it's arguable if you're more sexual if you have good body image. Some people might have a bad body image and be very sexual because they're trying to feel like they're wanted. Then again, you can have someone who's very sexual because they feel good about themselves and they just want to have sex all the time (laugh). They're very comfortable with themselves. I think they play into each other but I don't know how.” Lynn, on the other hand, rejected the idea that her body image is related to her sexuality. “(It's) not something that I think would influence. I don't necessarily see a correlation in that.”

In this model of body image, women are not only influenced by external sources, but they also have the ability to impact these same sources. In other words, women are not just passive recipients of information but they can actually change shape/alter their own environments through interactions and behaviors. This reciprocal process is

demonstrated via the double sided arrows located on the outside of the large circle. One example of this reciprocity is demonstrated via the participants' comments about the choice to interact with other individuals with positive body image as result of embracing their own. Julie stated, "You place yourself around people who are going to help you keep a positive body image." Pam added on to this notion, "I try to surround myself with positive people because when you surround yourself with positive people most likely you are (as well). Those who have positive thoughts and influences upon themselves. I try to be around those type of people cause I feel like that's who I am and that's who I want to be."

Not only do they selectively choose who to associate with, they also spoke about trying to alter other women's body image in a positive manner. Michelle stated, "(Some)thing I've tried to do, too, with girlfriends is I've tried to encourage them in their body image as well." Heather mentioned, "I think when you surround yourself with people who have a positive body image, I think it's automatically going to rub off on you. And then your positive body image will probably rub off on them." She further stated, "I think also when you yourself have a positive body image, it's easier to try to encourage those who don't have one themselves." Pam said, "That's really important to share that positive image with others." Julie agreed with this statement, "I'm pretty happy with myself. I try to share that with other people. I've had friends in high school that have had eating disorders or who have not been happy with who they are or their body image. I try to keep other people happy with theirs too. You try to spread that 'you're not fat and you

should be happy with yourself.’” Robin shared, “I like to tell a lot of the young girls in church, like my mom's friends who have kids, I like to reinforce in them that they're beautiful too.”

Furthermore, reciprocity is evidenced by the participants’ commitment to mentoring others about healthy lifestyle choices and a positive body image. Violet talked about the assuming a positive role model for her younger sister related to body image, “I just hope that she'll like look at me and see that I'm not stressed out cause her friends they all at, I want to be at the thicker stage.” Patti shared her goal to help other women as a resident advisor within her dorm upon assuming that position. “If I do get the job, then the residents can see me go to the gym, working-out and they'll be like, ‘oh wow. Look at her go.’ And they'll want to do that for themselves, too. I definitely hope that I'm a role model. I hope that I motivate them to go work out. I hope that I'm a role model.” Additionally, Robin offered the following story related to her friend’s 11-year-old sister. “His little sister was looking at this one girl on TV and she was saying stupid things like ‘oh I wish I was light (skinned). I'm not going outside this week because I don't want to get too dark.’ I'm like that's so sad. I try to tell her these things like, cause I'm taking African American classes, "Don't you know that you should love yourself?”

Filter

A main tenet of this model is the concept of a schematic “filter” through which individuals interpret sources of information. Cash (2002b) provided a description of self-schemas in relation to body image, based on the work of Markus, that includes an individual’s attitudes and beliefs that can be activated by both external and internal stimuli (as cited in Cash 2002b).

The acknowledgment of a schematic filter emerged within the data from both the female participants and experts. Michael explained his understanding of the construct of body image, “I’ve come to define it in terms of a set of interlocking cognitive schema that have to do with memories about the body and what the body has meant positively and negatively. Assumptions that people make about the meaning of bodies and how one presents one body, manipulates one’s body. What one’s body means to others. I certainly define it in cognitive terms.” Michael further explained his definition of a negative body image, “I would define it as a schematic sense of dissatisfaction with the shape and the substance of one’s body. I would define it as schematic in the sense that it does have to do with what you perceive in the mirror or what you perceive in the mind’s eye and what you perceive in the social reflection of others when someone says that looks nice on you or that’s not really a flattering outfit. It’s schematic in terms of memories and feelings and assumptions and the way those are organized.”

Within this proposed model, the filter consists of a woman’s affect/emotions (positive and negative), beliefs/cognitions (functional and dysfunctional), and perceptions (accurate and inaccurate). The women in this study alluded that sources can alter the composition of their filter upon cognitively processing information. For example, if a woman feels positively about her body and espouses an accurate appraisal of her body, she will probably interpret incoming messages/information as confirming that which she already knows about herself. Julie shared how she interprets incoming information from the media. “You try to like filter it out. In a sense, if you’re happy with who you are, you’re obviously not going to go out and change just to be like them.” April reinforced

this notion within her statement, “I’ll look at pictures and think, ‘oh, she’s really pretty. It’d be nice to look like that.’ I know that I’m not that person. It just goes in one ear out the other.”

If the incoming information contradicts that which a woman believes about herself, she will probably reject this information from becoming internalized within her frame of reference. The body image expert, Nancy, commented, “if you’re aware of media images and aware of how fantasy-like they can be, that’s probably a good thing and protective.” Penny, another expert, claimed that this type of information-processing framework allows a woman “to be standing solid on your feet so that you can take little assaults as they might come, you can take somebody making a rude remark to you, you can take somebody competing with you. You can take somebody looking at you in a less favorable way and not change how you feel about yourself.” Julie shared how she interprets negative information from the media about the female body. “I always tell myself that there are stars that go out and do millions of different things. They have 5 million people working on them all the time. I don’t really want that either. I don’t really desire to look like them all the time. They’re paying lots of money for that and probably losing self-esteem too cause they’ve got five million people doing things to them all the time. They probably would rather just be themselves instead of what we want them to be.”

In this study, the female participants spoke about their reactions to both positive and negative information they are exposed to from society, the media, and their family/friends. Angela also used the word filter to describe how she interprets feedback from others. “I think you have to be mature enough to be able to filter things out or to be

able to respect people's opinions but not always feel like you need to replace their opinions with your opinions of yourself.” Although negative information can be detrimental, it can also be beneficial in regards to improvement. Angela commented, “I think maturity is seeing that you’re able to separate your own body image from others and able to take advice from others or take negative and positive criticism and turn it into something that you can use or relate to in order to improve yourself.”

In addition to affect, cognitions, and perceptions, the filters of women in this study can be described as *protective* in nature. Michael posited, “A positive body image is going to promote taking good care of your body. Your body is going to be something you must protect, not in a neurotic sense or display in a exhibitionist sense, but it's going to be something that matters to you.” Michael’s own research pursuits focus on the prevention of negative body image via media education (Levine, & Piran, 1999; Levine & Smolak, 2002; Levine, Smolak, & Hayden, 1994). The female participants supported Michael’s notion of women protecting their body image in numerous ways including rejecting negative media messages. Heather claimed, “I notice it and I think it's negative, but I don't think it really has an affect on me because that's all television. It doesn't make me want to change my appearance or get contacts or be lighter. I'm still comfortable with myself.” Furthermore, this protective filter might be composed of awareness of the objectification of women in society, the rejection of objectified body consciousness, various levels of feminist identity development, among other things. For an in-depth analysis of these constructs, please refer to the Findings/Assertions chapters on these topics.

As grounded in the data, these women alluded to a protective filter that allows positive information to infiltrate the sense of self while actively rejecting negative information to invade. Of course, filters are not fool-proof and can sometimes allow the absorption of undesired, negative components. The female participants spoke candidly about this occurrence when they shared how negative information from close friends/family can alter body image from positive to negative. Robin shared the importance of other's feedback in shaping body image. "If you with someone who brings you down, they might use your body image against you. Like even if you're beautiful, they might pick out the smallest thing that's wrong with you. You know, like your ears are too big, even though you're flawless, and then you'll feel bad about yourself." Veronica, Erin, and Courtney commented on their previous adherences to a negative body image as a result of identifying with negative information. Veronica said, "I gained a significant amount of weight after going abroad again and had a lot of problems with my mother and her own perception of me. You know being a mother, she wants you to look your best and different things. I had some issues with that. So that probably helped me to reinforce a negative image of myself." Erin reported how negative comments from her grandfather while growing up impacted her. "Sometimes my grandpa would make comments. They (grandparents and family members) don't know how sensitive girls are. Joking and stuff like that. I definitely knew why they were saying that and took it seriously. I did take it into consideration. I made it out to be worse than it really was. I know I wasn't huge, but compared to the bodies of them I was always bigger."

Courtney shared negative feedback from a modeling agent when she was in middle school, "He was just like, 'your hips too big, your thighs too big. You need to cut

some of your hair off. You gotta lose some weight.” She responded to this negative information in the following way. “That crushed my whole world. I don't want nobody telling me stuff like that. I don't want nobody saying that they're not satisfied with me. Cause I was thinking, ‘Am I really getting big? Am I really getting fat?’ I was just thinking that something was really wrong with me.”

From a clinical perspective, perhaps this identification with a filter makes it challenging to change a person's body image. If a person upholds a filter that selectively attends to negative information, then detrimental messages will be the primarily absorbed with the negation of positive messages. As Jasmine stated, “A million people can tell you you're gorgeous but if you don't think so, you're not going to believe them.” Conversely, if your filter is positive and protective in nature, it will allow mostly positive information to be processed. Jocelyn added, “It's up to you whether you like (a particular media message) or not. It's all up to you if you want to do that. So I guess that's the things you would accept or reject about what you're supposed to look like.” The negative information will be rejected as a result. April said, “I don't let it get to me so it bounces off. It doesn't really change the way I feel about myself.”

Fluidity

Another main tenet of this model is the *fluidity of the construct* of body image. Many female participants shared how their overall body image (trait body image) transformed over time as well as how it fluctuated sometimes on a more immediate basis (state body image). Patti said, “Right now, it's gone from bad to good my body image. So it's positive right now.”

Fluidity is represented in this model in numerous ways. First, consistent with previous research findings (Cash, 2002b), women have varying levels of importance that they place on this construct, also known as investment, as depicted by the circle labeled “body image.” Cash defined investment as “the cognitive-behavioral importance persons place on their appearance” (2002b, p.42). Women shared that investment levels can change depending on the processing of information sources including, but not limited to, significant events (e.g., health/wellness of self and family members or friends, study abroad experience, etc.), developmental stage (e.g., age, puberty, adulthood), environment (e.g., neighborhood, high school, college, etc.), and a choice to embrace a positive body image.

The size of the circle representing body image can expand and/or contract according to the level of importance a woman places on her body image. For example, the body image representation of a woman who is subsumed by her appearance might include a body image circle that is large in size in comparison to a woman who acknowledges that body image is present but only a nominal factor in relation to her overall self. Angela explained the expansion of her level of importance related to her body image as a function of developmental status. “When I was younger, I didn't devote as much time for my body image. I was into more other things like playing with the boys. But as I got older and started being around different people and viewing how other people take care of themselves and don't take care of themselves, I understood the importance of it.” In this instance, Angela's understanding of body image expanded from a small circle (little investment) to a larger circle (more investment).

In contrast, some women might not attend to the construct of body image and find it difficult to discuss. Williamson, Stewart, White, and York-Crowe proposed that importance of body image can vary among women whereby some value thinness more than others (2002). Michael suggested, "I think that schematically a person with positive body image would be somebody who when you ask them about body image and about things that they find troubling concerning their body would find it harder to activate that information. Rather than quickly giving you a long list of flaws. They might even find the question odd. In some ways perhaps having a positive body image is possibly having a less well differentiated body image at all." In this respect, level of investment can vary across individuals as well. Supporting Michael's content, Lynn stated that she never placed a high level of importance on her body image. "(I) never really thought about, 'well gee, body image.' Not something that was a really big deal for me." The visual representation of Lynn's body image circle would be relatively small in relation to her other aspects of self.

Because body image is fluid, the level of importance can change at any point in time to reflect the current representation of the self. Julie discussed how level of importance can fluctuate even on a daily basis. "You're just like, 'I don't care what I look like today.' It's not really like a bad self image, it's more just you don't really care about that much cause you have so many other things on your mind that you'd rather take care of that day. It's just not important." Another example might be a critical appearance-based comment from a loved one that heightens the immediate level of investment for a woman. Veronica explained her experience of how comments impacted her. "My freshman year, I gained a significant amount of weight after going abroad again and had a

lot of problems with my mother and her own perception of me. You know being a mother, she wants you to look your best and different things. I had some issues with that. So that probably helped me to reinforce a negative image of myself. Having her and my grandmother saying something.”

The experts shared their perspectives on how level of investment might be associated with body image. Laura explained, “A negative body image highly correlates with the weight one puts into body image as a part of one’s identity. If 70% of one’s identity is body image, then there is a high degree of distortion in how one sees oneself.” She further relayed her understanding of positive body image, “When a body image is a minor part or less than half of one’s identity so that the identity of that person’s sense of self is filled with one’s basic skills, intelligence level, ability to function and interact with others. If one’s identity is diverse and based on skills and those other factors with body image being a sub-part, taking up 20-30% of one’s identity of self, I think you’re going to have a healthier sense of body image and body identity because then the body becomes a functional part of that whole identity.”

Second, fluidity exists in terms of overall evaluation with the body, referred to as positive or negative in this model. Cash (2002b) defined evaluation as the “positive-to-negative appraisals of and beliefs about one’s appearance (p. 42).” Unlike static notions of body image that purport that body image is fixed, the women in this study explained that variations occur in terms of overall evaluation. This process, referred to by the participants as “good days” versus “bad days,” is demonstrated via the inner line of the body image circle that resembles a Yin/Yang. Here, an arbitrary, moving line in the circle depicts how processed and internalized information can impact the overall

evaluation of body image (trait) and acknowledges the more immediate changes/variability of body image (state). This line can fluctuate within moments, hours, days, weeks, months, and even years.

This fluidity is best captured using a symbol from Taoism tradition, the Yin/Yang. Ng (2000) encouraged the reconceptualization of women's health in Western culture using tenets from Traditional Chinese Medicine (TCM). This rational healing system is based on tenets of Taoism which honors the unity of opposites through Yin and Yang (Ng, 2000). Yin/Yang reflects the complementary aspect of opposites with the rejection of "sharp dichotomies" (Ng, 2000; Smith, 1994). Therefore, the two opposite forms are actually interdependent rather than mutually exclusive (Ng, 2000).

Borrowing from Ng's idea of body/mind integration in the reassessment of women's bodies (2000), I extended this concept to include the construct of body image. Just as the Yin/Yang embraces the notion of complementary opposites, the women in this study talked about components of body image, positive and negative, as interdependent in nature. From personal experience, they relayed how body evaluation can flow from negative to positive and positive to negative gradually and/or within a brief amount of time. An example is Veronica's statement reflecting on her gradual transition from a negative body image to positive. "My body (image) has changed over the last few months due to a study abroad experience. Personally, I'm happy with who I am." I contend that Veronica and the other women in this study described *both a static and fluid/changing process of body image* that is best represented by the Yin/Yang symbol

whereby both negative and positive aspects are continuously merging and impacting one another rather than as discrete entities. This fluid process is described in detail within the Assertions section.

Previous Models & Research

Although the Holistic Body Image model includes novel components (e.g., reciprocity, fluidity, and a protective filter), I acknowledge the role and importance of previous body image models. Two outstanding models include Cash's Cognitive-Behavioral Model of Body Image Development and Experiences (2002) and Kearney-Cooke and Striegel-Moore's (1997) model. These other models provided foundation for the exploration of positive body image. I will share the complementary nature of the Holistic Body Image model with these other models.

Cash's Cognitive-Behavioral Model of Body Image Development and Experiences (2002) provided an explanation of how historical influences and proximal events shape a person's body image schema and attitude. In viewing Cash's model and the one that emerged from this study, one will notice that they are complementary in nature. First, the major influences that Cash presented (e.g., cultural socialization, interpersonal experiences, activating events) are also grounded within data from this study and are components in the Holistic Body Image model (e.g., cultural, interpersonal, significant events). Also, Cash explained a cognitive-behavioral process whereby individuals receive, interpret, and internalize stimuli that ultimately impacts body image schemas and attitudes (investment and evaluation). Similarly, the positive Holistic Body Image Model includes a filter composed of attitudes, affect, cognitions, and perceptions that interact and shape how outside information is ultimately understood and processed.

Like Cash's model, the Holistic Body Image model does not include causality due to the multidimensionality of the construct as well as complex process associated with the development and maintenance of body image. Further, in both models individuals are not assumed to be "passive recipients of socialization" but key players in this process (Cash, 2002b).

Although many similarities exist, it is also important to acknowledge how they differ. First and foremost, unlike Cash's model, the Holistic Body Image model explicitly addresses positive components of body image. Second, it highlights the fluidity of the construct of body image via multiple forms including the levels of investment and evaluation. This model demonstrates that investment of body image can expand or contract due to a variety of sources and as a function of internal processing. The larger this circle, the greater importance a female places on her body image. Also, this model emphasizes the fact that evaluation of body image has two components at the individual level: trait and state. Trait body image is an enduring pattern of evaluation, whereas state body image can fluctuate within a short time frame. The processing and internalization of information can impact the overall evaluation of body image (trait) and the various fluctuations on a moment-to-moment basis (state).

Third, the filter described in this model is associated with *protective* factors within women who embrace a *positive* body image. Protective factors include a well understood inner self, sense of an established identity, commitment to taking care of the self, knowledge of how women are objectified within American culture, proactive coping styles, level of comfort/acceptance with the body, realistic self-appraisal, ability to challenge media messages, accepting broad definitions of beauty, and a sense of maturity.

Rather than passively accept negative and/or detrimental information, the women in this study actively rejected this information in favor of more positive messages. Further, the identification with a positive body image can counterbalance the influx of negative stimuli on a daily basis.

Kearney-Cooke and Striegel-Moore (1997) described the creation of a negative body image via internalization and projection within a model (see literature review). They explained that internalization occurs when individuals take outside information and assume it for themselves (Kearney-Cooke & Striegel-Moore, 1997). Parents provide the primary sources of information regarding children's body image through their words, actions, and touch. As a result, negative messages from parents can contribute to the development of a negative body image. As noted previously, projection occurs when individuals misattribute their overwhelming internal states onto their bodies. In relation to body image, individuals who cannot appropriately cope with negative emotional experiences, ultimately project these states onto their bodies through such mechanisms as body dissatisfaction, binge eating, and restriction. Although this model does an excellent job identifying the appropriation of negative information onto a person's body image, it does not capture the experience of a positive body image development.

In relaying findings from the current study to Kearney-Cooke and Striegel-Moore's model, the themes of internalization and projection were acknowledged by participants. Participants directly stated that they actively reject, rather than internalize, the negative information from their surroundings. Michele stated, "I just don't think that I think about it as much. I just think that's just one of the simplest reasons 'cause I just don't think about it because its not put in my mind by outside sources. I'm not constantly

bombarded with you have to look a certain way, you have to do this, try this and you'll become that. I just don't think that it's in the forefront of my mind.” Furthermore, in accordance with Kearney-Cooke and Striegel-Moore’s model of internalization, the women mentioned assuming the positive messages from their parents. Erin attributed the development of her positive body image due to positive feedback from her parents. “You know your parents tell you you're really pretty.” Jocelyn confirmed this relationship with comments from her mother. “She always says ‘hey pretty girl?’ She makes me feel good about myself. That helps.” Jasmine said, “My dad told me I was beautiful my whole life.” Michelle reported, “I think I grew up in a just wonderful family, I think. And I have a father who always told me I was beautiful, always encouraged me and I just think that that's a big thing.”

In sharing strategies associated with taking care of the body, many female participants indirectly associated the notion of projection of stress/anxiety with body image. Violet offered, “My friends when they stress out over school, they lock themselves in their rooms and they won't go out. They won't exercise. They won't eat.” Angela commented on how she learned the following from her mom “And like to learn how to relieve some type of stress so it won't build up in you and you won't take it out on yourself.” Jasmine made a direct relation between stress and her body. “Not to say that I'm going to keep it all inside and deal with everything all by myself all the time, but I owe it to myself to deal with my own problems and not to convey them on body or my face.” Women who espouse positive body image talk about the important process of coping with stress so that it does not get directed inappropriately on the body. Courtney shared, “I won't let the stresses build on me. I sit down and think, ‘what can I do to deal

with this but in a way that I can still think about what happened?’ I just try to figure out what I can do to kill some of the stress that I have.” Laura supported this position by saying that women with positive body image “learn how to not use food to address their life stressors.”

CHAPTER 6

DEFINITIONS OF BODY IMAGE

One of the primary goals of this study is to develop a definition of body image that includes positive components. In order to capture a complete definition of body image, I will first offer descriptions of negative body image followed by descriptions of positive body image. By doing so, I hope to gain a complete picture of these constructs. At the beginning of all the interviews for both female participants and experts, I asked them each to define negative body image, positive body image, and the similarities as well as unique differences associated with each. An interesting theme that emerged from the female participants (as well as a few of the experts) is that they embraced an overall negative evaluation of their bodies at one time.

Negative Body Image

The experts explained their definitions of negative body image based on their training and experience working in this field. Nancy described it as “dissatisfaction which can range from small dissatisfaction or livable dissatisfaction. You just go on with your life. At that other end of the spectrum, it’s a big continuum, we have people who are so terribly unhappy with their bodies that they just can barely live in them and do some terrible things to risk their health and future welfare. We know with severe eating disorders that those can be life threatening.” Judy stated, “For me a negative body image

would be a woman saying that she's not okay with the way she is." Michael added, "In some ways negative body image revolves around distortions and illogical reasoning." Penny summed up her understanding of negative body image as follows.

Negative body image is probably a cumulative effect of a person's misperceptions of how they look or how others judge them to look. It's a focus on all the things that go influence what they're expecting their body to look like versus what it does look like to them based on all these myriad of things. It's focusing on body image in terms of form instead of function, cultural ideal instead of realistic places of being. It's looking for perfection when perfection is never going to exist. It's being influenced by so many different places that you lose a sense of your own body and what you want it to be. It's moving within a construct of somebody else's representation instead of having a chance to figure out what your representation is and all the things that go into forming that. From my perspective, it comes from a false sense of self. A false sense of what you have to be. It gets so confused by someone's psychological development, their spiritual development, their emotional development. It's impacted by all these things coming at them.

Numerous sources can ultimately shape a person's body image.

As Michael said,

There's so many forces that contribute to a negative body image. There's so many experiences especially that girls and young women have that may well be incorporated into a negative body image." Furthermore,

an endorsement of a negative body image includes engaging in certain types of behaviors. “An individual has a negative body image when that individual refuses to do certain things because they perceive that it will be embarrassing or they perceive they have no right to do it because they don't look good doing it or they may look heavy or feel heavy while doing it. Or when an individual gives up on taking good care of themselves because they feel like it's not going to matter or they have no right to be healthy because they've made such a mess out of taking care of themselves or the attempt to attain what they see as a goal for them or what's right to be or what's right to look like.

The experts highlighted the importance of social comparison related to the development of a negative body image. “I also see negative body image...in the sense of the higher level of dissatisfaction for the sense that a person is not meeting a particular self-perceived or social-perceived standard,” said Laura. “The higher the discrepancy between what I decided is ideal for myself or society has decided it is ideal for me and I buy into that, the more discrepant I am from that, the more negative my body image is. If that negative body image makes up 80% of my image of my sense of self, then I’m feeling 80% negative about me.” Judy stated, “I think that there are women who are predetermined that they’re going to have a particular body type and they can end up fighting that for the rest of their lives because it’s perceived as not being acceptable to have that particular body type.” Penny added, “It’s trying to meet other people’s expectations without having an opportunity to sort out what you want your body to be and what’s realistic for your body.”

Comments from the female participants corroborate the expert's line of reasoning. The women described negative body image in terms of attitudes and perceptions. Veronica claimed, "You have negative view of your body. You don't think that your body is good enough for you or that your body is not perfect in your eyes or anyone else's. Not being happy with your body. Maybe having an image of it that's a little exaggerated, maybe worse than it really is." Patti defined it as "feeling bad, having a negative feeling about how you look. Thinking also that other people think you look bad. It could also be like not true, you could be imagining it." Julie said, "Not being happy with yourself, which you should be. Maybe letting others get in the way of what you feel is beautiful and taking into consideration everything else and letting it get you down." Pam explained, "[It's] the way you feel...The way you perceive your body in a not-so-positive way. If you think that there's something wrong with you or not good thoughts about yourself. Not good feelings. The way you look at yourself like if you look at yourself wrongfully or if you see yourself in a different way, not in a good way. Negative thoughts." Robin offered, "I think it's when you want to look a certain way that is impossible for your genes, or way that's unhealthy just because of the style. I guess everyone being half-naked nowadays (laugh). That has to do with negative body image."

Personality characteristics and emotions are also associated with a negative body image. "A person with a more negative body image they look down on life, they pessimistic," said Violet. "They're not as happy as they could be. They look for the worse things to happen instead of the better." Jasmine commented, "I think negative body image would be when you look at yourself and you can't find the positive things in yourself. I think it's easier to find negative body image simply on looks. And then it

goes in deeper into how you feel about yourself.” Angela stated, “Emotionally, I think, they probably don't care for themselves or mostly feel negative towards their body image so they just let themselves go. You just see something negative and real ugly so it's pretty much mentally.” Robin reported, “I think that if you have a poor body image of yourself, usually people aren't as confident.”

Similar with the experts, the female participants described how certain behaviors can be related to a negative body image. Courtney said, “You doing things that are negative toward your body. Like if you do any physical harm to yourself. Just mainly any negative influence on your body. That's what I think of for negative body image.” Patti shared how she can determine if someone has a negative body image. “I can tell some girls have a poor body image because they walk really funny like they're trying to hide something. I would notice that with girls in high school. Maybe they're just not comfortable with their bodies yet.” Julie stated, “Harming yourself in any way would probably be negative like eating disorders, drug use, anything like that.” Angela shared, “Negative body image, I feel, is when someone don't display their body like they don't take care of their self, they don't take care of their clothing.” Heather shared, “Someone who is not well-kept. I mean like hair and clothing, that goes with body image. I think a lot of times people who have negative body images, you can kinda tell. They act a little different. You don't get that sense of confidence. They're usually more reserved, not as outgoing.” Furthermore, people with negative body image might try to hide that aspect of the self. As Angela stated, “It's kinda unnecessary and especially when people do have a real negative image but they just cover it up with clothing, you know, or they waste money on unnecessary things or buying \$200 shoes just to buy them.”

The participants also emphasized the role of social comparison. April said, “Maybe if your body doesn't really match what the norm is, you might think that you're different from everybody else. Or look down on yourself. You probably think that your body doesn't look the way it should. You don't like the way that it looks. If you have a negative body image, you're probably not going to feel confident about yourself.” Jasmine relayed, “You think you're not good enough or you don't look like someone else or you don't feel as happy as the girl you saw walking down the street or anything like that. It seems like the most common way to see negative body image because you can always feel bad about yourself if you want something or wish you were someone else, I think, or like someone else.” Said Erin, “You don't like looking at other people, comparing, and finding things wrong.” Michelle agreed with these statements. “Probably the first thing that comes to me is the negative body image would be someone who always wants something other than what they have as far as outer appearance. Comparing themselves to others constantly. You know not just being satisfied with who they are and how they look, constantly wanting to change and usually a big change. If they do want it, it's because they are comparing themselves to someone else and wanting something that they don't personally have.”

Endorsement of a negative body image. In sharing the similarities and differences between a negative and positive body image, most of the women were able to supply personal experiences of endorsing a negative body image at a younger point in their lives. In fact, of the fifteen female students interviewed, 11 openly admitted to an enduring occurrence of negative body image evaluation. “The reason I know that (negative body image) is because there was a point in my life where I did have that and I changed a little

bit,” revealed Michelle. “It was for a short period of time. It was just one of those things where I wasn't happy with myself and the way I looked. I've learned from the times when I haven't had a good body image.” “I wasn't always like positive about my body,” admitted Jasmine. “I had a lot of weight fluctuations throughout high school. Basically, like up until my junior year in high school, I had a very negative body image. I always wished that I looked like other people.”

Patti described her experience with being overweight in childhood and early adolescence. “I used to have very bad [body image]. I didn't like the way I looked. Trying on clothes was no fun and boys didn't pay attention to me.” Veronica could also relay a similar experience of not feeling positively about herself. “At some points, I probably didn't like myself because of the things that were happening during that time physically that I was unable to change. Overall it played a major part but I don't know. I felt very negative about myself with my weight fluctuations,” said Veronica. “Senior year, my weight went up to 225 pounds. I definitely had problems with myself because of that and probably tried to conceal certain areas of the body.”

Pam also shared her experience with a negative body image evaluation. “I think some parts of my life, especially when I was in the middle of my teen years, I used to feel negative about myself. I think that was just a low point in my life. If you look at yourself in a certain way and you're not happy and trying to portray that image that you see, you're never going to be happy with yourself.” Angela described how external standards contributed to her negative body image while in early adolescence. She was “trying to be

on someone else's scale or standards. My image was just going down negative cause I was trying to reach someone else's standards and not taking care of myself and reach my own standards.”

Although these women acknowledged extended periods of negative body image evaluation, they were able to overcome this challenge through various sources of support including love of family members, a focus on the function of the body rather than the appearance, an emphasis on health upon learning of illness, and an ultimate desire to make positive changes among other things. Veronica reported that a study abroad experience in a Latin country helped her to become more comfortable with her body. The women reported how diagnoses of disease led them from a focus on appearance to an appreciation of the healthy functioning of the body: Patti (mother's lupus), Courtney (grandmother's stroke), Jasmine (own diagnosis of cancer), Violet (mother's lupus and uncle's brain cancer). Pam shared how a switch from a negative to a positive home and community environment contributed to the development of a positive body image. Michelle explained her obsession with appearance diminished upon ceasing involvement within beauty school. Heather shared how puberty, with the development of breasts and distribution of fat around the hips and thighs, made her more align with the thick-ideal and endorse a positive body image as a result. Erin, who was actively engaging in binge and purge behaviors at age 13, shared that she was able to release her negative body image upon associating with girls who were not focused on body and weight issues. Robin explained how self-acceptance emerged upon dealing with negative body image as a result of shifting between two cultures, African American and White, with sometimes conflicting beauty ideals. Finally, Angela, who developed a negative body image by

taking out her inner emotions on to her body, revealed that her close friendship with another woman in high school helped to her to better understand herself and the beauty of her body.

Positive Body Image

Definitions of positive body image from both experts and female participants are presented here. (For an in-depth understanding of the characteristics associated with positive body image, see the Assertions/Findings section). The experts defined positive body image in the following ways. Michael stated, “Your body is something you appreciate.” Penny described the sensation as, “knowing that you’re loved. Knowing that you’re special, that what you do is valued. That you’re valued for things other than how you look. That you’re valued for both when you succeed and when you can’t succeed. It’s also having a good opportunity for solid individuation. You’re your own person. You’re valued for being your own person. Not focusing so much on appearance.” Judy shared that a positive body image includes, “Accepting less than perfection. Accepting a body that often doesn’t get reflected back to you in the magazines or the media. Probably an emphasis on how I feel about myself and how healthy I feel about myself as opposed a focus on the numbers or the flat stomach. It doesn’t have to be rigidly perfect all the time.” Michael stated, “I think a positive body image is a healthy body image meaning the way you feel about your body, the way you perceive your body, the way you think about it, helps you accomplish the things you want to do, do the things you want to do, play the games you want to play. I think the adjective healthy, when applied to body image, or positive when applied to body image, has to do with being able to function effectively.”

The adherence to a positive body image can be both protective and liberating in nature. Penny said, “somebody looking at you in a less favorable way [would] not change how you feel about yourself. You can know that what you get from the outside world comes from lots of different places. It doesn’t just come from an accurate reading on how somebody perceives you or what they say about you. It comes from who they are. You’re not always bouncing around. You can be solid.” Nancy referred to similar elements. “They’re very strong women. Universally, they’re just very strong women. Nothing intimidates them. I think a lot of it, not all of it, a lot of it comes from they’re comfortable with who they are. That includes their bodies. They are who they are. They’re proud of it and comfortable with it.”

Behaviors associated with body image, according to the experts, include “(how one) carries herself or himself around, head held up, proud, positive, smiling, acknowledging other people. That’s what it would look like,” said Nancy. “In other words, I’m happy to be who I am and in this particular container. I’m willing, through my dress, to say look at me. I’m happy. Through my changing of hair, through wearing things that are individualistic.” Nancy further stated, “[The person] would behave in very reaffirming ways. That person would make decisions about eating and exercise every day. You just know that they feel comfortable in who they are. They’re free to hug and they’re free to compliment and free to joke. They’re just freed.” Michael supplied the following, “A positive body image is going to promote taking good care of your body. I suspect that people who have a positive body image probably eat in a healthier fashion, get more sleep, are probably less likely to ignore it, dress with their own style, to find some type of moderation in enjoyment when it comes to things that are physical. You would feel

pretty good in your body and about your body when you're engaged in those things that are meaningful to you whether it's sex or softball or dancing.”

The experts’ opinions closely relate to the female participant’s definitions of positive body image. Here, the female participants describe the attitudes and perceptions associated with a positive body image. “I think that a positive body image would be someone who feels satisfied with who they are and content with how they look on the outside,” said Michelle. “I don't think that they're not concerned about their body. It's not like they don't try and keep it up or exercise or look nice, but it's a matter of really contentment with how they look as opposed to wanting to change or being negative. I think contentment is the thing that I associate with positive body image.” Pam offered, “You just feel good about yourself. You feel happy. You look at yourself in a whole different way. You see things more clearly. You look at yourself and think positive thoughts. ‘I really like myself.’ You just say positive things and think positive things and you feel positive, therefore you feel good about yourself in many ways.” Patti provided comparable statements, “Feeling good about yourself, thinking that you present yourself well to others. I think you just realistically have a good view of yourself, have a realistic view of yourself. I feel good about myself. I guess that did make me feel good about myself, that I was attractive. You have to feel good about yourself for you.”

Women with positive body image might share similar personality characteristics and outlooks on life. Violet commented, “The persons with positive body image they tend to look at things with more like a more open mind. They're more optimistic and happy. They look at the positive side of things rather than the negative.” Veronica offered, “having confidence in your image, being secure with what you look like, or how

others might view you. Yeah, that your body is not only sufficient but that the way you are, there's nothing wrong with you necessarily. With the positive image, I would assume that people are happy.” Violet also stated, “They have high self-esteem. They tend to keep themselves up. And they're optimistic.” April added, “If you have a positive body image, you're probably going to have positive self-esteem and confidence.”

Just as women described behaviors associated with a negative body image, they also offered behaviors associated with a positive body image. “Head up high,” said Patti. “It has a lot to do with the way you walk and sit.” Courtney offered, “Chest poked out and your head high. You're not looking down or sluggish. You present yourself right.” Julie shared, “Just the way you carry yourself. You tend to have your shoulders back. You're not going to look down, you're going to look up. You're going to carry yourself like you feel good about yourself.” Julie said, “Taking care of yourself, being healthy, being happy with your body. Maybe exercise. Low stress. Not having too much stress cause that can be harmful to your body, too. Taking care of your body mentally, physically, all aspects of your body.” Angela said, “Positive body image is like taking care of yourself. Probably doing extra things beyond the average person. To make sure that you're presented and healthy, mentally and physically about your appearance.” Pam “The way I feel about my body is that I think it's beautiful. I don't think it's something I should be ashamed of. I feel this is who I am. I don't feel as though I should hide myself. I always have thought like that. I never just see myself as my body, just as something bad.”

Embracing a positive body image, allows women to focus on areas of their lives outside of appearance alone. Courtney shared, “A positive body image would be you

have everything positive in your life, like you're going to school, you're working, you have your career. And you're not in a negative environment like being around any of those others. For me personally, I'm in school now, involved in church, involved in my community.” She further described her filter, “I don't let nothing negative come into my life. And I feel that because I'm being a good role model, I have a positive body image. Since I'm working, in school, and involved in things. I have a good body image. Plus, I have a good head on my shoulders. If you feel like you're motivated to do something, you're motivated to achieve it, and you have a good body image, you're going to achieve it.”

A unique theme to emerge in this study is that a positive body image usually includes a special glow. Courtney explained, “You have a personal glow. Your body's just glowing.” She further explained the glow. “A personal glow is like a spotlight. You just so happy that nothing can bring you down. You're just glowing like a light. Everyone sees that you're happy, you're in a good mood. You feel satisfied. You feel everything's going your way and nothing can bring you down. Everything's perfect.” Julie described her personal experience of emitting this glow. “It feels almost like you have a glow. It's more the emotional side of it. You feel happy so it's almost like a happy glow. Not really even that you look...You look exactly like you always look, it's really not any different, but you feel like you look a million times better. It's almost like that sparkle in somebody's eye. You can definitely tell when somebody feels great.

Choosing to be around others with positive body image. Nine of the fifteen female participants made specific comments about the choice to surround oneself with other people who endorse a positive body image. Jocelyn commented, “If you're around

people who are picking at themselves or saying, 'I look bad' or 'I hate my thighs,' you're going to be more inclined to pick at yourself more and look at areas that aren't perfect. (However), if you're around people that don't talk about that sort of thing, it's easier to have a positive self-image." Julie offered parallel reflections. "If you're surrounded with other people that are having negative body image, you say, 'I feel terrible today. I look terrible,' they're going to say, 'oh me too.' That just brings the whole group down. That doesn't help or solve anything." Jasmine stated that she actually despises being around individuals with a negative body image. "I hate being around people who only think about their weight or how their looks or is their make-up messed up. If you're spending that whole time wondering how you're looking, how are you having time to let people give you compliments about how you look? Or how are you having fun if you're worried about how you look? People with positive body image are different people to be around. I have very little patience for people without it."

Julie commented, "You place yourself around people who are going to help you keep a positive body image. Like your family, your friends aren't going to give you negative feedback." Courtney used this colloquialism to describe the desire to hang around others with positive body image. "Birds of a feather, flock together. You have negative people around you, you're going to be negative. If you have positive people around you, you're going to be a positive person. It's like the company you keep." Pam revealed how she chooses to associate with certain types of people. "I try to surround myself with positive people because when you surround yourself with positive people most likely you are. Those who have positive thoughts and influences upon themselves.

I try to be around those type of people cause I feel like that's who I am and that's who I want to be.” April followed up by saying, “I think having people around you with positive body image makes you feel more secure about who you are.”

Summary

The definitions that the experts and female students provided about negative body image are consistent with current research findings on this topic. In describing potential differences between negative and positive body image factors, 11 of the 15 women acknowledged a significant period of time (usually in early adolescence) marked by negative body image. Although there is a wide range of contributing factors associated with the development of negative body image, the women shared how their resilience and reframing of negative sources helped them to overcome negative evaluation and ultimately embrace a positive sense of body image. The women defined positive body image according to their experiences with this phenomenon. By doing so, the concept of a “personal glow” emerged in which positive body image can actually be witnessed through a woman’s attitude, appearance, and behaviors. Additionally, the women explicitly stated how they choose to be around others with positive body image as that further reinforces their own. The ideas of a “personal glow” and choice to associate with similar people are unique contributions to the definition of positive body image.

CHAPTER 7

ASSERTIONS AND FINDINGS

When analyzing and discussing findings within qualitative research, analysts create assertions that are grounded in the data (Demerath, 2004). Assertions burgeon from an analysis of the interrelations of codes and how they are inextricably linked. The analysts state these assertions and then provide evidence such as direct participant quotations from the research to explicate that phenomenon. The strongest assertions are those that are supported by the largest amount of data items, also known as robustness (Demerath, 2004). Therefore, it is important to offer various examples of how the assertion is grounded in data. Furthermore, to capture the full dimension of the assertion, analysts should provide both confirming and disconfirming evidence that reflects the continuum of responses reflected in data.

Upon coding the data numerous times and engaging in discourse with the research team, I witnessed at least eight assertions that emerged from the responses of the female participants and clinical/research experts. Each of the eight assertions is numbered and presented in italics with a brief introduction of the phenomenon, followed by direct quotes to support the assertion and tenets of the Holistic Body Image model, and concludes with a summary. The quotes are intended to be representative of the women's collective experiences, and not necessarily exhaustive of each individual's story.

Therefore, I did not include a comment from every single participant and/or expert within each assertion. The assertions are presented in no particular order.

Assertion 1: Body image consists of both trait and state components with interdependent positive and negative factors.

As indicated in the screening process, the female participants embrace a positive *trait* body image when they reported *strongly agree* or *agree* to the item, “I feel that I have a positive body image.” Trait body image focuses on stable and dispositional characteristics of individuals (Cash, 2002a). Even though all the women in this study identified as espousing a positive trait body image, they acknowledged the role of negative emotions, events, and sources in altering overall body evaluation. The occurrence of a bad mood or the absorption of negative messages from the environment can alter women’s descriptions of their bodies from positive to negative evaluation within a short span of time. They described this fluidity in body image using the terms “good days” and “bad days.” In essence, the women articulated a state nature of body image that includes interdependent components of both positive and negative evaluation. State body image fluctuates according to situations and temporal events (Cash, 2002a).

Negative state body image. Julie described “bad days” in the following manner. “Sometimes bad days is just like bad weather or you just woke up on the wrong side of the bed. You kinda get in a bad mood. Sometimes you just want to be by yourself.” Julie further said, “You’ll go the mirror and try to fix your hair and you’ll just be mad in general and you’ll be like, ‘oh my gosh. My hair looks terrible.’ You don’t even want to bother doing make-up. You just throw on scrubby clothes.” Veronica reported how when she has “bad days” she can also feel “disgusting” about her body. She explained

the occurrence of a negative state on the day of the interview. “I had that problem earlier today, actually. The last few days I’ve had bad days for whatever reason. Today I had a different outfit on earlier a wrap or sarong. I felt extremely fat in it and decided I had to leave work early and change for that reason,” Veronica revealed. “I wanted something that was comfortable. There are definitely days when I feel disgusting.”

Many more women confirmed the experience of having a negative state body image. Jasmine shared, “I mean you’re not always going to be happy, there’s going to be some things that you might find wrong every now and then.” Robin commented, “There are times I don’t like the way I look.” Usually this bad day is preempted by a specific factor like bloating. “If my stomach feels bloated or big, I’m like ‘Oh, man, I can’t wear a half-shirt.’ I don’t like the way I look.”

Consistent with the assumption that emotion plays an integral role in body image (Williamson, Stewart, White, & York-Crowe, 2002), the women reported how a negative mood can impact their state body image. Pam described the fluctuations in her evaluation, “Some days you might view yourself in a negative way depending on how you’re feeling that day. A lot of the time it depends on the kind of mood that I’m in. Sometimes I may look at myself and just think that I’m a really ugly person.” Veronica shared a similar understanding, “It’s going to vary and depend on my mood at the time. I might be having one of those days where I think that I’m fatter than normal so that would definitely affect it.” To deal with these negative days, Jocelyn relayed the following, “I just usually say it straight out like, ‘Man, I’m having a bad face day.’ I’ll just put on some make-up, take a shower, and that’ll make me feel better a little bit.”

As originally noted by Heinberg, Thompson, and Matzon (2001), some degree of body image dissatisfaction, or occurrence of “bad days,” might be *desirable* in promoting healthy behaviors (e.g., eating, physical activity). These authors posited that “body image dissatisfaction is not always a negative process” whereby moderate levels can increase motivation and participation in healthy lifestyles (Heinberg et al., 2001, p. 216). Although the women in this study did not directly relate the occurrence of “bad days,” or negative state body evaluation, to healthy behaviors, they did normalize the fact that their experience includes negative state evaluation.

While acknowledging that good and bad days will exist, these women also demonstrated an acceptance that bad days will occur on an occasional basis. Jasmine normalized this process by stating, “Everyone has their fat days [and] everyone has their days where their pants are falling off of them. I'd worry if I didn't have a bad day every now and then.” Angela shared this similar sentiment in this expression, “Nothings’ always perfect. I feel like it's always gonna be a bad day even if you have a million and one good things. You always gonna have at least that one bad day, and that's okay. If everything's going so well, you won't understand how it feels for something to go wrong, so you take advantage of the good times.”

Furthermore, because these women acknowledge their trait level as being positive, they can then handle the occurrence of the negative states. Veronica stated, “There are definitely moments that something doesn't fit right or my hair's doing something crazy, skin's acting up. [I] know that it will pass eventually. I love the fact that it only lasts a few minutes or a few hours.” Veronica also stated, “Overall, I know that I have a positive body image of myself and I feel fine.” Jocelyn said, “There are

times where I don't feel like I look wonderful, but I'm usually okay with it. I think overall I'm positive.” Julie stated, “You gotta let it go and not let it get to you, bring that whole week down. It's just that one day and the next day you can wake up with a better perception of it.” Courtney reveled in the fact, “I know everybody has them days (laugh).” As a result, she can easily dismiss the negative state evaluation and look forward to days/times when she feels more positive about herself.

To date, the majority of body image assessments focus on trait measures and rarely include state components (Cash, 2002a). Cash (2002a) encouraged researchers to measure body image states. In 2004, Melnyck, Cash, and Janda followed up on a study conducted by Amorose (2001) on intra-individual variability (IIV), a process that includes the temporary fluctuations individuals experience related to their body image. Participants in the Melnyck and colleagues (2004) study completed twice-daily reports of their body image states. Outcomes from this study suggest that individuals who report more favorable body image on a state level also report greater *trait* satisfaction, or positive body image. Extending those findings to the current study, when female participants speak of “good versus bad days” they are acknowledging in their own words the fluidity of body image at both trait and state levels. Although all of these women reported overall positive body image (trait), they recognize the changes that can occur on a more frequent basis (state).

Negative trait evaluation. An interesting and unexpected finding that emerged is that most of these women (11 of 15) reported a prolonged experience of espousing a negative body evaluation at some point in their lives, usually around early adolescence. These women reported the occurrence of negative evaluation developing as a result of the

interaction of multiple, complex factors including, but not limited to, teasing from peers based on weight and appearance (Patti and Jasmine), surrounded by negative information in various environments (Pam and Michelle), engaging in purging behaviors learned from friends (Erin), negative feedback about the body from family members and important others (Veronica and Courtney), feeling dissatisfied with specific body parts (Heather and Violet), and upholding external standards of beauty (Angela and Robin). Although these reasons are presented as simple explanations, it is important to note that many interrelated factors contributed to the onset of negative evaluation within these women and these were the specific indicators salient to them that they chose to report.

Heather shared her experience with negative body image, “Actually, mine has changed drastically since I was younger. When I was younger, I was actually self-conscious. I was really, really skinny.” She reported that her body image became positive upon developing breasts and becoming “thicker.” Patti shared that she was not always happy with herself as she was teased by peers and her brother about her weight. “I was pretty overweight. I was a chubby kid and kind of lazy. I didn't want to feel badly about myself,” Patti explained. “I've lost 30 pounds since five years. I wanted to make a change so I started working out and eating right. Now, because of that, I feel good about myself.” Jasmine said, “Up until my junior year in high school, I had a very negative body image. I always wished that I looked like other people. I wished I looked like her, or wished that things were different.” She also shared how she was teased by peers for dark hair on her face and arms. Jasmine shared how unconditional love and acceptance from a boyfriend while in high school helped her to appreciate her body and ultimately love it. Veronica reported how negative comments from her mother and maternal

grandmother, contributed to a negative evaluation. Upon studying abroad in various countries and witnessing the variance in women's body shapes and weights, Veronica reported the ultimate acceptance of her body despite perceived flaws and imperfections.

A few women described a changed mindset upon learning that a loved one is sick or is ailing in health. Violet reported a significant alteration related to her body image once her mother was diagnosed with lupus, an autoimmune disorder. She reported responding to others in this way, "I just tell them be blessed and happy that you have what you have and that it's [your body] working properly or you don't have anything wrong with it. At least that you're healthy." Violet also shared how another family member, a close uncle, was diagnosed with brain cancer. "They gave him like six months to live so I really just like just stopped focusing on me altogether." Patti also shared that her mother was diagnosed with lupus. "It's what keeps me going, keeps me working out. I'm afraid of the health risks when I get older and having lupus like my mom and then just being overweight and feeling bad about myself and all the emotional problems that can arise from that, like the negative feelings you have for yourself. I don't want any of that." Courtney reported that her priorities shifted when her grandmother and caretaker suffered a stroke when Courtney was a pre-teen. "I had to mature on my own cause my grandmother had a stroke then. I had to stop being a baby and start learning how to be a teenager and get prepared for womanhood." Jasmine described her reaction to being diagnosed with cancer at age 19, "Especially since I found out that I had cancer I think I take care of my body even more. I notice that I appreciate my body a lot more."

The individual and collective experiences of trait body image evaluation as described by female participants resembled this type of pattern (see Figure 4):

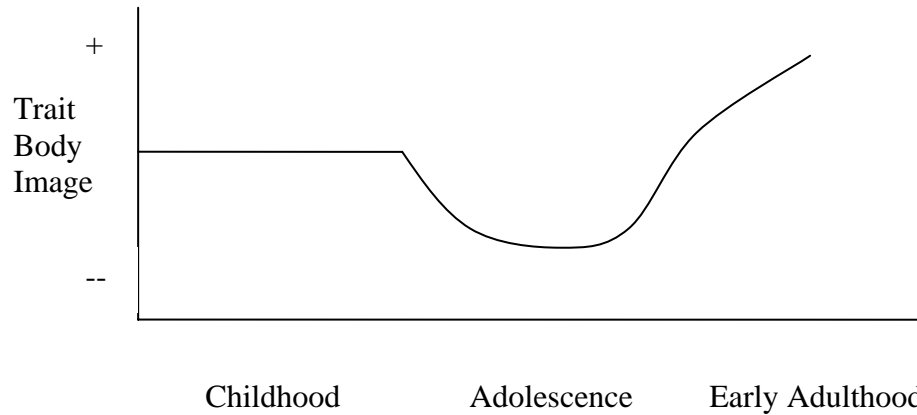


Figure 4. Fluidity of trait body image according to developmental status.

This chart depicts the relatively neutral evaluation of body image during childhood. Women reported a lack of awareness and/or investment of body image as a child and can therefore be defined as neutral. Upon entering adolescence, the women reported a decrease in evaluation and specifically relayed that their body image became negative due to a various sources. As the women entered early adulthood, they reported embracing an overall positive trait body image due to such factors as a positive study abroad experience, endorsing healthy lifestyle changes, internalizes positive messages from family and friends, relying on internal standards of beauty rather than external, and appreciating the function of the body.

Advice for others. These women and experts shared their views on what women can do who are struggling with body acceptance. Their advice speaks volumes of the many options individuals have in transforming from a negative body image to embrace a

more positive sense of self. Although these statements are not intended to be represented as cook-book remedies, they are presented in a way that reflects the simplicity, yet complexity, associated with this transition.

A few individuals spoke of the importance of exploring what factors led to a current state of negative body image. These factors can include familial/peer feedback, sociocultural influences, an abundance of negative images from the media, and an inner struggle with low self-worth and a narrowly defined understanding of beauty. Once a woman is able to identify the multiple factors associated with her negative body image, she can then contemplate ways to make positive change. Many women shared that it is important to analyze the type of feedback being offered by loved ones. If it is constructive and meant to promote positive change, then heed it. Alternatively, if the feedback is critical and judgmental, do not absorb it. As Courtney shared, “Don't let nobody discriminate you, put you down.”

As numerous participants mentioned the negative impact that society and media can exert on women, they acknowledged that working toward a positive body image must focus on media influences. The participants encouraged women to get rid of negative influences. Julie stated, “If you let that get to you all the time, don't read that magazine or turn off the TV when you see something that makes you feel as though you're not as perfect as other people. Don't subject yourself to being around that all the time.”

Michelle suggested eliminating negative information by going “cold turkey.” She further stated, “I would say stop watching stuff, certain shows, certain advertisements. I would say mute the advertisements and walk out of the room during a television program. Stop watching, stop looking at magazines.” Not only is important to shield oneself from the

messages, but to also critically analyze those messages. Lynn shared, “It's important to realize that despite what society tells us, body image is not everything. You can live a happy life without necessarily being 100% thrilled with how you perceive yourself. At the same time, it is important to have an awareness of where you're at to take healthy measures, if there are things that you could possibly change.”

A few women related that it is imperative to acknowledge that you have a “problem” or concern with body image. It might be helpful to seek help or guidance from a family member, friend, loved one, or trusted professional. By reaching out to others, Pam said, “You're seeing that you're not alone. Other people or other women go through a lot of things that you might go through. Don't just think that you're the only person who goes through these things.” Through the help of others, a woman can identify those particular aspects that affect happiness and satisfaction and ponder what improvements can be implemented to promote healthy lifestyle choices. “Take a step back and ask yourself what you're not happy about like what don't you like about yourself,” said Patti. “Try to make the changes.” A woman can set small goals for improvement and then once those are achieved, move on to more challenging goals related to health.

The resounding advice given from participants revolves around self-respect, love of self, and the pursuit of happiness which will naturally lead to a more positive body image. Courtney offered, “I'd say you have to be happy with yourself. You have to learn self-acceptance. You have to learn how to accept yourself first. Just be yourself. Love yourself. Because if you don't, who will? You have to first learn how to love yourself before you can get love. Respect yourself before you can give someone else respect.”

Loving the self includes intentional attempts of self-care such as engaging in physical activity, listening to the body's needs for rest and relaxation, pampering the self, and not harming the self.

A woman must focus inward, rather than on her body, to attain a positive body image. "They just have to truly, truly look at themselves, inside," said Pam. "Don't look just at the physical features on the outside. Because what you see is truly who you are on the inside. That reflects what you are on the outside. If you really look at yourself and then finally see who you truly are, once you see that then you'll see what's on the outside in a clearer way." By focusing inward, the women in this study reported the presence of happiness. Erin shared the importance of focusing on inner happiness, "Be happy and don't worry about it so much. Find other things to make you happy." These other things might include the cultivation of significant relationships, engaging in hobbies, and looking to faith/religion/spirituality as a guide. Angela shared, "Once you get emotionally stable and emotionally confident and have self-esteem, then you'll be accepting of your own body. And you might not really need to change anything cause you might feel you're beautiful the way you are. But if you still feel you need to change that, then take those extra steps to change. And the things you can't change, don't worry yourself about changing cause certain things are meant the way they are." April also added that a positive body image "comes from within yourself more so than from other people because if you're happy with how you feel on the inside, then just naturally that will show on the outside. Other people will respond to that in a positive way."

Most women exhibited a sense of gratitude related to the function and health of their bodies rather than a focus on their appearance. Jasmine stated, "As soon as you

realize that life's too short to waste your time on things that don't matter like whether so-and-so thinks I'm hot. And sort of appreciating the things you were given in life rather than wishing that you had the stuff that you weren't then that's when life is good. That's when life is like what it's supposed to be.” Because of their experiences with family members and even themselves having health concerns, many of these women chose to be grateful for their bodies. Violet shared, “I would tell that person don't focus so much on your body. Just be grateful that you do have a body that's working properly. Just be glad that you're able to do the things you are. A lot of people don't even have that. So I just tell them be blessed and happy that you have what you have and that it's working properly or you don't have anything wrong with it. At least that you're healthy. ”

Changing from negative to positive body image is a *process*. As Angela succinctly noted, “Change doesn't happen over night. It's time, [a] process. You can't just wake up one morning [and say] today I'm going to have a good body image.” With the knowledge that this is a unique process for each individual, it is also important to maintain a sense of patience. “Everyone's going to deal with it in their own time,” said Veronica. “It's taken me however long to accept my own figure and things about myself. Everyone pretty much, in time, you'll find out that this is your body type and you either learn to accept it or you fight with it for a long time.”

Kearney-Cooke and Striegel-Moore (1997) stated that changing from a negative body image to positive is difficult but feasible and was supported by the women in this study. As identified by Kearney-Cooke and Striegel-Moore (1997), body image can transform from negative to positive through self-acceptance, self-appreciation, a realistic understanding of the body, and developing healthy lifestyles through practice. The

women in this study shared the following factors associated with changing from a negative to a positive body image: acceptance, contentment, lack of desire for perfection, a realistic self-appraisal, a newfound sense of maturity, a shift in focusing on appearance to function of the body, and a commitment to taking care of the body due to personal and familial diagnoses of illness.

In conclusion, the findings support the notion that body image is composed of both trait and state factors. As emphasized throughout this document, the women described their overall trait body evaluation as positive via the prescreening assessments and during the interviews. Additionally, the female participants also talked about situational and temporal events of endorsing a negative body image. These events were described as “bad days” although the negative evaluation could last as little as a few minutes to several days. Acknowledging that fluctuations occur from positive to negative and vice versa, it is proposed that positive and negative factors are interdependent rather than mutually exclusive constructs. As demonstrated via this sample, women who endorse a positive body image (trait) recognized moments in which they felt and/or thought negatively about their bodies (state). Based on responses from these women, it is inconceivable to contemplate the existence of a positive body evaluation that remains static throughout time without the occurrence of negative body image states. Therefore, it is proposed that body image consists of both trait and state features along with the interdependence of positive and negative factors.

Additionally, the women offered advice to women who are struggling with body acceptance that includes focusing on inner qualities and avoiding media that emphasizes women’s bodies rather than their talents. They shared that a shift in focus from body

appearance to body function can be beneficial in promoting positive body image.

Furthermore, they relayed the importance of accepting the change from a negative trait body image to positive as a process that unfolds over time.

Assertion 2: Women with positive body image tend to embody specific characteristics.

It is equally important to acknowledge those specific characteristics and attributes inherent within women with positive body image as for those who espouse a negative body evaluation. The women and experts in this study supplied personality characteristics and attributes related to a positive evaluation: comfort with the self, gratitude for the body and its functioning, acceptance of the body, feeling beautiful or attractive, and high self-esteem. Other traits that were mentioned on a less frequent basis were feeling “special,” a sense of liberation from traditional roles, optimism, love of self, and relying on personal values to guide body image rather than appearance standards alone.

Comfortable with self. Nancy guessed that women with a positive body image would be “comfortable in their skin. They’re comfortable with how they are packaged.” Just as Nancy suspected, the women in this study expressed their feelings of comfort with themselves. Jocelyn described a positive body image as “feeling comfortable in your own skin.” Lynn defined it in a similar manner, “Obviously positive body image is someone who is comfortable with or beyond just neutral. They’re happy with it.” Veronica reports how a sense of comfort is a main factor that she now endorses upon switching from a negative body evaluation to a positive evaluation. “I carry myself in a different way, a little more comfortable.”

Comfort of self was also described in terms of contentment. Michelle said, “I think that a positive body image would be someone who feels satisfied with who they are and content with how they look on the outside.” Lynn shared, “I’m pretty content. Content would probably be the biggest word I’d go with.” Finally, Heather shared how self-comfort impacts a person’s desire to reach out to others. “When you do become comfortable with yourself, you want to help others get where you are. So you compliment them and try to help get them there yourself.”

Gratitude. A sense of gratitude and appreciation for the body was also demonstrated among the female participants. Jasmine shared, “Appreciating the things you were given in life rather than wishing that you had the stuff that you weren’t then that’s when life is good.” Upon learning of her diagnosis with cancer, Jasmine stated, “I appreciate the small things. I appreciate my hair cause of the thought of losing it. I really like my hair a lot. Turns out it’s not such a pain. It is naturally curly. It takes me hours to do it. But it’s still my hair and I love it. I notice small things.” Michelle also shared, “not focusing on yourself and just learning to appreciate what you have.” Robin commented, “As you grow older, you grow into yourself and start to appreciate yourself better.” These statements corroborate with Michael’s definition of a positive body image. He said, “I think positive body image has to do with a healthy balance between accepting and appreciating certain things about the shape and substance of the body and the function of your body.”

The women spoke of the discontent associated with a negative body image and how they are fortunate to not have to deal with the negative evaluation. April stated, “The people who have more negative body images of themselves, for me, it makes me

realize that I'm fortunate that I don't feel that way. I don't have to worry about that kind of stuff.” Violet offered, “Like I look at others and so relieved that I don't have to go through that [negative body image]. So it makes me grateful that I do the things I do. I'm just thankful that I'm not the one in the room crying and trying on bathing suits, trying to find the right one or anything like that. Just makes me grateful.”

Self-acceptance and respect. The women also related self-acceptance and respect as important characteristics associated with a positive body image. Robin shared, “I basically know how I look and have learned to accept it. I think of myself as a good-looking person.” Courtney said, “You have to accept yourself the way you are before you try to do anything. Before you try to accept somebody else, you have to first respect yourself and love yourself and take care of yourself.” Pam said, “If this is the way I was born, this is the way I was put here on earth, then I think that's [the] way I'm supposed to be. So why change myself? I love who I am. I love what I look like.”

April shared how messages from her family impacted her body image. “That's what I was taught. To respect your body and use it for good.” Erin spoke about how her own body type, not fitting into the stereotypical thin ideal, brings her pride. “Me and my mom are curvy. I like it. I like having curves.”

Through self-acceptance and respect, the women were able to proclaim love for their bodies. “This is who I am and I'm proud of who I am,” Jasmine stated. “I feel like I'm treating my body with love. My body treats me back with love,” said Courtney. “It just is like this bond (laugh). I just like to stay the way I am. I do like myself. I love myself.” Pam endorsed the same characteristic, “I love who I am. I love what I look like.”

Feeling beautiful or attractive. Espousing a positive body image is also related to a woman's ability to recognize her own beauty. The women shared how they not only accepted their appearance, but felt beautiful and attractive. "I think that I have a realistic view of how I look. I feel good about myself," said Patti when explaining what it means to have a positive body image. "I feel good about the way I look." Pam relayed, "I just look at myself as a beautiful person outside and inside. Not only do I feel beautiful on the inside, I know that I'm beautiful on the outside, too." She further said, "I feel beauty all over and I want to project the beauty that I feel on the inside. I try to portray that on the outside as well." Robin said, "I think of myself as a good-looking person. Even when I'm around people I don't think of me as model-type, I still feel assured about how I look. I think that's a positive body image." Julie shared, "It's funny cause the night I met [my boyfriend], I got ready and I looked in the mirror and I was like, 'oh my gosh, I look great tonight.'" Angela shared how feeling attractive lasts regardless of the clothing you wear, "Well, I'm already beautiful, but let me throw this on and then I look even better."

Self-esteem and confidence. Most women described the importance of high self-esteem and confidence in relation to a positive body image. Violet defined a woman with a positive body image as, "a person who's really confident about their body. They have high self-esteem. They tend to keep themselves up." Pam shared the following, "You look at yourself and you feel more confident. You look at yourself in confident ways. You don't feel like negative in most things that you do. You don't feel like self-conscious about yourself. You feel real confident. It's real positive what you see about yourself. You don't see it in a negative. You see yourself in a very good way when you feel confident." Jocelyn stated, "Just being proud and confident of yourself will make you

happy with how you feel about your body image.” Veronica, “Body image definitely plays a part in how confident you are about yourself in general. Having an overall good sense of self-image.” The women also identified as personally embracing high self-esteem and confidence. Pam shared, “I’m confident because of myself. I don’t think I’m unsure about myself in any type of way. I think that I have a high self-esteem.” Julie agreed, “I tend to have pretty high self-esteem.” The comments from these female participants supported Striegel-Moore and Cachelin’s idea that resilience or positive body image is related to high self-esteem (1999).

Although body image and self-esteem are related, the women viewed them as being separate and unique constructs. Erin said, “It’s relatively the same thing but body image just has to do with physical stuff, facial features. Self-esteem has to do with the whole thing. Everything about you.” Lynn shared, “I think they’re related but I don’t think they’re necessarily synonyms. For instance, the way I would describe it is having a positive body image could increase your self-esteem. But self-esteem isn’t necessarily 100% body image. It can be related.” Violet commented, “Not the same thing, but I find them being similar. A lot of people with self-confidence comes from their body image. People can have self-confidence that don’t have the ideal body image. The majority of the time, the more in shape they are, the more that boosts up their self-confidence.” Heather said, “They’re not the exact same things because body image is more about how you feel about your body. Self-esteem is how you feel about your whole self in general. They’re all very closely related but not the exact same thing.” Said Angela, “I don’t think

they're the same but I think they correlate. I think one is mental and the other is physical. Like your body image is somewhat physical and self-esteem is somewhat mental and emotional."

In addition to acknowledging the nuances among body image and self-esteem, the women described how they can be complementary within individuals. Regarding complementary features, April posited, "If you have a positive body image, you're probably going to have positive self-esteem and confidence. If you have a negative body image, you're probably not going to feel confident about yourself." Heather stated, "Self-esteem, I think, is directly related to your positive body image. Because if you have positive body image, then you have higher self-esteem." "If you have body confidence," said Jocelyn, "that gives you self-esteem. You feel like you can look your best and approach people and be taken seriously. Having self-esteem probably gives you body confidence, too." Jasmine offered, "I think to have a positive body image you have to have self-confidence. I think they're subfields of each other. I think body image is the hardest thing to have self-confidence in because a lot of times...cause you can't really fix it." Angela said, "If you have positive self-esteem and confidence, then you'll have a positive body image because you think more of yourself, so you'll spend more time taking care of yourself." Robin also relayed, "I think that if you have a poor body image of yourself, usually people aren't as confident. Angela said, "I think your body provides you some kind of confidence. I think it's some type of confidence and it helps boost your self-esteem too even though it shouldn't all come from your appearance or your body image." She added, "Once you get emotionally stable and emotionally confident and have self-esteem, then you'll be accepting of your own body."

However, a few women spoke about how body image and self-esteem can be disparate from one another. For example, some women stated that it is possible for a woman to have a positive body image along with low self-esteem. Courtney said, “You can feel like, ‘I love my body’ but your confidence can be like nothing. You could always think you need to do something different.” “You can feel good about your [body], but not be very confident,” said Patti. “I don't think it's like black or white like you either have good self-esteem or you don't. People don't like every single part of themselves. There's always going to be something you don't like and that you want to change. The levels of self-esteem have to do with how many things you don't like about yourself. If you're fairly happy with yourself and you're like, ‘well if I could change one thing, it would be this’ And if that's the only thing you can think of that you want changed, then I think you have high self-esteem.”

It is also possible, speculated the women, to have high self-esteem while endorsing a negative body image. Jasmine stated, “Just cause you have self-confidence doesn't mean that you have a positive body image.” Courtney shared, “You can feel good, but in a way still not like yourself. You might not like your body image even though there's nothing wrong with you.” Julie proposed, “You could probably have really high self-esteem like if you're outgoing and you have great grades and participate in a lot of things at school. And then you're still not fully satisfied with your body.” From her professional work, Judy shared how she has worked with clients who have high self-esteem, and yet succumb to a negative body image. “Sometimes I think if you have a positive self-image, you might still have a negative body image. I think a negative body image is so pervasive. I've seen women that I think they feel pretty good about

themselves, in general. They're competent in a lot of other arenas. They're competent about their academics, their relationships, both male and female relationships. Yet, I'll still see them have a negative body image." Jocelyn commented, "I suppose you could have a negative body image and still be self-confident, but you just don't see that that much."

Robin shared her thoughts based on her experience with friends, "I do have friends who are dieting, but are very confident people. Maybe they're not confident in that aspect. They do have self-esteem and self-confidence, but still think about their bodies in ways they don't care for." She further shared a specific example regarding her roommate. "My roommate said that she gained weight and for that reason she doesn't like to go out anymore," said Robin. "She's known for being such a lively person. She's a very confident person, but after she told me that, I was like, 'wow.' She doesn't want to go out or party because she feels fat cause she gained weight. That's an example of someone who isn't as confident anymore because of their body image."

In conclusion, women with positive body image tend to embrace unique characteristics and attributes not necessarily found in those with negative body image. These aspects include feeling comfortable with the body, appreciating the body as it is, treating the body with respect, feeling attractive, and admitting to high levels of self-esteem. Future investigations of positive body image can confirm these findings as well as add characteristics to the list based on themes that emerge from other samples.

Assertion 3: An encouraging and supportive network of family, friends, and significant others assist women in establishing and maintaining a positive body image.

The encouraging and unconstructive effects of family, friends, and romantic partners have long been studied in relation to negative body image and eating disorders (Stice, 2001; Striegel-Moore & Cachelin, 1999; Striegel-Moore & Kearney-Cooke, 1994; Tantleff-Dunn & Gokee, 2002). Conversely, little is known on how these significant sources have impacted women with positive body image. Striegel-Moore and Cachelin (1999) posited that a nurturing family environment that includes support, irrespective of appearance, protects young girls from developing negative body image and eating concerns. As predictive statements are incongruous with qualitative data, it is inappropriate to claim that one particular source such as the family holds more value than the other sources. Individually, the women made comments about their own experiences and the relative weight of each source on their overall body image evaluation. Furthermore, it should be strongly emphasized that despite the similarity of sources surrounding individuals (e.g., family, friends, media), each individual will uniquely process that information according to her filter as proposed in the current model.

Family. Consistent with Striegel-Moore & Cachelin's (1999) claim that a supportive family context provides protection from eating and body image concerns, all of the women reported the significant impact that their family members (e.g., parents, siblings, grandparents, etc.) have on their body image. "I also think [body image] has to do with a person's situation, upbringing, how they've been treated maybe," said Michelle. "Like whether they were shown love or not complimented, but has been told that they are beautiful for who they are." Pam agreed, "I think a lot of my family has to do with it

[positive body image].” April shared, “I have a great life and a wonderful family and friends.” She commented on the respective roles of both friends and family related to body image. “As far as [how] you’re raised and your general ideas about body image probably comes from your family.” Robin acknowledged similar factors relating to a positive body image, “to have a positive upbringing, your parents are positive, your friends.” Julie said, “My family has always been very supportive. No matter if it has to do with my body or anything. They're just always there for me.”

The women shared how even innocuous statements and jokes made by family members can impact body image. “Sometimes my grandpa would make comment[s],” said Erin. “They don't know how sensitive girls are. Joking and stuff like that. I definitely knew why they were saying that and took it seriously. I did take it into consideration. I made it out to be worse than it really was.” When Patti was young and overweight, she stated her mom would say the following, “Well you're just a big girl.” Patti further said, “I hated that. So I didn't feel very good about myself during that period of time.” Patti also shared how teasing from her brother contributed to a negative body image. “He always made fun of me when I was little. Called me all kinds of names. He called me fat boy, chubby boy, bubble butt.”

Angela explained how shared images among siblings impacts a person’s evaluation of her body image. “Your siblings, since we're closer in age, like you can grow together and you can share common images or you can take care of yourself together.” Angela shared how her sister’s positive body image impacted her own. “She like has a positive image. I learned how she thought of herself or would hear her speak of herself and how she felt about herself. And I'm like ‘well maybe that can help me a

lot.' I learned to really care for myself more." She further said, "It gave me something to look up to. Maybe one day I can have a positive body image and be confident and not have to worry about myself or feel bad about myself. I would just watch her and see how she could be confident and interact with different people and how she felt about herself. It gave me a goal to work up to. I knew I could reach it because it had been done so it wasn't impossible."

According to these women, parents significantly contribute to body image. Words of encouragement from a parent have made an impression on these women. They shared how positive feedback from their fathers served as a source of comfort. Jasmine said about her father, "My dad told me I was beautiful my whole life." Michelle reported a similar experience, "I have like a father who always told me I was beautiful, always encouraged me, and I just think that that's a big thing." Lynn revealed, "When I was talking with him [my dad] one day, he said, 'you look so healthy. You look really good. I'm glad you're doing well.'" Lynn also shared how her family promoted positive body image through "a general belief of taking care of yourself. Make sure you're eating healthy. Make sure you exercise."

The women also relayed positive comments from their mothers that reinforce their positive sense of self. Jocelyn reported a close relationship with her mother that makes her feel good. "She always says 'hey pretty girl' or 'how's my daughter doing? She makes me feel good about myself. That helps.'" Robin shared similar sentiments, "I think my mother because she just raised me to love myself and she always told me I was beautiful and things like that." Michelle told the following story, "I think I learned from

my mom when I was a little girl, I would always ask her, ‘Am I pretty?’ And she never really answered the question. She would always say, ‘That's not important. [It's] what's on the inside.’”

The clinical experts also agreed that parents are integral in the formation of a positive body image. Judy said, “The family you’re born into. The parents give messages about yourself, your worth, how cute you are, how you look, what you can wear, what you do. Some of it is the family you’re born into.” Penny emphasized the importance of parents as role models for children. “I think it goes back to getting a good start, that your feet are somewhat solid. When they live in families where they see people making good nutritional choices, not for weight and shape, but to keep their bodies healthy.” Michael added, “There must be ways that parents and older siblings can manifest or evince the equivalent of unconditional positive regard and even accurate empathy and do it in a genuine way for children's being including their bodies.”

Penny cautioned, “children need to be as solid as they can be. Parents need to be as solid about who they are about their body image and weight and shape so that doesn’t become a factor in evaluating their children.” Laura further provided, “The environmental impact starting with parents is huge. The messages that are coming out of the parents. What kind of verbal diet is the parent feeding the child on a daily basis? If the verbal diet is [are] you sure you need that second cookie? Your hips are looking a bit wider these days, that dress is looking pretty tight. Comments that the child gets is around image, the child will format that to win the success of the parents. If the parents

are working everyday to verbally feed their child a diet of asset building.” Laura also commented, “The kids cannot speak up and take on the social pressures. The parent must be the bearer of that protective boundary.”

The female participants also linked body image with other familial factors such as financial resources and cultural identification. Angela highlighted the importance of available financial resources within family and how it impacts body image. “Maybe you might come from a home where fashion, materialistic things aren’t as important so you value other things like staying healthy or being emotionally healthy versus buying fancy things. So that’s your body image there.” She further said, “However you’re raised or what you grow up in or whatever your culture promotes, that’s what you will promote as your own body image until you either step out of that culture or step out of that household and be able to establish your own body image.” Jasmine shared how her identification with her family background and heritage contributes to her sense of self. “I have a really tight knit family whose always been tight knit with their families before. So I love that I know a lot about where I came from cause I think it defines a lot of who I am.”

Overall, family members provide information that helps shape the complete investment and evaluation of an individual’s body image. “If it’s the right family situation and they love you and care about you and it’s a positive atmosphere and it’s accepting of who you are in every area, body image, personality, moods, whatever,” shared Michelle. “If you’re able to be yourself and still find that love, then you’re going to be more willing to accept yourself if you have others who on a day to day basis accept you for who you are, then in turn, you’re going to accept yourself more.” She also said,

“If you have loving parents or family, who sees the situation for what it is, and is there to communicate that to you, you're being educated in the topic of body image.”

Friends. The women spoke of relationships with friends and how that impacts body image. “I don't judge them or anything for the way they look and they don't judge me,” said April. “I guess that's what friends are for (laugh). That helps to boost your confidence, to have people around you who are always encouraging you and who's there for you and supportive.” As Michelle said, “I'm talking about your close friends, close girlfriends, you try and build a relationship with people who are going to lift you up and encourage you in that way.” The positive support and consistent feedback is helpful in establishing and maintaining a positive body image. Veronica said, “I might make a comment that I thought I looked bad in something or an outfit didn't suit me, and they would maybe highlight certain things that looked good about me in that outfit. Or if I felt insecure, they would just make sure they could comment anything positive. They're extremely supportive. If we want to go out or something, and I think maybe a shirt looks too tight on me or a certain area of me doesn't look good, they'll be like, ‘no, you look really good. You look cute.’ They're very supportive. They probably help a lot more than they know they do.” As Julie stated, “Your friends aren't going to give you negative feedback. And if they are, they're probably not really good friends.” Angela relayed how a close female friend in high school shared a similar body image as Angela's. “So it was good to have somebody at least another person real close to you that shares your image. She had a positive body image. She presented herself real well and she was nicely dressed and took care of herself.”

In speaking about the formation of her positive body image, Robin shared this reflection. “I had this one friend, my best friend, and when we were growing up she was the bigger one. And she had a lot of acne problems. So she always made me feel bad that I was skinnier, and I guess she thought I looked better. And I started dating earlier so she kinda made me feel bad about that when I was younger. I was sorry that she felt so bad about herself. As we were growing up, she made me look at myself differently cause she put me way up here so I know I couldn't really feel like this if she put me way up here.” As a result, Robin relayed how this friendship impacted her body image. “She put me on a pedestal like she wished she was skinnier, she wished she looked like me a little bit. She made me feel better about myself. She had a lot to do with me feeling good about myself, too.”

A few women spoke of their friends emphasizing inner qualities above and beyond that of the outer appearance. Said Lynn, “A lot of my friends are all about the ‘hey, it's what's inside that matters’ kinda thing.” When Jasmine was diagnosed with cancer and receiving steroid treatment, she gained a significant amount of weight. “I would say my friends a lot cause through my weight gain and loss they were really supportive, especially when they found out it was a medical condition,” she said. “They helped me calm down and remember that no matter what I look like I'm still going to be me. That's why they're my friends.”

Furthermore, the women easily identified friends who endorsed a negative body image and even disordered eating. “I have a friend who's slightly overweight and she's uncomfortable with her body image,” mentioned Heather. “If she's uncomfortable with [her body image] then no matter what anyone says she's going to be uncomfortable with

it.” Julie shared, “I had friends in high school that have had eating disorders or who have not been happy with who they are or their body image.” “My friend was going through bulimia,” admitted Courtney. “Because she wants to be a model and the guy told her ‘you’re too fat.’ And she only weighs 110 pounds. And that just crushed her whole world. She was going on eating binges and everything. She was like, ‘Look at Tyra Banks.’ That’s hard.” Erin commented about the social environment of her high school. “I’m from Chicago, from a suburb that’s really rich and snobby. I would say half of the girls in my high school had an eating disorder at one time. It’s just like where I come from.” Robin shared how she responds to those friends who overemphasize their bodies. “I have friends who were just annoying when I was growing up, about their bodies. I was just like, ‘god, get over it! You always look like that. Stop going on these crazy diets.’”

At least three female participants speculated that their roommates/friends might espouse body image distortion with a possible eating disorder. “Like one of my housemates, I think she might have an eating disorder. It worries me. It disgusts me, too, cause it’s like how can you do this to yourself?,” asked April. Jocelyn shared how one roommate “thinks she’s fat when she’s not. She talks about diet pills and all those sort of things.” Robin said, “My friend told me she didn’t want to lose her virginity until she lost weight. I was thinking that’s so shallow because the person you lose your virginity to is going to be someone you love and isn’t going to care if you have a gut. If I felt the way she did, like if I didn’t like the way I look, then it would close off how I would act with the person that I love intimately. Your body image does have a lot to do with how you are sexually.”

“A person with positive body image would likely have acquaintances, I hate to call it a peer group, maybe acquaintances at the very least who don't contribute to a negative body image,” posited Michael. “I think it would be very hard to have a positive body image and to promote it in people around you if your acquaintances were people who really felt it was an essential part of masculinity to objectify women, to consider them as prey in some sort of game. It seems to me that it would be pretty hard to maintain a positive body image in those types of circumstances.” Consistent with Michael’s thoughts, the female participants made explicit comments about surrounding themselves with a majority of individuals who also feel good about their bodies. “You just surround yourself with friends and people who aren't going to upset you or make you not feel good about yourself,” said Julie. Pam stated, “Now, I hang around more positive people. People who are more mature, more on the same level as I am.” Michelle said the following about those who have a negative body image. “I think I try and stay away from people who, even girls, who would focus on that [the body] way too much.”

Significant others. The issue of romantic partners and significant others was a consistent theme broached by the women when speaking about positive body image. Within this particular sample of women, fourteen identified as heterosexual and one woman identified as bisexual. It is important to keep this point in mind while reading the quotes of the participants to understand that they are primarily speaking about heterosexual partnerships. Thus, their statements might not be reflective of a range of sexual orientations.

Just as the women’s parents provided positive feedback, the female participants also acknowledged the encouragement that they receive from their partners. Jocelyn

commented, “He tells me I’m beautiful and gorgeous. I think he makes me feel good a lot.” “My boyfriend now really is like ‘you’re so beautiful. You’re so beautiful,’” said Jasmine. Erin shared her experience with a man she is currently dating. She said, “When I started dating him, I was at my skinniest, I weighed 120 or 115 pounds. Now, I’ve gained at least 25 pounds. He would never stop dating me just because.” Erin also revealed, “It was never really an issue. I would [make] comments, ‘oh my goodness. I’ve gained a lot of weight.’ He was like, ‘You’re not huge. You’re still really pretty.’ He was fine. He did a good job (laugh).” Jasmine shared a similar experience of a previous boyfriend who appreciated her outer and inner qualities. “The [previous] guy let me know that it was okay to be me,” she said. Michelle reported, “I was able to hear a lot of positive encouragement about the way I looked. I was able to see in the mind of a guy who thought I was beautiful. Then that kind of reinforced it. But I think there were always, I mean didn’t date that many people, but they were positive reinforcers for the way I looked.”

The women also reported that their significant others might provide necessary feedback on areas of improvement. Angela said, “Your romantic partner is always the one that can be honest and tell you, ‘this will improve. Oh, I kinda don’t like that.’” Angela emphasized the ability to filter this feedback. “And you can either choose to do so or not. It’s always good to have that there, but not to say that that [they] have to control your own body image. You decide things, you choose and pick and learn or not learn from them. They help you out, assistance. When it comes down to it, you make your own body image.”

Negative information from a romantic partner can also impact body image. “If you think your partner wants you to be the model size,” said Angela, “you’ll probably keep starving yourself or maybe make yourself go to the gym everyday and workout. Put a lot of make-up on if you think they want you to be real feminine. Or dress up all the time and wear heels all the time even if that’s not what you want to do. You’re trying to please someone else.” Michelle also relayed that even too much positive feedback about the body is disconcerting. She shared an experience with a man she dated while in high school. “He was a guy who was focused on the outward appearance. The first guy I dated was focused way too much on that. If you're around people who talk about you and your physical appearance too much, even if it's positive, it's a bad thing. If people are saying positive things about your body, but that's still the main focus of their conversations and what's on their minds, that's bad also.”

As expected, the women also shared how unconditional acceptance from romantic partners contributes to a positive body image. April said, “He makes me feel good about myself cause he likes me for the way I am.” Veronica asserted, “For the most part, I would say that all of my romantic partners have been more than supportive and they try everything they can to make me feel secure.” “My boyfriend, he likes how I look,” said Patti. “He's never said anything bad about me and I think he likes the fact that I work out and take care of my body. It's hard to find. He appreciates that I want to take care of myself.” As the women in this study reported both positive body image and high self-esteem, they also reported the desire to only engage in affirming relationships with others and discard any partners who do not support who they are. Pam said, “When I'm with someone, I want to be myself. I don't want to try to act like one person around him

because if you're with someone you want them to know the true you. I try to be who I am all the time.” Julie declared the following about boyfriends, “You should always be with someone who likes you or cares about you. Who won't tell you anything upsetting. If they do, you should probably get away from them.” Michelle further said, “I don't think I would ever really settle for anyone who I didn't know, didn't really like me, care about me.”

From the above statements related to family members, friends, and significant others, I conclude that the development and maintenance of a positive body image is impacted by all of these combined sources. Although some women reported family being most influential in this process, other women decided that peers and friends ultimately shape a woman's body image. These differences in opinion highlight the individual differences inherent within the women of this study. Rather than try to dissect which source is most influential (family, friends, or significant others), perhaps it is best to honor their interrelated roles in this process. One apparent theme is that these women appreciate family members (e.g., mothers, fathers, siblings, etc.) who supply unconditional regard, supportive peer networks consisting of others who demonstrate a positive body image, and romantic partners who provide positive reinforcement about outer appearance as well as inner qualities.

Assertion 4: Women with positive body image understand society and the media's level of importance placed on the female body and overall appearance.

Throughout the interviews, the women spoke of unrealistic/realistic and natural/unnatural images of women promoted within media and society as a whole. The women easily identified external standards of beauty and how they actively critique and

reject negative information such as the thin-ideal through a filter. Furthermore, knowledge of the components of objectification theory and feminist identity development might help protect women from being consumed by an overall negative body image. Consistent with media literacy theories, the women shared the ability to critically analyze and evaluate incoming media messages as well as the awareness of how technology can construct unnatural images of women.

Unrealistic versus realistic images. The women in this study contended that the majority of American women buy into unrealistic images as they are unaware of how these images are constructed. “[They try to] copy these certain ways because this is what you perceive to be something that is normal when it's not normal,” commented Courtney. “These people actually don't look this way in real life. This is not a real image. It's actually a fake image that they've made up. Something that is made up, it's unreal. It's not a natural image. That's what a lot of people just don't understand is that these images are made up.” She further commented, “This is what people are trying to make themselves to be and this is what they're projecting upon others who are watching it and that's how it keeps going in this repetitive pattern. Because everyone is trying to project the same image.” Patti also said, “That [image is] so unrealistic because they have make-up artists, they personal trainers, they have stylists. You take that all away, and they'll look like everyone else. It's unrealistic to compare us to celebrities and models.” Julie relayed similar opinions, “Some people don't really understand that, but they [models] don't look like that on a regular basis. We watch *Top Model* and they show this picture of Tyra Banks without make-up and she didn't look bad, but she didn't look like she looks in the *Victoria's Secret* catalogue or anything like that. A lot of young girls don't understand

all the work that goes into that. It's like 2 hours of make-up and hair. They don't normally look like that on a regular basis.”

Michelle also emphasized knowledge associated with technological tools used in promoting female beauty. “I think it's newer technology also. When you can airbrush or do certain things to pictures. I think that girls who aren't aware of that, or even if they are, that they spend a lot of time in magazines and they spend a lot of time watching certain television shows, they constantly see this image that not only is not what they are, but it's almost impossible. Because it is not natural, it has been computerized. It might be very close to what the person actually looks like, but it's always that much more perfect. It's something that's unattainable.” Nancy corroborated the issue of airbrushing based on her experience as a professor in clothing and textiles. Nancy shared the following story, “I also teach a design course and we use airbrush to do anything. We can create a whole new face or body. After students do that, they say, ‘Oh my gosh.’ They have an epiphany. What is real out there? That’s the question of the day. What is real? Even though you might see some model’s beautiful face, even though most of us would die for her body, if the art director doesn’t like it, then they take inches off with the airbrush tool, just inches off her thighs.” She further stated, “The degree to which one is aware of and internalizes media images certainly impacts satisfaction or dissatisfaction and positive or negative behaviors. You might be aware of them and that’s probably a good thing. I guess all that I’m suggesting is that if you’re aware of media images and aware of how fantasy-like they can be, that’s probably a good thing and protective.”

Critical analysis. The women shared how the cognitive processing of information via a filter shapes their understanding of images. Patti revealed, “You look in the

magazines and see the perfect person but then I tell myself, 'they're really not that perfect because they were airbrushed. They have personal trainers. They had a stylist. They have amazing ways of hiding things.' So I'm sure that they're really not that great." Pam shared, "It's understanding that it's not realistic. It's not natural. You just have to know that it's fake, it's not real. You can dismiss this image." April said, "It's no[t] so much real. It's not really realistic. A lot of times it's unhealthy." Jasmine chuckled in saying, "Those people wake up in the morning in sweatpants with bird's nest for hair and make-up dripping down their face and sweats just like everybody else does. Then they go and pay someone a whole lot of money to make them as beautiful as they are. It's not to demean that they are beautiful anyways. For the most part, a lot of people don't look great in the morning. They're just like us. They roll out of bed just like we do. They put their pants on the same way, one leg at a time. I think that no one realizes that. It's really easy to lose sight of that."

Consistent with previous findings (Irving & Berel, 2001; Levine & Piran, 2001; Levine, Piran, & Stoddard, 1999; Levine & Smolak, 1998; Levine & Smolak, 2002; Yamamiya, Cash, Melnyk, Posavac, & Posavac, 2005), the participants spoke about how the development of media literacy skills helped them to deconstruct societal messages. One participant, Julie, even spoke about how media literacy was an integral component of school programs. She was initially introduced to media literacy skills via her health class in middle school. As part of a classroom assignment, students were instructed to identify photographs of "attractive" people. Julie explained, "Half of the girls had tiny, tiny little girls on there. We went through and talked about how that's not real and no one really looks like that without five million personal trainers and not eating all the time."

In Julie's high school, an entire day devoted to body image in high school. She attributed educational instruction as an important factor in developing media literacy skills.

Michelle described the choice that a woman has in interpreting media messages via a filter. "I think that, it's not that you can't control them, but you can control what you watch and what you, what things you let into your mind." If a woman is not actively processing information from the media, "That's just going into your mind and without you knowing it, it's in your subconscious." Michelle explained how she does not watch extensive amounts of TV as the bombardment of messages can lead to detrimental impacts on body image, including being "brainwashed" by negative images. "I think how I understand it in relation to the media and all that has to do with the fact that I'm the majority of the time, I'm not focused on that. I don't see that. So when I do see it, it's very rare and so I can kind of see it for what it is. Whereas I don't think that other people can do that."

Objectification of women. Another way that women protect themselves from subsuming negative information is being aware of the objectification of women in society. Fredrickson and Roberts' Objectification Theory (1997) posits that women can internalize negative emotions (e.g., shame and anxiety), involve in habitual body monitoring, and experience diminished inner awareness as a result of the female body being continually evaluated and objectified within the culture (Frederickson & Roberts, 1997; McKinley, 1998; McKinley, 2002; McKinley & Hyde, 1996). Even though the participants in this sample did not use the term objectification, they relayed sentiments that are consistent with this theory. Michelle highlighted the overwhelming amount of importance placed on the female body within society. "[Young girls] spend a lot of time

in [reading] magazines, and they spend a lot of time watching certain television shows, they constantly see this image that not only is not what they are, but it's almost impossible. Because it is not natural, it has been computerized.” Veronica commented, “I think the stereotype that America in general has of the female body is, I don't want to say causes depression, but causes a lot of problems in women just because they're trying to obtain that figure and that's almost impossible.” Courtney described how the “ideal woman” promoted in society (“Big boobs, like high cheek bones, between medium and long hair, 98 pounds”), results in an unrealistic ideal. “The media can fix women as the imaginary woman. They just over exaggerate things. I'm like, ‘ain't no woman like that!’ It's just an imaginary woman.”

The protective filter in women with positive body image might be also related to characteristics associated with objectified body consciousness (OBC). McKinley and Hyde (1996) proposed that OBC includes three major components: (a) body surveillance- looking at one's body as an observer, (b), internalization of cultural body standards, and (c) appearance control beliefs- believing that one can control her body's based on cultural body standards. Angela explained, “I think society pretty much promotes appearance more than anything.” A woman who surveys her body as an outsider will place more value on her appearance than how she feels (McKinley, 2002). Although participants did not explicitly identify body surveillance, they did emphasize the function of their bodies rather than just appearance. April stated that her body allows her, “the ability to get out and do things. Exercise, hike, bike. Gets me around.” Violet gave the following advice

to other women, “I would tell that person don't focus so much on your body. Just be grateful that you do have a body that's working properly. Just be glad that you're able to do the things you are.”

Patti explained the type of ideals associated with body in the media. “As you grow up, you think that you're supposed to look a certain way that you see in the Barbie dolls. The perfect legs and the perfect stomach or the clothes, the long hair. They start it when we're young and it keep going on throughout your adult years and your adolescent years.” Angela shared how her previous internalization of messages resulted in negative body image. “My image was just going down negative cause I was trying to reach someone else's standards and not taking care of myself and reach my own standards. Once I grown enough to realize that my image was coming from me and that no one else and that I shouldn't have to compare myself to other people, I felt more confident and then I took advantage of like little things.”

With maturity and education, the women in this study actively rejected many standards of the body promoted within the culture rather than internalizing these images. April stated, “I don't let it get to me so it bounces off. It doesn't really change the way I feel about myself.” Lynn shared, “It's not something that I need to spend my entire life trying to reach a standard that I probably am never going to meet anyway. In the end, I think that's good. It allows me to concentrate on things that are really important.” April further said, “I think being healthy and fit is more important than looking the way society might want you to look.” Heather also commented, “You do have to remind yourself that even though that's what they're showing and that's what they're promoting, that self-esteem, that's what really looks the best.”

Finally, objectified body consciousness theory proposes that appearance control beliefs are related to the culture's endorsement of attainable standards (McKinley, 2002). The women in this study, however, do not accept that the cultural standards promoted are in fact attainable. Courtney proclaimed that men want an "imaginary woman." She said, "They want somebody small or a certain frame, and I'm like that woman doesn't exist. And they get mad when I say that, but that's how I feel. That woman does not exist. You're looking for a Barbie doll." Patti stated, "I think that's unattainable. You look in the magazines and see the perfect person but then I tell myself, 'they're really not that perfect because they were airbrushed. They have personal trainers. They had a stylist. They have amazing ways of hiding things.' So I'm sure that they're really not that great." Pam endorsed similar thoughts, "It's understanding that it's not realistic. It's not natural. You just have to know that it's fake, it's not real. You can dismiss this image."

Although they deny that women can achieve body standards through natural methods, they do acknowledge the role of surgery as a method to change appearance. Violet added, "I've never seen nobody [who fits the ideal]. I just really like that cause it's very hard to get unless you have surgery or something. And I don't want to do none of that." April stated, "You have to go to extreme measures to reach the unattainable...botox, liposuction." Courtney agreed, "Those models go through surgery. They go through liposuction to look like that." Erin explained the sentiment of using surgery to change appearance. "If you find one thing, with the technology nowadays you can fix anything. Operations take away the naturalness of everything." Violet accurately summed up the above ideas. "They have ribs removed. Like Janet Jackson had her ribs misplaced to keep her waist in. Yeah, so it's just like that's not natural. Like what person

do you know can just like that happens no matter how hard you work out. That's not real. They all have plastic surgery. And they're like promoting that like making people think that that's natural and that they can expect to get it. Like they're achieving this goal that will never, ever happen.”

The protective filter might also be associated with various styles of feminist identity. Feminist Identity Development proposes five styles that women can experience within contemporary society (Downing & Roush, 1985). These styles include: (a) *passive acceptance*- belief in traditional sex roles and discrimination, (b) *revelation*- questioning of self and roles due to crises that results in anger and guilt, (c) *embeddedness-emanation*- feeling connected with other women; strengthening of new identity, (d) *synthesis*- an authentic feminist identity is developed; evaluate men on an individual basis, and (e) *active commitment*- commitment to social action in a nonsexist world (Downing & Roush, 1985; Moradi, Mezydlo Subich, & Phillips, 2002). Although not formally assessed within this study, feminist identity development is alluded to in various comments from both the female participants and experts.

Robin’s honest comments about objectification demonstrated her struggle in wanting approval from men with the desire to be honored as more than her body, perhaps indicative of the revelation style. “I get mad when someone approaches me or just looks at my butt or my chest. At the same time, I kinda want it. It's so sad. Like if I walk down the block back home with my friends, and this group of guys, and none of them are to say anything, I'll feel offended. Like do I look ugly? But then if they something rude or nasty, I'm like ‘why the hell did you say that?’ That's crazy. I guess I'm a hypocrite.” Patti revealed thoughts filled with anger toward a sexist society that are indicative of the

revelation style, "I wrote this article for my RA (resident advisor) class about Latinos and why it's good to be heavier because it seems that they're well-fed and it's a sign of status. I'm like, 'so why isn't a sign of status for white girls to be chubbier?' Maybe because like White men were always rulers of the world and the women were supposed to be below them. It was easier to control them if they were little and fragile and skinny."

Moradi and colleagues (2002) reported that feminist identity development theory and body image research outcomes are mixed. See their 2002 article in *The Counseling Psychologist* for additional information. It is not appropriate to extrapolate relations among the two constructs (body image and feminist identity development) as that was not a central focus for the current study. However, future researchers can continue to examine the potential links with a focus on positive components of body image.

In summary, even though the women in this study could identify unrealistic portrayals of women in society and the media, they did not aspire to attain these beauty ideals for themselves and did not seem to internalize these images. The women understood that women highlighted in the media such as Tyra Banks and Jennifer Lopez have an arsenal of trainers, fashion consultants, and stylists (e.g., make-up, hair) in order to obtain a final, desired product with airbrushing [photographs] as a possibility. The women did not endorse appearance-control beliefs but rather acknowledged that trying to change a person's body through dieting and/or surgery comes at a cost. Furthermore, they reported consistent, intentional efforts to remind themselves that the media images are not realistic. Because these women actively reject this information, they did not share a sense of shame and anxiety with women who have negative body image. Rather, these women proudly proclaimed their love for their bodies.

Assertion 5: Women with positive body image embrace a variety of beauty ideals across racial/ethnic heritages.

In this section, I address similarities and differences associated with body image ideals among racial/ethnic heritages including the thin-ideal and the thick-ideal. As mentioned previously, the sample of female participants consisted of six African Americans, eight White/Caucasians, and one biracial woman (Asian/White). Therefore, these statements might not be reflective of all the current beauty ideals that exist within American society.

Beauty ideals. The participants described overall characteristics with the ideal female body promoted within society. Veronica shared, “When I tend to think about how females should look, the stereotypical image, I think of 5'6, 5'7 fairly average size, of course blonde hair is the first thing you think of on an American stereotype. The hourglass figure again, very voluptuous in certain areas and very thin in others.” Patti offered the following physical characteristics, “tall, skinny, tan. Maybe now, not so much really skinny but have the right curves in the right places. Big boobs, perfectly shaped hips, and a nice butt. The butt's important now. Defined legs, no cellulite, no jiggle, flat stomach.” Pam added, “The stereotypical woman is someone whose tall, thin. She has beautiful long hair. Her finger nails. Make-up.” April added that an absence of wrinkles and a clear complexion is also associated with beauty ideals. Violet also shared, “In everybody's culture they promote thinness but like to be thin and have blond hair and blue eyes are like the prettiest people.”

When asked how African American and White cultures are similar and/or different in beauty ideals, the female participants offered their opinions on this topic.

Robin stated, “I think ideally both cultures want to be small. Even though Black women say, ‘I love my hips. I love my thighs.’ They do, but they want to be small. They want the flat stomach, they want small legs, but they want the curves. I think both want to be small.” Michelle made this statement, “I know that within different cultures, there are different ideas of what is the beautiful body.” Although similarities exist, these women acknowledged two types of beauty ideals that are promoted within society and among various cultures: thin-ideal and thick-ideal.

The thin-ideal (Irving, 1990) assumes that society promotes a certain body type and shape that focuses on thinness. A significant amount of literature highlights the relationship among thin-ideal standards and negative body image and disordered eating (Irving, 1990; Stice, 2001; Stice & Shaw, 1994; Tiggemann, 2002). Comments of the thin-ideal standards were reflected in the women’s descriptions of ideal beauty. “I think Caucasian men like their women to be tall and skinny. So Caucasian women want to be skinny of course,” said Robin. Patti provided qualities of the ideal woman, “You have to be skinny. You have to be sexy.” Julie further offered, “Everyone thinks that they should be like a size zero and look absolutely perfect.” Jasmine added, “I think society wants to be so skinny as a whole.” As mentioned previously, these women share the perspective that this ideal is almost impossible to attain. Veronica said, “The image is not real (laugh). Basically, the way I think of it, it's hard to obtain.”

However, the thick-ideal contains its own standards of beauty. Robin said, “Differences are that women of color are more accepting if you have curves.” Jasmine succinctly stated, “Black women are supposed to be thick. White women are supposed to be skinny.” Patti agreed, “If you're Hispanic or African American, it's more accepted to

have a little more weight on you. Like thicker thighs, a thicker butt. They appreciate that more than Caucasians.” Erin also endorsed similar thoughts, “If you look at African American women, it's beautiful for them to be curvy and voluptuous.”

The women in this study defined characteristics associated with thick-ideal promoted within cultures outside the White majority. Violet described this ideal as “a curvaceous body and it's like your thighs are bigger than your butts big. You have a small waist and big hips. African Americans want a[n] itty-bitty waist and like a big ol' butt.” Heather revealed her understanding of the thick-ideal, “I know that in our culture, the African American culture, guys want curves. They don't want skinny girls and they don't want fat girls. They want you right in the middle, somewhere with curves, with butt and hips and everything (laugh).” Robin said, “My Black friends like having a butt in back, having hips, and having chest. Like they would still like a flat stomach, but they like having thighs and hips though.”

Not attaining this thick-ideal can result in negative body image for women of color. Violet explained how during her adolescence she did not measure up to this standard and felt poorly about herself as a result. “There was a time that I wanted to gain weight. I thought I was too skinny. Like around freshman year [high school].” She further added, “African Americans don't want to be skinny. I'm like in between thick and skinny.” Angela explained her reactions to the thick ideal, “When I was younger, I thought I was too scrawny.” Heather summed up this issue, “I've learned from other people that it's just as bad to be underweight as overweight.” She mentioned how a close friend, labeled “skinny,” does not date frequently. “Like my best friend is really, really

skinny. She's really underweight. I think she has just as much trouble getting guys as the next overweight girl. I know it's strictly cause of her weight cause she's cute. Black guys want some meat (laugh).”

A few of these women talked about the stark contrast in the thin-ideal for the White majority versus the thick-ideal within women of color. Robin shared the following,

Everyone thinks I'm too skinny except for my Caucasian friends. Yeah, everyone thinks I'm too skinny. Like when I came to college and I was a freshman, I gained some weight and I went home and everyone's like, ‘oh look at you. You look so good. You look like a grown woman.’ And then I lost weight. Like this summer I lost weight, I was up here for the first time, I wasn't at home for the summer. I don't cook, and I lost a lot of weight and everyone was like, ‘you look so sick. You don't eat, you don't cook.’ They always think I'm so skinny. And then my roommate (White/Caucasian) swears she loves it. So it's kinda weird.

Violet corroborated these differing standards within her own experience. “It's like when I'm in a room with my white friends and black friends and we're all in the same room. And it's like they're complaining cause they're not skinny, and they're complaining cause like they are skinny (laugh). And I'm just in the middle like I don't know what to tell you all. They are arguing like ‘at least you are skinny.’ But I don't want to be skinny.”

Angela also revealed, “I hate for people to think that they have to be so, so tiny, like they're still beautiful. I think sometimes in white culture people feel like the littler you are, the more like beautiful you are. And I don't really think that's right. And I would see

a big person feel like she's not as beautiful as the little person. Cause like size-wise in African American culture...no one wants to be overweight, but they feel like the more weight you have, like to a certain extent, like you're beautiful thin, you can be beautiful being little.”

Just as women acknowledged that the thin-ideal is an unattainable standard, they also believed that the thick ideal is unreachable. Violet shared the following, “African Americans, they don't want to be like big or whatever but skinny is like just not real. Especially with our diet with the greens and whatever. It's very hard for a really skinny person after eating all that food for your whole life. So it's just like I guess it's just in our nature just to like thick people. Cause like my friends who are skinny don't really want to be skinny.” Robin further said about the thick-ideal, “I've never seen nobody [like that]. I don't see how that's possible. I never seen it. I don't think I ever will. It's very hard to get unless you have surgery or something. ”

Skin color. Pam stated that she believes the media endorses inherently racist views by how women of color promoted. “The media is kind of racist because a lot of times when they do it they even do it with Hispanic women, African American women. When they do it with many African American women they are portrayed as very light skinned. They don't want them portrayed as a dark-skinned woman. They want you to get as light as skin as you can go.” Pam further stated, “I think that they portray this image that is mostly Caucasian. You see more women who are of different races such as Hispanic women such as Jennifer Lopez and they try to portray this image upon her that she's a Caucasian woman. She's not. They try to make her this blonde hair woman who

has blue eyes who just looks in a perfect way.” Jasmine lamented, “You don’t see many black models because the majority of them aren’t built the way White people see beauty to be.”

Heather relayed similar sentiments, “In the African American [culture], you have to be lighter. There were two girls who were dark-skinned complaining about that because the models or whatever want you to be as light as possible now. Brown skin is okay, but dark is out. I guess you're not as attractive when you're darker.” Violet stated, “Like in my culture (African American) specifically they focus on like the light skinned girls with the really long hair.” Robin shared, “I think for the most part they want White women to be extremely small and they want Black women to look as close to White as possible as far as the music videos. Light skin women you'll see more. Their hair should be longer.”

Identification with heritage and culture. Many women explicitly stated that their body appreciation is related to identification with their heritage. Robin stated, “Being able to identify with your culture is a good thing because if you can't identify with it, you're lost. Cause you're not going to look a way that you're not supposed to look.” Ethnic identification is addressed within body image literature. Celio, Zabinski, & Wilfley (2002) acknowledged a relationship between cultural identification in black women and the adoption of beauty standards consistent with their culture. Jasmine shared, “A lot of people don't know a lot about their heritage. My parents taught me a lot about my heritage, like my dark hair, my dark eyes just because it's different, not a lot of people have it. It's not always my favorite part of being me, it is different, but a lot of times I like it because it makes me different.” Robin shared how taking classes in the

African American department has helped with her identification. In speaking with an eleven-year-old girl, she explained, "I try to tell her these things like, cause I'm taking African American classes, "Don't you know that you should love yourself?"

Jasmine explained how her relationship with her boyfriend's family allows her to feel better about herself and her own background. "My boyfriend is a great example. He's black and his family is very strong about black ethnicity. It's so fun to be around his family cause they're proud of who they are. Even today when it's hard to be anybody of a different race than White, to be around a family that's so confident in where they come from and who they are, it's empowering to me. They're a very tight knit family and it makes me want to go home and hug my family. I tend to be around other people like that. I think I'm attracted to people who are as confident in themselves as I am in myself."

Eating disorders. Although persons of color seek clinical treatment for eating disorders on a smaller percentage than White women, eating disorders do exist within women of color (Celio et al., 2002). African American women tend to not seek treatment for anorexia nervosa nor bulimia nervosa, but rather for binge eating disorder (Celio et al., 2002). A lingering myth exists that negative body image concerns and eating disorders occur exclusively in white females (Hotelling, 2001; Mulholland & Mintz, 2001; Smolak & Striegel-Moore, 2001; Stein, Saelens, Douchis, Lewczyk, Swenson, & Wilfley, 2001). Robin alluded to this myth when learning that a friend of was engaging in vomiting, "I was like, 'what, she throws up? She's black. Black girls don't throw up their food.' But I guess we do." This myth, as articulated by Robin, may contribute to the reason why body image concerns and eating problems among people of color can be

ignored, underdiagnosed, or misdiagnosed (Crago, Shisslak, & Estes, 1996; Smolak & Striegel-Moore, 2001). Upon learning of binge eating disorder Robin replied, "I never heard of this disorder. Black people do eat a lot, but I never thought of it like that. Maybe I do know of people but don't really know because it's considered an okay thing."

Definition of beauty. The women in this study did not appear consumed with whatever beauty ideals are promoted in society. Angela stated, "I don't think just because you're small, you're beautiful or just because you're big you're not beautiful or not attractive." Rather, they spoke of the importance of defining beauty according to internal standards. Michelle said, "Beauty is in the eye of the beholder and differences are really good." Pam shared, "Who defines what is really perfect? Who defines what is beauty? I think people have to define what is beauty. If you think you're beautiful, then you're beautiful. If you don't think you're beautiful, then you really need to look inside yourself and analyze a lot of things that are going on in your life and then define what is beauty for you." Jasmine relayed similar sentiments, "I would definitely say that no one defines beauty. You can't look at one person and say now that is beauty and if you're not that, then you're not beautiful. Because everybody is beautiful in one way or another." Angela further said, "You have to get to the point where you have your own personal body image and you know what's right for you and you know what's important in you and you know what you look for. I feel like I'm beautiful still even if I'm a little different from the standards you put on me or place on me. Beauty is the way you feel mentally about your physical image. If you feel positive, then you can pretty much think a lot of things are beautiful."

Celebration of differences. Striegel-Moore and Cachelin (1999) postulated that an appreciation for various forms of beauty within the social protects young women from developing eating disorders. Similarly, the experts in this study conjectured that women with a positive body image would be accepting of various body types. Michael proposed that women with positive body image would endorse the following. “Well, I think to some degree when one is a child it would be very helpful if the adults or older siblings were accepting of a diversity of weights and shapes as they related to each other and people outside of the family or people in general. I think an atmosphere of respect and appreciation for biodiversity would be a good foundation. I think that at any age a positive body image would be fostered by an atmosphere of respect and appreciation and tolerance for the diversity of weights and shapes.” Judy shared that women with positive body image would allow “the permission for people to be different. Giving people more options.”

Consistent with the experts’ opinions, the female participants endorsed an inherent celebration of differences in defining beauty. Julie stated, “Knowing that it's not possible for everyone in the world to be like that (laugh). Everyone is built differently and everyone has different genetics.” April shared, “The friends that I met here [at college], everybody has different bodies and different shapes. I don't judge them or anything for the way they look and they don't judge me.” Jasmine stated, “I appreciate different hairstyles. I appreciate different looks. Even different skin tones.”

Overall, two major beauty ideals emerged within the data: the thin-ideal associated with the majority culture and the thick-ideal associated with women of color. The inability to attain either of these can lead to women feeling negatively about their

bodies. Even the women in this sample, who proudly claim a positive body image, shared sustained experiences of feeling negatively about their bodies. Furthermore, the women spoke of the issue of skin color in relation to beauty ideals and the importance of knowing about and identifying with one's heritage. Finally, these women openly questioned society's definition of beauty and, as a result, are able to acknowledge and celebrate various forms of beauty.

Assertion 6: Spirituality/Religion can be related to a woman's understanding of her body image.

Limited information exists on the relations between body image and spirituality and/or religion. As many individuals find spirituality and/or religion to be an integral component of their lives, it is important to assess for this factor when speaking about body image from both positive and negative perspectives. Spiritual faiths and religious organizations can provide both explicit and implicit sources of information about the body and body image. An example evidenced within this study is that some Christian faiths posit that the human body is the temple of God and therefore must be honored and respected via healthy attitudes and behaviors. Throughout this document I refer to spirituality and religion as interchangeable factors for the sake of brevity, fully acknowledging that one factor does not necessarily include or relate to the other.

Numerous women identified spiritual and religious views as being associated with their sense of body image. Pam stated, "Religion plays an important factor in [body image]." Courtney, who grew up with an uncle as a pastor, suggested that her religion significantly impacted her body image. "I feel that if you have God in your life, you're gonna have positive. If you pray every night and you have God in your life, you're gonna

have a positive body image and plus you're going to be a positive person anyway.” Julie, who was baptized Presbyterian and confirmed Methodist, shared that a tenet of Christianity is respecting the body. “In Christianity, you're taught that your body is a temple for praising God almost. That's definitely something that you are taught as a child that you don't hurt yourself because that's something He created and it's very special. It's not something that you should harm.” April shared that her Methodist faith explicitly teaches the message of celebration of differences. “I was always taught to love everyone. Everybody's equal in God's eyes. That's what I was taught. To respect your body and use it for good.”

Many women spoke about how an intimate relationship with a Supreme Being or God assisted in the formation and maintenance of a positive body image. Jasmine, a non-denominational Christian, shared her relationship with God and her body, “It's nice to know that there's always somebody out there that doesn't even look at that or notice how you look. Who doesn't notice the outside, only knows the inside and that you're hurting or that you're upset or that you're happy and goes off of that rather than just how you look. I think knowing that I have a supporter no matter how bad my hair looks that day-it's nice.” Angela, a Baptist Christian, explained, “Within my religion, you're supposed to be accepted for who you are. God loves you for who you are. That's how it's supposed to be. You should be able to go anywhere and feel comfortable with yourself and be happy. As long as you're happy with yourself and God knows you're happy and confident with yourself, then your body image is fine.” Michelle, a born-again Christian, stated, “I just think that its contentment with who I am and what I've been given by God. I just feel that I've been made special.” She further relayed, “I think that when you have

been, when you believe that you are designed by a Creator and that you were thought of and preconceived and put together, that you have, you just feel good. You feel special.” Heather reported, “I do feel that God made me exactly how he wants me to be. God didn't make a mistake in creating me. I should be happy with it because if I'm not, He's not going to be happy with me (laugh). God made you how you are so find a way to be happy with it.”

Lynn stated, “As a Christian, I believe that my body is a temple of the spirit of God. He lives in me and guides me. The fact that he does live in me, if you have a house and you're responsible for taking that care of that house for someone that's important to you, you're going to want to make sure that it's stable, nice looking. As that relates to me, I want to make sure that I'm healthy, that I take care of myself. It's also the simple things like exercising, not smoking, not drinking. The fact that that's important to me, that I stay healthy. I guess to a certain extent that can affect your body image.” Robin shared how growing up within the Seventh Day Adventist faith “teaches you how to love yourself. Vanity is just skin deep. It makes you take a look away from that. They teach you how to love yourself and be beautiful and to think of yourself in a positive way. They teach you that you don't need jewelry or weave or hair color or make-up. In that way, the religion does help with your body image.”

A few research and clinical experts also acknowledged a relationship between spirituality/religion and body image. Penny noted that the development of a positive body image begins with a person's opportunity to “have a chance to develop, psychologically, emotionally, [and] spiritually.” Nancy said, “They're comfortable with how they are packaged. Some of those verbalize this as wearing a gift that was given to

them by a higher being. They're content with that gift. This is how I was meant to look. My coloring, my shape, my size. They are fully accepting and proud of that."

Although some women believed that spirituality/religion is directly related to body image, other women acknowledged a role that is less explicit. Jocelyn denied a specific link between her Christian faith and body image. She explained that more implicit messages about her body taught through faith were "you don't have to show off everything to feel good. Like I said, just having people around that know you're beautiful inside and out."

On the other hand, a few participants rejected the notion that spirituality/religion is related to body image. Veronica commented, "For me, religion is not a concern. It doesn't affect me. Religion hasn't played a part of my body image whatsoever in my personal experience." Erin denied a relation between body image and spirituality/religion, "No. I don't think. Maybe not at all. I go to temple twice a year for the holidays. My religion is not a huge part of my life." Patti, who was raised Catholic and is currently not practicing the faith, agreed that spirituality/religion is unrelated to her sense of body image. "I don't think it's related at all. I'm lost in the spirituality world. I don't think it's really related in my own personal beliefs. I don't know that much about religion to begin with so I can't even say if it would play into other people's body image." Patti went on to say although she does not witness a correlation perhaps one exists for others, "In certain cultures, I guess that a woman's body is supposed to be pure and holy and that would be related to body image. You might be afraid to do something because it would be unholy."

In conclusion, the majority of women (12 of 15) acknowledged that spirituality/religion impacted their sense of body image. Fourteen women identified with Christian religions at some point in their lives and one woman identified as Jewish. For those who acknowledged spiritual/religious influences, they spoke of taking care of the body as it houses God. Therefore, an explicit message they received was to take care of the body in order to make it a suitable vessel for a higher being. Most of these women demonstrated gratitude for the body they were given as a gift from a supreme being. Considering that these women openly and proudly spoke of their spiritual/religious affiliations in relation to body image, future research should continue to explore this source for both positive and negative body image.

Assertion 7: Women with positive body image tend to have realistic self-appraisals.

Women with positive body image tend to have realistic self-appraisals that include acknowledgement of beauty as well as imperfections/insecurities. Patti relayed, “You just have a good perspective, like a realistic perspective of yourself. Not necessarily that you imagine things in a negative or positive way. I think you just realistically have a good view of yourself, have a realistic view of yourself.” This realistic self-appraisal includes identifying imperfections. “I have problem areas,” said Veronica.

Most women can easily report those areas that they are not completely satisfied with. Veronica reported previous dissatisfaction with her arms, shoulders, chest, and dimples on the small of her back. Julie laughed in describing her body as a “12-year-old” with small hips and breasts. Erin and Michelle did not like their noses and April disliked the cellulite on the back of her thighs. Jocelyn lamented about her calf muscles and Jasmine said, “I’ve got a couple of stretch marks that drive me nuts and although I’m in proportion

my feet are too small, my hands are too big.” Heather reported being embarrassed of her eyes and being “really, really skinny.” Lynn quipped, “My hips are a little large (laugh), but that's all right. Good for having children.” Veronica confessed, “I used to be really shy about showing any part of my chest or the back of my neck, thinking that maybe I had one zit or something and I would just be crazy over that. I no longer care (laugh).”

“There are things that I don't like about myself but I would never think about having to change them or anything. It doesn't matter to me. There are things I obviously don't like. I'm not perfect,” said Erin. For instance, my nose. I never liked my nose, ever. Obviously, the only thing you can do is get a nose job. That's just not something I would do. You're never going to be happy. No one can be flawless. You can't be perfect. There's always going to be something.”

“If I perceive myself as short and pudgy and freckled and curly hair, am I accurate?” asked Nancy. “And how did I come to that? How did I learn that I was short in relation to what?” Nancy suggested that women with positive body image would have an acceptance of their body despite what it looked like. “They're content with that gift. This is how I was meant to look. My coloring, my shape, my size. They are fully accepting and proud of that.” Judy provided the following about a client who has positive body image, “She's realistic about what she looks like which I really value. She talk about what she thinks are her best traits, what are not. She talks about her concerns for health so she doesn't deny that there is that concern for her.”

Although these imperfections and/or insecurities exist, most women reported an acceptance of it. April said, “There are little things that I don't like about my body, but I don't dwell on them and I don't let them get to me. It's not that big of a deal for me.”

Patti stated, "People don't like every single part of themselves. There's always going to be something you don't like and that you want to change." Jocelyn agreed that because she has a positive body image it is easier to acknowledge what her body looks like and accept it for what it is. "Even though there's things about me I might want to change," said Robin, "I basically know how I look and have learned to accept it. I think of myself as a good-looking person." Michelle commented, "I just see it for what it is. In comparison to my own body, I see my body, I've got like cellulite and everything and I think, 'I'm living. I'm real. I'm living and that's okay.'"

Most participants commented on the notion of perfection promoted within the culture and media. "Everyone thinks that they should be like a size zero and look absolutely perfect," said Julie. Erin commented, "[People are] striving for this perfect body and look." After describing characteristics associated with perfection including big boobs, no cellulite, and a flat stomach, Patti exclaimed, "Perfection is unobtainable."

The women in this study spoke about the denial of perfection as related to a positive body image. Jasmine joked, "I don't think that there is one person in this world that thinks they're perfect. If they pretend to, I look at them like, you're a big liar." Robin laughed in saying "I hate to see a person who doesn't think something's wrong with them, they must be annoying." Julie replied, "No one's perfect so I don't know why you would try to display that you are. Everyone has their flaws." Pam challenged the notion promoted of perfection. "You look at a magazine and the first you see is a girl who has a supposedly perfect body image. When really, when that's not really a perfect body image. Who defines what is perfect? Cause no one is perfect." Michelle shared similar sentiments, "I don't think anyone ever has a perfect body image or perfect image of

themselves in any regard whether it's body image or whether it's personality.” She further commented that by recognizing the lack of a perfect body image, people will recognize that this “is a universal struggle.” This finding is consistent with Striegel-Moore and Cachelin’s (1999) assertion that resilient young women probably reject notions of perfection.

Improvement. Not only do these women openly acknowledge their imperfections, they also reveal a commitment to improving themselves. Heather commented, “I'm satisfied, but everything isn't going to be perfect. Still the things that aren't perfect, you're still going to try to work on them.” Patti said, “There are things I want to change, but for the most part, people ask me if there's one thing you could change about yourself, I'll have to sit there and think about it for a while. [While] I like myself, there's a couple of things I could work on.”

Angela relayed a sense of power in choosing to improve certain aspects of herself. “If I can improve something that I don't like instead of saying like well it's useless or I can't do it, I just try to improve it. Work on things to improve for tomorrow.” She further stated, “I feel like a lot of things you can't change and a lot of things you don't have control over. But the things you would like to change and do have control over, take the extra steps to change that.” Furthermore, Angela shared, “The things you can't change, don't worry yourself about changing cause certain things are meant the way they are.”

Angela distinguished between the terms improvement and change as related to body image.

Improving is coming from within, from yourself. Improving is improving what you already have or developing more that which you already have. Trying to change is to change yourself based on what others think you should change to. Changing is going from here to there because of someone else or something else you seen. That's a big difference. If you feel comfortable or you change for yourself, then that's good. If you already feel comfortable and change because someone else wants you to change, I think that's a bad idea. You won't ever be comfortable.

Pam revealed that looking at herself in a holistic manner helps to maintain perspective. "I never just see myself as my body, just as something bad. I never looked at myself that way or said 'this is what I want to change in myself' Maybe the inside but not my physical features." Erin admitted, "There are things that I don't like about myself but I would never think about having to change them or anything. It doesn't matter to me." April revealed similar thoughts, "There's always little things you might want to fix but it's really not that big of a deal to me." Veronica said, "There's still things that I could improve in certain ways. And that's fine, but I don't feel the need necessarily. To me, it's not a physical problem, it's not a health problem of any kind. The improvement of losing 5 or 10 pounds. It's not a huge, huge issue."

Overall, one might conclude that a positive body image includes complete acceptance of all aspects of the body and self and/or a distorted, overly-positive view.

The women in this study, however, shared a different perspective whereby they easily identified flaws of areas of insecurity that they were not particularly satisfied with.

Instead of focusing on these imperfections, the women reported an acceptance of these flaws as part of their overall package. Along with this theme, the women did not endorse the desire to be perfect or to achieve perfection. This section concluded with the subtle differences between changing for others based on external standards and improving for the self based on internal desires.

Assertion 8: Women with positive body image tend to engage in healthy lifestyle choices.

The women reported engaging in healthy lifestyle attitudes and behaviors to promote a positive body image. Michael proposed that, “A positive body image is going to promote taking good care of your body. Your body is going to be something you must protect, not in a neurotic sense or display in an exhibitionist sense, but it's going to be something that matters to you.” Julie shared, “I probably have a positive body image because I try to take care of myself. Stay healthy. I don't really do anything that could be harmful to my body.” At age 16, Patti decided to make changes to lose weight and live in a healthier manner. “I wanted to be healthy. Just from listening to the news and stuff and reading about exercising, I knew that I needed to be proactive about my health and started taking charge. It wasn't just about how I looked, it was about how I felt. I just want to remain healthy and continue to be healthy for the rest of my life.” Pam said, “I just want to stay healthy for the most part because I think that's an important factor, taking care of your body.” April reported that maintaining a healthy lifestyle is paramount for her. “I think being healthy and fit is more important than looking the way society might want you to look.”

Angela stated that her priority is “to make sure I’m healthy mentally and physically.” She ensures a healthy body and spirit by maintaining a “presentable” appearance, washing her skin, keeping good hygiene, wearing “decent clothes,” and appropriately handling her stress. Lynn reported, “I want to make sure that I’m healthy, that I take care of myself. It’s also the simple things like exercising, not smoking, not drinking. The fact that that’s important to me, that I stay healthy.”

Listening to the body and its needs are integral for those women with positive body image. “I listen to my body,” Patti explained, “like if I’m really tired, I’ll take a nap. I don’t try to overdo it.” Julie also reported responding to her body, “If I’m sick, I’m going to go take medicine. If you have any problems, you’re going to automatically address them. If you’re tired, you’re gonna take a nap.” Michael postulated the following, “They probably get more sleep. They are probably less likely to do type A things to do your body. Drive it too long without rest. Put too much caffeine into it. Ignore it when it tells you, ‘I’m tired.’ Or ignore it when it tells you, ‘I’m having shortness of breath. You probably ought to look into this.’” Patti, Julie, Jocelyn, and Heather reported that seeking medical care for preventative and remedial issues is important in a healthy lifestyle. Patti commented, “I try to do everything I’m supposed to do or what doctors tell you to do.”

Physical activity. A major component of taking care of oneself is ensuring that the body engages in physical activity or exercise. Julie reported exercising three to five times a week as part of taking care of herself. She commented, “I enjoy working out so that’s one thing I enjoy using my body for is going to play tennis or physical activities, cheerleading.” Pam stated the following, “I try to work-out. I like to exercise as much as

I can.” Violet commented that she exercises because, “it make me feel better, it's just something I have to do in order for me to stay healthy.” Michelle shared that hiking and biking were important to her healthy lifestyle. As for going to the gym, Michelle stated, “It has to do with how I look, I want to look nice but it also deals with I want to continue to do the things that I enjoy to do. I think that that's a big thing with my body is that I feel that it allows me to do physical activity.” Angela shared, “I try to take care of myself. I'm not gonna say like I exercise everyday, but I'm active, very active. So like working and walking back and forth. Making sure I keep myself [fit].”

These women viewed physical activity as integral in maintaining a healthy body and positive body image. They focused on keeping the body active to maintain health, rather than on appearance alone. Jocelyn commented, “I'm not thinking about losing weight, but I like to think of getting muscles. Or keeping the metabolism going.” They exercised to feel good about themselves. Heather said, “I never really wanted to lose weight. I want to tone. I just want to be in shape. So when I do cardio, it's to get myself in shape. The things I do most is more strength training, to tone muscles. My actual goal right now is to be in shape so that I can teach a class.” When asked what she is thinking about while exercising, Courtney replied, “Maintaining health. I work on my cardio. I don't want to change nothing cause I feel happy the way I am. I don't want to gain no weight, I don't want to lose no weight. I just like to stay the way I am.” Pam shared, “I try to give myself a goal like on every machine that I hit. It's not like I'm, "okay I'm trying to lose these amount of calories." I don't give myself goals like that. I don't think that I need to lose weight so therefore I don't go to the gym and think that I'm here to lose weight or I'm here to burn this amount of calories. I don't try to do those types of things.

Sometimes when I'm at the gym, it gives me time to think about a lot of things.” Erin also shared similar views about physical activity, “I don't usually make looking thinner my goal. I like to get out and ride bikes or whatever just for fun.” Jasmine succinctly said, “I go to the gym and I don't like really have a goal. I just want to keep my body the way it is. I like the way it is.”

Some women emphasized the role of family members and friends in promoting health through physical activity. “I knew that my dad worked out a lot when he was young and he's very healthy now” said Julie. She also shared the newfound bond with her brother related to physical activity, “He's very into fitness, too. He encourages me to work out and to keep doing what I'm doing. We talk about lifting and he's always showing me a new muscle. Now he's helping me feel good about what I'm doing. We have that common bond.” April said, “My mom, she exercises a lot and tries to eat healthy, she helps to influence me. The same thing with my sister. She's real active and athletic. We go out and play tennis.”

Other women, like Veronica, Erin, and Robin, admitted that they did not consider physical activity to be central to their body image. Erin stated, “I probably don't do as much as I should. I think that's just who I am. There's people that go and work out, like a routine. I just can't do that. That's just not me. It's not like laziness, I just don't think I need to like that.” Robin said, “I think my body looks good, but I don't take good care of it. I used to do sports and play on a lot of teams, and I don't do anything all day. I just go to classes and to work. I know that's very bad for my body.”

Intuitive eating and drinking. Intuitive eating and drinking occurs when individuals eat based on physiological hunger and satiety cues rather than emotional or

external cues (Tribole & Resch, 1995; Tylka, 2006). Individuals who endorse intuitive eating do not restrict the type or amount of food they eat and honor hunger signals by consuming food as fuel for the body (Tribole & Resch, 1995; Tylka, 2006). A recent study by Tylka (2006) demonstrated that intuitive eating is negatively associated with eating disorder symptomatology, positively associated with well-being, and unrelated to impression management. Tylka concluded that women who engage in higher levels of intuitive eating are overall more satisfied with their bodies.

Michael shared that women with positive body image probably eat in a “healthier fashion.” His statement received corroboration in this study since most women acknowledged making healthy food choices and engaging in intuitive eating. Pam said, “I try not to eat fatty foods a lot. Eat nutritious things. I like to eat. I try to eat breakfast every day because that's very healthy, and I know that if you eat throughout the day, that it's the most important thing you need when you first wake up. If you skip breakfast, then your brain will just think, food, food, food.” Patti, in trying to lose extra pounds from childhood and adolescence, changed her eating and drinking habits stated, “I eat and I eat a lot but I just eat very healthy. [I] drink a lot of water.” Like Pam, Julie avoided fast food restaurants and chose soups and salads rather than the fried food offered within the dining commons of the dorm. Heather also shared that she does not eat much fast food in trying to maintain a healthy eating plan.

April offered strategies she employs for a healthy diet. “I try to eat breakfast. I try not to eat real late at night. I don't drink a lot of pop or caffeine. I try not to overeat.” “I eat healthy. Like when I started eating healthy I really didn't focus on my body. It's just something I grew up doing so it's like second nature. Eat right,” said Violet. “I don't

eat meat and I don't eat sweets like that. I probably might eat a cookie or something. I drink a lot of water. I don't drink pop at all. I love vegetables.” Lynn and Jocelyn also reported enjoying diets filled with fruits and vegetables.

Veronica endorsed statements of intuitive eating when she explained, “As far as eating, I'm absolutely awful. I eat exactly what I want, whenever I want.” She reported previous diet attempts within the last year and ultimately reached this conclusion, “I've tried diets and different things and never stuck with them for whatever reason. Lately, I don't really care anymore just because I know if I restrict myself it will make it that much worse. I pretty much just eat whatever I want.” Veronica stated that her previous attempts in food restriction backfired and resulted in undesirable outcomes. Although Veronica does not explicitly state that she experienced binges, she did report previous experiences of “overeating” in compensation for restrictive dieting.

Laura, an expert in eating disorders, relayed the importance of, “learning how to not use food to address life stressors.” She further said, “[Women with positive body image] are not abusing the body by starving it or they're not abusing the body by bursting it with huge amounts of food and having a parallel process of their binge playing out for them what they're living in life.” Robin stated that she does not engage in “binge dieting” as she knows that can be harmful to the body.

The women in this study spoke of the relationships they had with food. Nancy discussed how women with positive body image might think about food.

That person would make decisions about eating and exercise every day. If you mess up, so what? Then you fix it. You don't kill yourself about it.

You overate. Big deal. Who doesn't? And why is that wrong? Great, have

Thanksgiving with the family. That's really good. You should do that and you should enjoy doing that. And then get back to your regular routine of healthy eating. Let yourself have cake and ice cream. Why not? As long as you know what the good stuff is and you practice the good stuff more than the bad stuff. You don't beat yourself up for what the scale says.

Courtney commented, "I could eat non-stop. I don't like to eat too much so that I throw up. I just eat the right amount. I can eat a lot (laugh)." Erin also laughed while saying, "Dieting, I tried and it was hard. I like to eat. Food's good." Violet also agreed that she "loves to eat." Michelle revealed, "And [I] enjoy eating. I enjoy eating so much. I've got to control it because I want to be a person of self-control." Michael explained how certain support groups exist in which individuals can make "peace with food, reclaiming one's body image."

Penny addressed the importance of nutritious food options being introduced at earlier ages. "Whereas kids who get off to a good start nutritionally, I think have an easier time. Especially when nutrition is based on health and not weight and shape. Kids learn to make good choices for health rather than weight. When they live in families where they see people making good nutritional choices, not for weight and shape, but to keep their bodies healthy." Violet supported this notion in explaining how her mother did not allow Violet or her siblings to eat sweets until age 13. As a result, Violet reported that she does not feel like she's "missing anything cause I never really ate them."

Pampering. Courtney described pampering as a way to take care of herself, "I feel like if I treat my body with health, I won't have to worry about getting no colds. I

care for my body by like treating myself. Like I go get my hair done, I go to the spa. I make myself feel good. I can go get my nails done. I feel like I'm treating my body with love. My body treats me back with love. It just is like this bond (laugh).” Jocelyn shared how she takes care of herself, “Besides getting exercise, I primp, I take showers, put lotion on. I like soft things, my hair highlighted. Put on make-up.”

Managing stress. The women in this study discussed how the appropriate management of stress is related to a positive body image. When asked what is related to a positive body image, Julie reported, “Taking care of yourself, being healthy, being happy with your body. Low stress. Not having too much stress cause that can be harmful to your body, too. Taking care of your body mentally, physically, all aspects of your body.” She shared wisdom from her father, “My dad was like “if you just go and work out, you relieve stress and you're not thinking about all those things that are stressing you out. You get your alone time. It's the relaxing aspect of it.” Angela reflected on the relationship between stress and body image. “[You] learn how to relieve some type of stress so it won't build up in you and you won't take it out on yourself.” Angela further commented, “When you do stress out, you don't take care of yourself then or you make yourself sick and you don't have control over your body image.” Jasmine also commented on stress and the body. “[If] I have a problem, [then] I kinda need to deal with it. Not to say that I'm going to keep it all inside and deal with everything all by myself all the time, but I kinda owe it to myself to deal with my own problems and not to convey them on body or my face or my body language.”

Patti stated, “There's been so many new stresses on me since I'm a freshman, and living in a new arrangement and school. I think I get stressed out kinda easily. I just

worry about things. Working out definitely allows me to let out some of that worry and tension.” Patti additionally said, “I think about things that are bothering me. I run. I think about those things and by the end of my jog, I’m like, ‘oh, okay. I feel better.’” April shared, “I try not to let stress rule my life. Whenever I’m starting to feel stressed out, if I’m able to, I’ll separate myself from whatever I’m doing just to get away.” “I believe stressing gets you no where,” said Violet. “Like my mom, she has high blood pressure cause she’s always stressed out. So I guess that’s another reason why I don’t get stressed out. So I don’t let nothing stress me out no more, cause it did damage to my mom. And I don’t let things make me mad. I just shrug it off.” Violet further said, “Not being stressed out is beautiful cause I don’t have to worry about half the things other people worry about.” Courtney revealed how she deals with stress, “I just try to do other things to occupy my time like I’ll read or write poetry. I won’t let the stresses build on me. I just try to figure out what I can do to kill some of the stress that I have. That’s why I started to write poetry. I feel like if I can write it all out, put it away, then I’m fine. If I can reflect, I can release the tension. I feel calm.”

Experts. The experts confirmed how taking care of one’s self is related to a positive body image. Judy described a female client in psychotherapy who espoused positive body image. “She doesn’t restrict herself in terms of activities. She swims which means putting on a swimsuit. She bikes. She goes to exercise. She doesn’t restrict herself or hold herself back from involvement in sports, in social scene/dating scene.” Judy added that women with positive body image would probably think “how I feel about myself and how healthy I feel about myself as opposed a focus on the numbers or the flat stomach.” Michael, an experimental psychologist, stated, “I think that a person

with positive body image is going to find some type of moderation in enjoyment when it comes to things that are physical. Whether that's dancing or eating or sexuality or the use of one's body in accomplishing every day tasks.” Penny, a therapist, described physical fitness as central to positive body image in women. “Being able to exercise because you find something that you love to do that makes you feel good instead of exercising compulsively because you feel like you have to have a body that reflects that. Or a body that has a form that reflects that versus exercising because you love what you’re doing.” Laura described a hierarchy related to nourishment, physical activity, and attaining a positive body image. “The body has its own hierarchy and physical is usually primary. If the person is eating in a healthy way, and if they are regularly keeping their body fired up with food, then if they’re doing a healthy amount of physical activity, they just physically feel stronger which gives them the courage to then interpersonally feel stronger and move to the more complex ways of living out one’s life. Then the body image falls into place and you naturally begin feeling good. I’m feeling good about my body today.” Nancy summed up the relationship between physical exercise and body image by stating, “If you free up the time worrying about your body, and learn how to feed and water it and exercise it in a healthy way, look how much time you’re going to have to do these really great things and maybe change the world.”

In conclusion, almost all of the participants recognized the importance of choosing healthy lifestyle attitudes and behaviors as integral to the formation and maintenance of a positive body image. These women not only aspired to maintain healthy lifestyles, but also made concerted efforts to engage in these very behaviors on a consistent basis. Major themes of self-care included engaging in physical activity,

healthy eating and drinking as well as managing stress in appropriate ways by not taking it out on the body. The women also spoke of listening to the body, responding to its needs, and pampering it on occasion. Although less frequently stated, the women also identified the following as important aspects of healthy lifestyles: attending regular doctor's appointments, performing daily grooming and hygiene rituals, avoiding substances that can negatively impact the functioning of the body (e.g., cigarettes and alcohol) and getting appropriate amounts of sleep and rest. From this information, I contend that women with a positive body image tend to engage in healthy lifestyle behaviors in order to take care of themselves.

Integration of Assertions into the Holistic Body Image Model

I have described separately the unfolding of a new model of body image and the assertions that emerged from the data. Now, I explicitly relay how these assertions fit into this model to integrate and synthesize the findings from this research. Before doing so, it is important to recap the major assertions: (a) Body image consists of both trait and state components with interdependent positive and negative factors; (b) Women with positive body image tend to embody specific characteristics (e.g., self-acceptance, gratitude, high self-esteem); (c) An encouraging and supportive network of family, friends, and significant others assist women in establishing and maintaining a positive body image; (d) Women with positive body image understand society and the media's level of importance placed on the female body and overall appearance; (e) Women with positive body image embrace a variety of beauty ideals across racial/ethnic heritages; (f) Spirituality/ Religion can be related to a woman's understanding of her body image; (g) Women with positive body image tend to have realistic self-appraisals; and (h) Women

with positive body image tend to engage in healthy lifestyle choices. The majority of these assertions can be relegated to two specific aspects of the model: sources and the protective filter.

As noted in the Holistic Body Image Model, various sources can impact a woman's evaluation of her body image: interpersonal factors, cultural values, society/media messages, developmental stages/phases, education levels, biological/hereditary factors, spirituality/religion, and community. A reciprocal process occurs whereby women can also influence and impact these sources through her actions and behaviors. Four of the aforementioned assertions contain information related to how sources impact body image: a supportive network (e.g., family, friends, and significant others) is related to the interpersonal source; level of importance placed on the female body and overall appearance is related to the society/media sources; beauty ideals across racial/ethnic heritage is related to cultural sources; and the level of identification with faith issues is related to the spirituality/religion source.

Additionally, the assertion related to healthy lifestyle choices can be conceptualized according to the protective filter identified within the model. For recap, the protective filter includes a woman's attitudes, thoughts, perceptions, and *behaviors* related to incoming and outgoing information. The filter becomes protective when a woman is able to actively reject negative information about women's bodies and her body specifically and engage in healthy behaviors. Women with a positive body image will behave in such a way that promotes a healthy lifestyle. These behaviors can include moderate amounts of physical activity, healthy eating healthy, pampering the body, and managing stress.

Finally, the last two assertions pertain to personality characteristics and a realistic self-appraisal that also can be conceptualized as part of the protective filter. Women with positive body image relayed these common personality characteristics: a sense of comfort, gratitude, self-acceptance, respect, and feeling attractive. The specific process of how these characteristics are instilled within women is unknown at this time, but it does appear as though these resilient characteristics assist women in discounting negative information via their filter. Furthermore, the assertion that women with positive body image also have realistic self-appraisals is an interesting contribution to literature on this topic. This assertion demonstrates that women with positive body image are able to acknowledge bodily imperfections rather than naively accepting an overall idealistic understanding of their bodies.

CHAPTER 8

DISCUSSION AND RECOMMENDATIONS

The purposes of this study were (a) to expand understanding of characteristics associated with positive body image in women and (b) to generate a preliminary theory of body image that includes positive and negative components from the women who espouse this characteristic and from the experts on this topic. As most research on body image and eating disorders includes female-only samples, I chose to study women who embrace a positive body image and to integrate knowledge from experts in the body image field. To fully capture the complexities associated with this construct, I utilized a mixed methods design that included both quantitative and qualitative inquiry. Upon analyzing the qualitative data, I proposed a model that includes positive and negative body image as well as eight assertions.

A primary goal of this research was to obtain a broad understanding of positive body image through the eyes of women and experts. This study focused on the construct of positive body image not only from the perspective of the women who experience it, but also included the knowledge of body image experts who conduct research, perform clinical work, and teach in this area. These five experts from various training programs and paradigms (e.g., psychology, social work, and human ecology) shared their definitions of body image and the potential factors related to a positive evaluation of the

body. Upon gathering information from female participants and research/clinical experts, I interweaved their stories throughout this study to represent the similarities and differences among worldviews.

Although the purpose of this study was to ascertain information related to positive body image, an unexpected finding emerged as the female participants openly shared their previous struggles with negative body image. The majority of women explained how their overall evaluation transitioned from being neutral in childhood to negative in early adolescence and finally to positive during early adulthood. Because the women spoke of body image from both positive and negative perspectives, I was able to construct a theory that embraced both of these components.

In this section, I review the unique contributions of the Holistic Body Image model and additional findings that emerged within this study. I also demonstrate how this study adds incremental knowledge to the previous scholarly work on positive body image (e.g., Avalos, Tylka, & Wood-Barcalow, 2005; Williams et al., 2004). Additionally, I draw inferences from the assertions and findings of this study in relation to research endeavors, academic/teaching practices, outreach programming, and clinical work and potential paths for future research. Next, I offer potential limitations associated with this work as well as suggestions for future research. In conclusion, I offer a brief synopsis on the importance of these findings related to body image discourse.

Holistic Body Image Model

This work represents one of the first studies to create a theory of body image that includes both negative and positive components based on a strengths-based framework. As previously stated, existing body image models were created for and based on

pathological interpretations of body image, thereby inadvertently neglecting the unique factors of positive body image. It is crucial to embrace a foundation of *hygiology* rather than pathology in order to understand completely the nuances associated with a positive body image. As Seligman (2002) stated, “the disease model does not move us closer to the prevention of these serious problems” (p. 5). Seligman further claimed that, “strides in prevention work come from a perspective focused on systematically building competency” (p. 5). Because the Holistic Body Image model emerged from experiences shared by women with positive body image and endorses strengths, it is closely aligned with hygiology. Thus, it provides a much-needed framework that can be used to aid prevention efforts geared to help women appreciate their bodies.

This new model of body image is intended to capture both negative and positive components of this construct as well as emphasize the role of fluidity. First, this model highlights the numerous sources that can impact how a person interprets incoming information such as interpersonal factors, messages from society and the media, developmental factors such as age, biological/hereditary components (actual physical construction of body), community/neighborhood influences, and more. The participants shared statements that reflect a reciprocal process whereby women are not mere passive recipients of information. Instead, they give back information to the original sources via such methods as trying to assist other women in developing a healthy sense of self.

Second, this model proposes a schematic filter whereby women interpret incoming and outgoing information based on previous experiences and memories. The women in this study used the word “filter” to describe their ability to reject negative information and accept positive messages. Consistent with Cash’s work (2002b), the

women described how their schematic filters, consisting of attitudes, thoughts, and beliefs, are impacted by external and internal sources such as society/media messages and interpersonal relations. This filter assists women in accepting positive messages and rejecting information that is harmful and detrimental. Although this filter focuses on the permission of positive information, it is not foolproof and allows the flow of some negative information that can be internalized.

Some of the factors associated with the protective filter reported by the participants in this study include an awareness of the objectification of women (Frederickson & Roberts, 1997; McKinley, 1998; McKinley, 2002; McKinley & Hyde, 1996), feminist identity development (Cash, Ancis, & Strachan, 1997; Moradi, Subich, & Phillips, 2002), and media literacy skills (Irving & Berel, 2001; Levine & Piran, 2001; Levine, Piran, & Stoddard, 1999; Levine & Smolak, 1998; Levine & Smolak, 2002; Yamamiya, Cash, Melnyk, Posavac, & Posavac, 2005). Future research can further investigate the process of how these factors directly and indirectly impact the creation of a protective filter and/or the development of positive body image in women. Perhaps these factors *interact* to increase women's resistance to internalizing the thin-ideal stereotype offered by the media and to encourage women to maintain focus on the functionality rather than outer appearance of their bodies. For instance, having a female family member that emphasizes body function, intellect, and personality over outer appearance could enhance the effects of a media literacy program on recognizing unrealistic media portrayals of women, thereby contributing to a young girl's positive body image. Furthermore, it is worthy to study the existence of additional factors that aid in the establishment of a protective filter.

Finally, this model emphasizes the fluidity of body image via two forms: investment (level of importance) and evaluation (overall satisfaction/dissatisfaction). The women shared how level of investment fluctuates based on knowledge, awareness, age, culture, nationality, and significant events (e.g., discovery of illness within the self and/or family) among other factors. Furthermore, the evaluation of body image has the ability to change gradually as well as within the moment. The women in this study identified as embracing a positive body image and also relayed how this satisfaction can change based on stimuli. For example, some women reported that the presence of negative moods could make them feel poorly about their body image for a short period of time. This fluidity can be further understood as individuals attending to both trait levels of body image (overall feelings related to body) and state levels (moment-to-moment fluctuations).

Previous Positive Body Image Studies

Williams et al. (2004) were some of the first researchers to define positive body image and investigate factors/variables associated with this construct. I will highlight the numerous commonalities between their article and the current study. In the Williams et al. sample of 467 women, 54% were defined as espousing a positive body image. Similarly, of the original 120 women in this study, 45% of them reported that they either *strongly agree* or *agree* to the statement, “I feel that I have a positive body image.” The percentage of women who report positive body image in both studies is surprisingly refreshing considering the assumption surrounding normative discontent, which states that a majority of American women espouse negative body evaluation (Cash, 2002c; Rodin, Silberstein, & Striegel-Moore, 1985). Although it is impossible to draw causal

inferences related to these findings, some speculative ideas are represented. Perhaps decades of educational programming and prevention programs focusing on body image/eating disorders are impacting the current generation of college-aged females to embrace a greater acceptance for the body. Or these findings might reflect socially desirable attitudes in which the current generation of college-aged women, knowledgeable of eating disorders and body image concerns through various forms (e.g., media, education, etc.), are reporting thoughts/attitudes/behaviors that are consistent with politically correct notions of feeling positively about the body. It is encouraging to consider that at least two samples of college-aged women reflected a considerable number who espouse a positive body image.

Just as Williams and colleagues claimed that women with positive body image were less likely to embrace media influences, the women in this study explicitly reported the desire to reject negative messages from the media and society as a whole. The women in this study supported the claim of Williams et al. that women with positive body image deny a desire to obtain perfection related to self-presentation (2004). Additionally, Williams et al. posited that women with positive body image do not endorse narrow definitions of beauty ideals. Likewise, the women in this study acknowledged various beauty ideals promoted in society such as the thin-ideal and thick-ideal but did not judge themselves or others according to external standards. In fact, the women in this study celebrated various definitions of beauty. Furthermore, the participants in this study corroborated Williams et al.'s finding that women with positive body image tend to report appearance satisfaction, high levels of self-esteem, and healthy eating/drinking habits.

Unique Contributions

As previously asserted, findings from this study add incremental information to the work of other scholars related to body image, specifically positive body image. During the in-depth interviews, the women in this study supported numerous assumptions about positive body image that have been discussed by body image theorists, although not investigated exhaustively at this point. Allowing women the opportunity to describe positive body image in their own words resulted in an abundance of findings that might not have surfaced with traditional quantitative measures alone in which respondents typically cannot add their interpretations of information.

In addition to the creation of the Holistic Body Image model, additional interesting and unique findings emerged in relation to the construct of positive body image including, but not limited to: a) the potential relationship with religion/spirituality whereby women receive both explicit and implicit messages from their organized faith about the female body that are integrated within a woman's sense of body image; b) the reported occurrence of a sustained period of negative body evaluation experienced around late childhood/early adolescence that ultimately transformed into positive evaluation as a result of numerous factors (e.g., maturity, focus on function rather than appearance, significant events related to health/illness); c) endorsement of a realistic appraisal of the actual strengths and flaws of particular body traits that does not result in overall negative evaluation but an awareness that improvements can be made if desired; d) acceptance of the body and self that includes such characteristics as comfort, gratitude, respect/love for the body, and feeling attractive; e) the concept of a shared body image in which women can impact the body image of close others such as family members and

friends; f) the idea of a “personal glow” exhibited by women with positive body image that can be actually witnessed by others; g) the relevance of healthy lifestyle choices in relation to a positive body image including intuitive eating;; h) endorsement of media literacy skills used to analyze critically the abundance of messages/information that inundate women on a daily basis; i) the choice to surround self with others who endorse positive body image; and) an in-depth description of the thick-ideal endorsed by women of color and how the ideal is both similar to and different from the thin-ideal.

Rich information also emerged when the women shared feedback and suggestions on how to help others who are struggling with body acceptance. Based on the profound outcomes of this study, I encourage other researchers to utilize qualitative inquiry (e.g., interviews) to allow the emergence of additional components associated with a positive body image. Future areas of research are included in the following section.

Research

Wright and Lopez (2002) proclaimed that the development of psychological instruments should be “designed to uncover personal strengths and assets just as tests are selected that are sensitive to deficits and pathology.” (p. 37). As most body image instruments have been constructed using pathological ideologies, it follows that they will only be sensitive to negative factors. Consequently, it is necessary to design assessments that focus on the *strengths* inherent within individuals, in this case positive body image. In supporting research that promotes a strengths-based perspective, Avalos et al. (2005) created an instrument, the Body Appreciation Scale (BAS), to assess a component of positive body image. This instrument exhibits appropriate levels of reliability and validity within college-aged females. Although initial findings indicate that it is a

psychometrically solid measure, it only reflects the dimension of body appreciation.

Thus, the BAS is limited in that it only measures one dimension of positive body image and does not reflect additional facets of body image that ultimately emerged in this current study. Therefore, an instrument based on the tenets associated with the Holistic Body Image theory (e.g., reciprocity, fluidity, and protective filter), which represents a broader conceptualization of positive body image, needs to be developed.

Future body image assessments that hone in on both positive and negative components of body image can incorporate the contributions offered in this study. These assessments should also assess both trait and state levels of body image (Cash, 2002a; Melnyck et al., 2004) in relation to investment (level of importance) and evaluation (satisfaction/dissatisfaction). More studies are needed that explore positive body image from a state/trait perspective to further assess the variability of these states and the precipitating factors associated with these changes in body evaluation. Future instruments should assess women's adherence to lifestyle choices via: a) intuitive eating (i.e., eating based on physiological hunger and satiety cues rather than external and emotional cues; Tribole & Resch, 1995), b) engaging in appropriate levels of recommended physical activity, c) managing stress effectively, and d) responding to the overall needs and signals of the body. As demonstrated in the various responses of the women in this study, it is emphasized that women's lifestyle choices and behaviors exist on continua and should be interpreted within that framework. Furthermore, positive body image instruments should carefully delineate the subtle differences in healthy lifestyle *attitudes* and actual *behaviors*.

Another important research implication that emerged in this study relates to the varying definitions of beauty across racial/ethnic heritages. Previous research contended that African American women tend (a) to endorse lower levels of negative body image in comparison to White counterparts, (b) are more satisfied and/or less preoccupied with their bodies than other ethnic groups, and (c) are somehow “protected” from the development of a negative body image (Altabe, 1998; Celio et al., 2002; Williamson, Stewart, White, & York-Crowe, 2002). Researchers claimed that, “black females of all ages are more satisfied with the current shape and weight of their bodies (Celio et al., 2002; p. 235). It has been hypothesized that African Americans exhibit a form of resistance to body image preoccupation including sociocultural conditioning that promotes other foci of beauty (e.g., hair and presentation) rather than weight concerns alone in determining satisfaction with the self (Smith et al., 1999).

Researchers have postulated that because African Americans tend to exhibit higher body mass indices than White/European Americans, they might not uphold the same thin ideals that are espoused by the majority group (Molloy & Herzberger, 1998; Striegel-Moore & Smolak, 2000). As noted by the participants in this study, many African American women aspire to a thick-ideal as compared to the widely assumed thin-ideal that is promoted in mainstream media. Because the thick-ideal includes a large chest, small waist, round buttocks, and thick legs, most of these characteristics (excluding small waist) are not included specifically on the majority of body image measures as they do not coincide with the thin-ideal upon which the instruments are based. As described in this study, participants reported that African American women who endorse a negative body image often attribute their negative evaluation with the inability to assume a thick-

ideal rather than the thin-ideal. Due to the differing (and sometimes competing) characteristics associated with the thick and thin-ideals, current measures that are based on a thin-ideal premise might not be sensitive to the experience of negative evaluation endorsed by women of color.

Furthermore, many current body image instruments have been created for and normed on White/Caucasian college females who tend to uphold the thin-ideal that is promoted within the majority culture (Thompson & Van Den Berg, 2002). For example, a well-founded body image instrument such as the BSQ-R-10 includes items that attend to the fear of fatness consonant with the thin-ideal (Cooper, Taylor, Cooper, & Fairburn, 1987; Mazzeo, 1999; Rosen, Jones, Ramirez, & Waxman, 1996). Examples of these items include “Have you felt excessively large and rounded?” and “Has seeing thin women/men made you feel badly about your own shape?” However, because these items reflect aspects of the thin-ideal, women of color might respond to this questionnaire in such a way that is honest but that would not necessarily capture their unique concerns of aspiring to a thick-ideal that includes a large butt and thick legs. For example, women of color might consider feeling “rounded” desirable, and they might not experience negative emotions because of seeing thin women.

Considering these aforementioned factors, if body image instruments do not include items associated with components of evaluation that are unique within various ethnic beauty ideals, they will lack sensitivity to these factors for women of color. As a result, any body image measure that only endorses the thin-ideal may not fully reflect the range of attitudes and thoughts related to standards of beauty for various ethnic groups (Altabe & O’Garro, 2002; Celio et al., 2002; Kawamura, 2002; Smolak & Striegel-Moore,

2001), including the thick-ideal that emerged from the stories of the female participants in this study. If an instrument is not specifically addressing elements of the thick-ideal within its items, scores of African American women will be assumed to reflect greater satisfaction, when this is not necessarily the case or the appropriate interpretation of information.

Therefore, it is recommended that body image instruments should be constructed for people of color (e.g., Latinas, Asian Americans, African Americans) to accurately assess the similar as well as unique experiences of body image *within* these groups (Altabe & O'Garro, 2002; Celio et al., 2002; Kawamura, 2002). If this option is not feasible, it is incumbent upon researchers to use instruments that are proven "psychometrically sound" for various racial/ethnic groups (Celio et al., 2002).

Education/Outreach Programs

Information garnered from this study can inform educational and outreach programs. It is recommended that body image courses be offered at all levels of educational instruction including elementary, middle, and high school levels as well as undergraduate and graduate level instruction. Depending on the age and maturity level of students, a distinct course on this subject can include the following: (a) a comprehensive definition of body image that accentuates both positive and negative factors, (b) the components of the Holistic Body Image model, (c) the development of a protective filter via awareness (e.g., challenging objectified body consciousness, media literacy, etc.), (d) an understanding of the complex nature of sources impacting a person's body image, and (e) discussion of various beauty ideals that are promoted within American culture for both women and men. Instructors could encourage and facilitate numerous discussions

on the topic of body image with the hope of better informing theory related to it.

Students at all levels can benefit from a course that focuses on the strengths inherent within individuals, particularly related to body image considering its integral role within American individuals. If not practical to dedicate a course solely to this topic, instructors can integrate findings from this study into preexisting courses that focus on health from multiple frameworks. These courses might include women's issues, gender studies, eating disorders, public health, African American studies, spirituality/religion and more.

Additionally, findings from this study can be extended to outreach efforts to better inform the creation and implementation of programs. Many outreach programs that currently exist share the overarching goal of decreasing body dissatisfaction and/or negative body image through media literacy interventions (Berel & Irving, 1998; Irving & Berel, 2001; Levine et al., 1999; Levine & Smolak, 1998; Stice, Mazotti, Weibel, & Agras, 2000). Outcomes research demonstrates that the effective instillation of dissonance and media literacy can increase skepticism related to images as women question the reality and desirability of images, including the thin-ideal (Irving & Berel, 2001). The women in this particular study demonstrated an awareness of media literacy when they offered their views on issues of realistic/unrealistic and natural/unnatural images of women in the media. Not only did these women exhibit media literacy, they also deliberately rejected detrimental images and avoided engagement in social/body comparison. Additionally, per theory and research on social norms theory, dialogues can address the notion that it is not necessarily normative to have a negative body image.

Although many current outreach programs are effective in their outcomes, I encourage facilitators to design and implement programs that focus on the development

and maintenance of a *positive* body image rather than just on the reduction of a negative body evaluation. Irving (2002) and Piran (1999) also share this philosophy of focusing on wellness. In order to attain effective and beneficial prevention outcomes, individuals must investigate if current theoretical foundations are congruent with the ultimate goals of the program. For example, prevention programs constructed upon principles of a pathological model might not result in positive outcomes at various levels (e.g., individual, institutional, etc.) due to a focus on deficiencies rather than on existing strengths. Perhaps a paradigmatic shift from pathology to hygiology in program development will ultimately lead to effective and enduring positive change (e.g., attitudes, behaviors, beliefs, etc.) within recipients. The only way to determine the accuracy of this supposition is for facilitators to implement and consistently measure outcomes associated with these efforts.

Clinical Work

The female participants in this study are considered experts related to the topic of positive body image as they embrace this construct. Therefore, clinicians might integrate the suggestions and feedback that are presented in this study to inform clinical treatment when working with clients with body image concerns (see Assertions/Findings). Clinicians might continue to encourage clients to focus on inner strengths and virtues rather than on appearance factors alone. Clients might be redirected from a focus on body appearance to the actual *function(s)* that the body provides. Additionally, it might be helpful to educate clients on both the static and fluid natures of body image investment and evaluation. Clinicians can relay the natural occurrence to have fluctuations in body image on a moment-to-moment basis as well as daily and weekly changes. Perhaps hope

can be elicited for clients when they learn that it is feasible to switch from an overall negative evaluation to a positive body image with patience and concerted effort. While addressing attitudes and thoughts within psychotherapy, clients can engage in behavioral homework assignments related to intuitive eating and engagement in physical activity. When they recognize the important connection among healthy lifestyle choices and positive body image, they might be motivated to enforce beneficial changes.

Additionally, clients might learn how to shape their protective filters via education on media literacy skills and Feminist Identity Development. Clinicians can facilitate discussion on the objectification of women's bodies in societies and provide clients specific tools on how to respond to this information. Clients can actively address beauty ideals within various cultures and develop receptivity to multiple definitions of beauty.

Furthermore, for those clients who already endorse a positive body image, it would be helpful for them to understand how this impacts other areas of their lives including healthy lifestyle choices and self-care. These clients could harness the strengths associated with the body in dealing with more immediate concerns like depression or anxiety.

Limitations

Several potential limitations exist for this study. First, the results of this study are limited to the sample of 15 college females and five clinical/research experts from the body image/eating disorders field who responded to requests for participation. For those female students who did participate in this study, all were Americans seeking a college education, between the ages of 18 and 22, mostly heterosexual, and identified with the

following race/ethnicities: White/Caucasian, African American and biracial (Asian and White/Caucasian). Therefore, the women included in this sample might not be fully representative of a diverse range of individuals in relation to age, race, sexuality, level of education, and nationality. Additional studies can measure the experience of positive body image within women of various ages and empirically explore Tiggemann's (2004) contention that levels of investment associated with body appearance decrease with age for women. Future research can explore positive body image among aging women (and other populations) to determine how positive body image is experienced and manifested similarly/differently among groups to further support this theory and/or offer alternative perspectives.

A self-selection bias might exist whereby individuals who did not feel comfortable broaching this topic for whatever reason did not agree to participate. It is not known whether the non-consenting students significantly differed from the current sample regarding age, race/ethnicity, and/or body mass index. Studies could examine specific characteristics of women who decline to participate in body image interviews, as was done with women who refused to participate in interviews focused on eating (Wade, Tiggemann, Martin, & Heath, 1997). Research by Wade and colleagues asserted that there were no differences between women who agreed and refused to participate in interviews focused on eating habits (1997).

Other potential limitations are inherent within the method of interviewing and coding. First, I chose to conduct all of the interviews for both female students and clinical/research (approximately 35 hours). Critics might argue that my presence as the sole interviewer could have shaped my line of questioning and limited my understanding

of the data to a narrow framework. My decision to be the sole interviewer was based on the desire to maintain consistency in interview techniques and to become intimately aware of the emerging themes during this process to facilitate data analysis.

Constructivists uphold the relationship between interviewer and participant as paramount in obtaining meaningful findings. It is believed that “individual constructions can be elicited and refined only through interaction *between* and *among* investigator and respondents” (Guba & Lincoln, 2004, p. 27). Therefore, I contend that it was necessary for me to exclusively subsume the interviewer role in order to facilitate and attain an understanding of positive body image that was co-created with the participants.

Second, due to time constraints, I was the only individual from the research team to code the interview transcripts. It might be argued that my sole immersion in the interviews and coding processes might not be reflective of various viewpoints that might arise with feedback from multiple interviewers and coders. To account for this concern, the other members of the research team immersed themselves in the data by reading the transcripts and cross-checking my proposed codes with their own interpretations of the data. Furthermore, Guba and Lincoln (2004) stated that, “constructions are not more or less ‘true,’ in any absolute sense, but simply more or less informed and/or sophisticated” (p. 26). Therefore, an increase in interviewers and coders might not necessarily result in a more accurate description of the data.

Another potential limitation is the set of criteria used to select participants for inclusion in the study. The research team used a composite score of three criteria: (a) high scores on the Appearance Evaluation subscale, (b) low scores on the Overweight Preoccupation subscale, and (c) an answer of *strongly agree* or *agree* on the item “I feel

that I have a positive body image.” Although a composite score was used to represent a range of answers on these subscales, the criteria included might be either too stringent or too lax and therefore not representative of women who espouse positive body image. To buffer this potential effect, I included the positive body image item as a personal endorsement of the construct that might be most reflective of this experience.

Lack of diversity among the members of the research team is another potential limitation of this study. As mentioned previously, each member was female, white, heterosexual, married, within a specific age range (24-31), and interested in body image/eating disorders from both research and clinical perspectives. Perhaps the similarities in backgrounds and educational training affected our ability to identify our biases and expand our worldviews, thereby impacting the interpretation of the data. Although the research team members individually reflected on potential biases and assumptions related to this work, we did not address these issues as an entire group, which is often recommended within qualitative research methodology.

Future Research Directions

An assertion presented in this study is that a strong social support network (e.g., family, friends, and significant others) assists women in the development and maintenance of a positive body image. These findings are consistent with Striegel-Moore and Cachelin’s (1999) contention that a supportive cultural and social context helps shield young girls from endorsing negative evaluations of the body. The women relayed that positive feedback and unconditional love contributed to the development of positive body image. Additionally, the women shared that upon assuming a positive body image, they tended to surround themselves with other people who hold similar values. An item

on a positive body image instrument can specifically address the intention of an individual to surround herself with others who also feel positively about their bodies. Future research might examine specific features of these relationships in relation to the development of a healthy body image. Does the level of influence by particular individuals moderate this process? For example, is feedback from parents more influential than that of extended family members? As mentioned in this study, some of the women received negative feedback about their bodies from parents, grandparents, and siblings at various points in time. An issue for further exploration is how women handle conflicting messages (both positive and negative) about their appearance from individuals in their support system.

Another important finding that emerged is that women with positive body image endorse a realistic appraisal of self. Rather than blindly accept all physical aspects of self, the female participants reported areas and characteristics with which they feel uncomfortable such as cellulite, stretch marks, the shape of their eyes, the size of their legs, and other physical characteristics. Even though the women identified imperfections and insecurities, they were able to look beyond these physical characteristics to embrace a positive body evaluation. Therefore, when addressing the issue of body image, body-part satisfaction scales should not be used solely to determine body image evaluation, as they might not accurately reflect a woman's *overall* experience. In regards to body-part satisfaction measures, women might report accurately the dissatisfaction with particular parts while maintaining an overall positive evaluation. When using body-part scales, researchers should also include self-report measures of the endorsement of an overall

evaluation of body image. Furthermore, it is unknown how many flaws must exist in order for women to interpret these individual characteristics as contributing to an overall negative or positive evaluation.

A unique theme that emerged from this study is the “personal glow” that a few participants described. These women reported that endorsing a positive body image includes a glow that is characterized by holding the head high, smiling, and emitting confidence in overall behaviors and interactions with others. Is the notion of a personal glow a natural byproduct of women who embrace a positive body image? How might personal glow be further assessed? Still unknown at this time are additional characteristics and/or personality traits associated with a positive body image that were not necessarily addressed within this study. Future studies can examine the existence of additional characteristics associated with positive body image and include these characteristics within an instrument.

An additional assertion that emerged is that spirituality/ religion can be related to a woman’s understanding of her body image. This study is novel in that it addresses the relationship of spirituality/religion and includes this important source within the Holistic Body Image model. “Faith can be enlisted to prevent problems from occurring and to aid in recovery from adversity” (p. 705; Lopez, Prosser, Edwards, Magyar-Moe, Neufeld, & Rasmussen, 2002). Consistent with this quote, the women relayed that they received both explicit and implicit messages about their bodies and appearance from their faiths. Interesting follow-up studies could explore how tenets within various faiths directly or

indirectly address body image concerns and ultimately impact women's body image. Further exploration of this topic will provide additional context for researchers and clinicians.

Future studies can examine how men might differ in their definitions and understanding of a positive body image. As men were not asked to participate in the sample of college students, it is not known how these findings are indicative of men's experiences with positive body image. Would they have identified similar sources of information as the females (e.g., interpersonal, society/media, developmental, community, etc.)? Would they have identified a filter that absorbs and rejects information related to the body? Would they have articulated both a static (trait) and fluid (state) nature of body image? Perhaps they might relay similarities such as a sense of comfort and respect for the body, a focus on function rather than appearance, engagement in healthy lifestyle behaviors, and realistic self-appraisals.

I conjecture that like women, men would filter information from society and media about appearance standards according to a schematic network. Perhaps men would differ from women in their levels of awareness related to how media images of men are distorted to obtain a muscular-ideal (mesomorphic body type) as compared to the thin and thick-ideals for women. However, these ideas require systematic empirical investigation. Until empirical research is conducted with males, it is unclear how these findings are both reflective of and pertinent to the unique concerns of men.

Conclusions

The purpose of this study was to focus on positive body image and to create a model and theory that includes components of both positive and negative body image. I

used the qualitative methods of grounded theory in this study, as the goal is “to generate theory, not to verify it” (Charmaz, 2003, p. 255). With the recognition that “the emergent theory is always open to testing and modification” (Fassinger, 2005, p. 162), I encourage other researchers to critically analyze how the Holistic Body Image theory and model is both complementary as well as deficient in explaining the construct of body image, with a special focus on positive components. I also support future research that elaborates on the findings of this study within various populations to confirm as well as disconfirm the findings.

It is not only important to study positive body image to contribute to research and prevention efforts, but also to provide a context for how women flourish. It is an inspiring and awakening process to witness firsthand the experience of women celebrating their bodies and their complete selves. “I really like who I am,” said Michelle. “I just think I’m very happy with who I am and who I was made to be.” Patti commented about her reactions to the interviews, “It reminded me of why I feel good about myself. I had to actually talk about it...It’s nice to be able to share my experience.” Jasmine added, “I had to put a lot of stuff into words that I never had to put into words before. Like stuff you only really think to yourself... it’s kind of interesting. It was a reassurance that I am what I think I am cause I can explain it and I was confident in my answers.” Michael, an expert, shared his reaction to discussing positive body image in an interview. “You’ve given me a chance to talk about a great many things. I find it interesting how after all of these years and all of these projects, how much is left unsaid

or undone.” Also, the female participants and the experts expressed their gratitude for being able to contribute their experiences to this body of knowledge. Lynn offered, “I hope that by being honest I can help somebody else.”

In closing, I share a metaphor offered by Heather, a female participant, which captures the essence of a woman assuming a positive body image. “I was thinking about how a butterfly comes out of a cocoon like so fast, even though it was more of a process. It happened...it was a process cause like I started to like certain things at certain times, but when I got to that ultimate place...I accepted it. I had the ultimate satisfaction. I can't go back. I can but, I don't want to go back (laugh). I keep on forward. I can't go back to the cocoon.” All women have the potential to burgeon from a cocoon of negative body evaluation into an astounding butterfly by recognizing their inner and outer beauty, also known as positive body image.

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APPENDIX A

CONFIRMATION TO REVIEW TRANSCRIPT

Operationalizing the Construct of Body Image to Include Positive Components:
A qualitative study

ID #: _____

Protocol Number: 2004B0058

Investigators: Nichole Wood-Barcalow, MA & Pamela S. Highlen, PhD

I acknowledge that I have been given the opportunity to review my interview transcript.
The researcher has answered any and all of my questions related to this transcript.

Printed Name

Signature

Researcher

Date

APPENDIX B

CONSENT FOR PARTICIPATION

Protocol title: **Operationalizing the Construct of Body Image to Include Positive Components: A Qualitative Study**

Protocol number: 2004B0058

Principal Investigator: Dr. Pamela Highlen

DESCRIPTION OF THE RESEARCH:

CONSENT:

I consent to my participation in research being conducted by Dr. Pamela Highlen and Nichole Wood-Barcalow of The Ohio State University and his/her assistants and associates.

The investigator(s) has explained the purpose of the study, the procedures that will be followed, and the amount of time it will take. I understand the possible benefits, if any, of my participation.

The investigator(s) has explained the risks, if any, and I understand what they are. No guarantees have been made regarding the effectiveness of this treatment or procedure.

I know that I can choose not to participate without penalty to me. If I give my consent to participate, I can withdraw from the study at any time, and there will be no penalty.

I consent to the use of audiotapes. I understand how the tapes will be used for this study.

I have had a chance to ask questions and to obtain answers to my questions. I can contact the investigators at wood-barcalow.1@osu.edu or highlen.1@osu.edu. If I have questions about my rights as a research participant I can call the Office of Research Risks Protection at (614) 688-4792.

I understand in signing this form that, beyond giving consent, I am not waiving any legal rights that I might otherwise have. My signature on this form does not release the investigator, the sponsor, the institution, or its agents from any legal liability for damages that they might otherwise have.

I have read this form or I have had it read to me. I sign it freely and voluntarily. A copy has been given to me.

Print the name of the participant:

Date:

Signed:

(Participant)

Signed:

*(Principal Investigator or his/her authorized
representative)*

Signed:

*(Person authorized to consent for participant, if
required)*

Witness:

(When required)

HS-028B (revised 05/01)

APPENDIX C

CORRESPONDENCE

ID #: _____

Name: _____

Day: _____ Date: ____/____/____ Time: __:____AM/PM

Telephone	Voicemail	Email	In-person
Notes: _____			

ID #: _____

Name: _____

Day: _____ Date: ____/____/____ Time: __:____AM/PM

Telephone	Voicemail	Email	In-person
Notes: _____			

ID #: _____

Name: _____

Day: _____ Date: ____/____/____ Time: __:____AM/PM

Telephone	Voicemail	Email	In-person
Notes: _____			

ID #: _____

Name: _____

Day: _____ Date: ____/____/____ Time: __:____AM/PM

Telephone	Voicemail	Email	In-person
Notes: _____			

APPENDIX D

DEBRIEFING FORM

Dear Student:

Thank you for participating in this experiment. We are interested in the concept of positive body image and how women understand it in their daily lives.

Research suggests that positive body image is the opposite of negative body image. Unfortunately, positive body image has not been an area of focus in research and little is known about those women who experience a positive relationship with their bodies. From this study, we hope to better understand how females think and feel about their bodies from a positive perspective. We will use this information to better help treat people with body image disturbances as well as develop prevention measures. Therefore, our findings will be used to help other students.

If you have concerns regarding your own attitude or treatment of your body, you may wish to seek counseling. As a student, you are able to receive free counseling at the Psychological Services Center located in 141 Townshend Hall. Please contact the Psychological Services Center (292-2059) to schedule an appointment. Counseling is also available through Counseling and Consultation Services (CCS) located on the fourth floor of the Younkun Success Center (1640 Neil Avenue). An appointment can be made with CCS by calling 292-5766.

Specific questions regarding this study can be directed to Nichole Wood-Barcalow (wood-barcalow.1@osu.edu) or Dr. Pamela Highlen (highlen.1@osu.edu). To learn more about positive body image, visit this website: www.bodypositive.com.

Thank you again for your participation in this study.

APPENDIX E

DEMOGRAPHIC QUESTIONNAIRE

Instructions. Please complete the following information after you've completed the inventory.

1. I feel that I have a positive body image (Please circle one):

Strongly Disagree Disagree Neutral Agree Strongly Agree

2. Sex (Please circle one): Female Male

3. Birthdate (day/month/year): ____/____/____

4. Age: ____ years

5. Your race/ethnicity (please circle):

- A. African American/ Black
- B. American Indian, Eskimo
- C. Asian American, Pacific Islander
- D. European American/Caucasian/ White
- E. Hispanic/ Chicano/ Latina/ Latino
- F. Other (please write): _____

6. Your weight in pounds: ____ Pounds

7. Your height in feet and inches: ____ Feet ____ Inches

Thank you for completing this inventory. Due to your participation, you will receive 1/2 research credit for your Psychology 100 course. An opportunity may exist to participate in future interviews for additional research credit. Please check the boxes below concerning your interest in further research participation.

_____ Yes, I'm interested in participating in future interviews. I understand that I would receive additional research credit for Psychology 100 if I participate.

_____ No thanks. I'm not interested in participating in future interviews.

*****Please complete the following information below if you are interested in being contacted for an interview.*****

Name (first, last): _____

Preferred method of contact (check and complete all that apply):

_____ Home Phone: () _____ - _____

_____ Cell Phone () _____ - _____

_____ Email: _____

APPENDIX F

DISSERTATION MATERIAL LIST

Forms

1. Interview Script
2. Debriefing form
3. Consent form
4. Attendance Record (REP)
5. Participant Info Sheet
6. Interview Schedule

Materials

7. Audiotapes
8. Recorder
9. Microphone
10. Batteries
11. Pen/Pencil
12. Reflexive journal
13. Candle
14. Scrap paper
15. Bottled Water

APPENDIX G

EMAIL SCRIPT FOR EXPERT RECRUITMENT

Hi _____,

I hope that your summer is going well and that you're enjoying yourself.

I'm writing to request your potential participation in an interview related to my dissertation. I'm focusing on the topic of positive body image and would like to interview women who exhibit positive body image as well as clinical/research experts like you who are interested in body image/eating disorder issues. I have selected you to participate in this interview based on your thorough knowledge of the topic and your extensive clinical work related to this issue. The interview takes approximately one hour to complete and is audiotaped for future transcription purposes. I will be asking questions related to the construct of positive body image and invite you to share personal and professional views related to the topic.

I can schedule an interview time and location that is convenient for you. Upon participating in the interview, I will award you a \$50 honorarium for your time and thoughts related to this issue. This honorarium is made possible by the Coca-Cola Critical Difference for Women Dissertation Research Grant through The Ohio State University.

I welcome any questions that you might have about the interview and my dissertation in general. I can be reached via email (wood-barcalow.1@osu.edu). Please contact me by **Monday, August 16th** regarding your interest in an interview. If you are interested in participating, my goal is to complete the interview by the end of August. Thank you.

Warmly,
Nichole Wood-Barcalow
Counseling Psychology Doctoral Student
Wood-barcalow.1@osu.edu

APPENDIX H

EMAIL SCRIPT FOR PARTICIPANT RECRUITMENT

Hello _____.

My name is Nichole Wood-Barcalow and I'm contacting you regarding potential participation in two interviews for your Psychology 100 course. I'm a doctoral psychology student studying positive body image in females.

You've been selected to participate in this study due to your answers on the prescreening information for Psych 100. Participation in this study is voluntary, which means that you can choose whether to participate in this study without adverse consequence. Also, you may choose to not answer specific questions, or you may decide to withdraw from the study at any time. To ensure confidentiality, you will have the opportunity to use a pseudonym and any identifying information will be excluded from the interview transcripts and replaced with a code number.

Participation in this study entails the following:

1. An individual interview of no longer than one hour, and
2. A follow-up interview of no longer than one hour about two weeks after the first interview

Please know that participation in this research study will include a total of up to 2 hours of your time. As a result, you will receive **two research points** through the Psychology Research Experience Program (REP).

If you are interested in participating in this study, please reply to this email no later than [supply date and time]. In your email, please indicate days and times that would work best for you for the initial interview (2 hours) and the follow-up interview (1 hour). Please also include a phone number that I can reach you at to schedule the interview appointments. Upon receiving your email, I will contact you by phone to answer any questions that you have as well as to schedule interview appointments. Thank you for agreeing to participate. I look forward to speaking with you.

If you are not interested in participating in this study, I thank you for your time in reading this email. Best wishes in your academic endeavors.

Sincerely,
Nichole Wood-Barcalow, MA
Counseling Psychology Doctoral Student
Wood-barcalow.1@osu.edu

APPENDIX I

FOLLOW UP INTERVIEW

ID#: _____

Pseudonym: _____

1. What is your status in school (check one)?

- a. Freshperson
- b. Sophomore
- c. Junior
- d. Senior
- e. Other

2. What is your GPA (check one)?

- a. 3.5 – 4.0
- b. 3.0 – 3.49
- c. 2.5 – 2.9
- d. 2.0 – 2.49
- e. Less than 2.0

3. Your sexuality:

- a. Bisexual
- b. Homosexual
- c. Heterosexual
- d. Questioning

4. Current Financial Information for your household:

a. Mother's employment (check one):

___ Not working ___ Working Part-time ___ Working Full-time

b. Father's employment (check one):

___ Not working ___ Working Part-time ___ Working Full-time

c. Receive Aid to Families with Dependent Children (check one)? ___ Yes ___ No

d. Receive Food Stamps (check one)? ___ Yes ___ No

e. Receive Free or reduced-cost lunches (check one)? ___ Yes ___ No

5. Family's education:
- a. Mother's education (check one):
- ☐ Less than High School Graduate
 - ☐ High School Graduate, vocational school, and/or some college
 - ☐ College graduate
- b. Father's education (check one):
- ☐ Less than High School Graduate
 - ☐ High School Graduate, vocational school, and/or some college
 - ☐ College graduate
6. Family structure in your current household (check one):
- ☐ Single Parent
 - ☐ Parent and stepparent, other adult
 - ☐ Mother and father

APPENDIX J

INSTRUCTIONS FOR EXPERTS

Welcome to the interview exploring body image within females. This interview will last approximately one hour and you will receive a \$50 honorarium for your participation today through the mail. The honorarium is made available through the generous donations of The Ohio State University's Critical Difference Fund for Women.

The purpose of this study is to garner information related to body image in women. You have been selected to participate in this interview based on your thorough knowledge of the topic and your extensive research/clinical work related to this issue. During this interview, you will first be asked questions related to body image and then I will provide preliminary findings based on my in-depth interviews with women. An audiocassette tape recorder will be used to record your responses during this interview for future transcription.

There are no perceived risks associated with participating in this study. If you should feel any discomfort before, during, and/or after this interview, please inform the interviewer. There are numerous benefits associated with participating in this study including the opportunity to share your unique voice and experiences, to contribute to the research community, and to contribute to effective prevention programs.

Remember that your participation in this study is optional and voluntary. If at any time you choose not to continue this study, you are free to leave without penalty. The information you provide during this interview is confidential. To ensure confidentiality, you will have the opportunity to use a pseudonym and any identifying information you provide will be excluded from the interview transcripts and replaced with a code number.

While participating in this interview, please answer all questions as honestly as possible. You have the choice and the right to decline answering questions that you find too personal or sensitive. Do you have questions at this point?
Thank you, again, for your participation.

APPENDIX K

INSTRUCTIONS FOR FEMALE PARTICIPANTS

Welcome to the interview exploring body image within females. This interview will last approximately one hour and you will receive three full credits for your research participation today. Also, you've been asked to participate in a follow-up interview that will approximately last one half hour and you can receive another 1 ½ credits for your participation.

The purpose of this study is to garner information related to body image in women. You have been selected to participate in this study as you demonstrate a positive sense of self. During this interview, you will be asked questions related to your attitudes, thoughts, and feelings of your body. An audiocassette tape recorder will be used to record your responses during this interview.

There are no perceived risks associated with participating in this study. If you should feel any discomfort before, during, and/or after this interview, please inform the interviewer. There are numerous benefits associated with participating in this study including the opportunity to share your unique voice and experiences, to contribute to the research community, and to contribute to effective prevention programs.

Remember that your participation in this study is optional and voluntary. If at any time you choose not to continue this study, you are free to leave without penalty. The information you provide during this interview is confidential which means that you will not be asked to provide your name. To ensure confidentiality, you will have the opportunity to use a pseudonym and any identifying information you provide will be excluded from the interview transcripts and replaced with a code number.

While participating in this interview, please answer all questions as honestly as possible. You have the choice and the right to decline answering questions that you find too personal or sensitive. At the end of the interview, I will award you credit for your participation in this study as well as provide you with a debriefing form that further explains the purpose of this study. The debriefing form provides available resources if you would like to further pursue matters related to this research or would like more general counseling assistance. Do you have questions at this point?

Thank you, again, for your participation.

APPENDIX L

INTERVIEW SCHEDULE

Participant #	Pseudonym	Initial Appointment		Follow-up Appointment	
		Date	Time	Date	Time
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

APPENDIX M

INTERVIEW SCRIPT FOR EXPERTS

Opening statements: Thank you again for agreeing to participate in this interview.

1. How long have you been interested in body image and eating disorder concerns?
2. How do you **define body image**? **Negative** body image? **Positive** body image?
3. What **variables/factors** are related to a positive body image? (Examples: self-esteem, healthy lifestyles)
4. Is there a relationship between **body image and self-confidence**? How do you understand it?
5. If a person **exhibits** positive body image, what might that **look like**?
6. How do **relationships with others** affect a person's body image?
 - Family, peers, romantic partners, etc.
7. How does a person's **sociocultural background influence** her/his body image?
8. What kinds of **messages do you think society promotes** about the female body (TV, movies, magazines, newspapers, etc.)?
 - How can women reject negative messages?
 - How does media endorse a positive body image?
9. How does a person's **environment influence** her/his body image?
10. Can the construct of **body image change over time**?
 - How might a person alter her body image from negative to positive?
11. Would **age/developmental stage** impact positive body image differently?
12. What important information would you address in a workshop that focuses on the development of positive body image?
13. Is there **anything else** you would like to share?

APPENDIX N

INTERVIEW SCRIPT FOR PARTICIPANTS

Opening statements: Thank you again for agreeing to participate in this interview. Today we will be talking about your thoughts, attitudes, and feelings regarding your body also known as body image. Feel free to explore these questions and know that there are no right or wrong answers.

Important concepts

14. How do you **define body image**? Negative body image? Positive body image?
15. In your prescreening assessment, you described yourself as having a **positive body image**. Can you please explain what you mean by that?
 - What things are related to a positive body image? (Examples: self-esteem, healthy lifestyles)
16. How do you describe your **attitude** toward your body?
17. Tell me **the story of how you feel about your body**.....
18. How has your understanding of your own **body image changed/ or not changed over time**?
19. What important **information have you learned from others** about your body?
 - Family, peers, romantic partners, society
20. How do your **relationships with others** affect your body image?
 - Family, peers, romantic partners,
21. What kinds of **messages do you think society promotes** about the female body (TV, movies, magazines, newspapers, etc.)?
22. How do you understand **your body in relation to these messages**?
 - Acceptance/rejection of messages
23. Is there **one experience that stands out for you** related to how you feel or what you think about your body?

24. What does your **body provide you**? (Examples: ability to walk/hug/laugh)
25. How do you **care for your body**?
26. Could you use a **metaphor** to describe how you feel about your body?
27. What **advice** would you give to others who are struggling with body acceptance?
28. Is there **anything else** you would like to share?
29. **Reminders:**
- Not speak to other students about interview
 - Follow-up interview (day/time)

APPENDIX O

The Multidimensional Body-Self Relations Questionnaire (MBSRQ)

INSTRUCTIONS--PLEASE READ CAREFULLY

The following pages contain a series of statements about how people might think, feel, or behave. You are asked to indicate the extent to which each statement pertains to you personally.

Your answers to the items in the questionnaire are anonymous, so please do not write your name on any of the materials. In order to complete the questionnaire, read each statement carefully and decide how much it pertains to you personally. Using a scale like the one below, indicate your answer by entering it to the left of the number of the statement.

EXAMPLE:

_____ I am usually in a good mood.

In the blank space, enter a **1** if you **definitely disagree** with the statement;

enter a **2** if you **mostly disagree**;

enter a **3** if you **neither agree nor disagree**;

enter a **4** if you **mostly agree**;

or enter a **5** if you **definitely agree** with the statement.

There are no right or wrong answers. Just give the answer that is most accurate for you. Remember, your responses are confidential, so please be completely honest and answer all items.

***(Duplication and use of the MBSRQ only by permission of
Thomas F. Cash, Ph.D., Department of Psychology,
Old Dominion University, Norfolk, VA 23529)***

1	2	3	4	5
Definitely Disagree	Mostly Disagree	Neither Agree Nor	Mostly Agree	Definitely Agree

- _____ 1. Before going out in public, I always notice how I look.
- _____ 2. I am careful to buy clothes that will make me look my best.
- _____ 3. I would pass most physical-fitness tests.
- _____ 4. It is important that I have superior physical strength.
- _____ 5. My body is sexually appealing.
- _____ 6. I am not involved in a regular exercise program.
- _____ 7. I am in control of my health.
- _____ 8. I know a lot about things that affect my physical health.
- _____ 9. I have deliberately developed a healthy lifestyle.
- _____ 10. I constantly worry about being or becoming fat.
- _____ 11. I like my looks just the way they are.
- _____ 12. I check my appearance in a mirror whenever I can.
- _____ 13. Before going out, I usually spend a lot of time getting ready.
- _____ 14. My physical endurance is good.
- _____ 15. Participating in sports is unimportant to me.
- _____ 16. I do not actively do things to keep physically fit.
- _____ 17. My health is a matter of unexpected ups and downs.
- _____ 18. Good health is one of the most important things in my life.
- _____ 19. I don't do anything that I know might threaten my health.

continued on the next page

1	2	3	4	5
Definitely Disagree	Mostly Disagree	Neither Agree Nor	Mostly Agree	Definitely Agree

- _____ 20. I am very conscious of even small changes in my weight.
- _____ 21. Most people would consider me good-looking.
- _____ 22. It is important that I always look good.
- _____ 23. I use very few grooming products.
- _____ 24. I easily learn physical skills.
- _____ 25. Being physically fit is not a strong priority in my life.
- _____ 26. I do things to increase my physical strength.
- _____ 27. I am seldom physically ill.
- _____ 28. I take my health for granted.
- _____ 29. I often read books and magazines that pertain to health.
- _____ 30. I like the way I look without my clothes on.
- _____ 31. I am self-conscious if my grooming isn't right.
- _____ 32. I usually wear whatever is handy without caring how it looks.
- _____ 33. I do poorly in physical sports or games.
- _____ 34. I seldom think about my athletic skills.
- _____ 35. I work to improve my physical stamina.
- _____ 36. From day to day, I never know how my body will feel.
- _____ 37. If I am sick, I don't pay much attention to my symptoms.
- _____ 38. I make no special effort to eat a balanced and nutritious diet.

continued on the next page

1	2	3	4	5
Definitely Disagree	Mostly Disagree	Neither Agree Nor	Mostly Agree	Definitely Agree

- _____ 39. I like the way my clothes fit me.
- _____ 40. I don't care what people think about my appearance.
- _____ 41. I take special care with my hair grooming.
- _____ 42. I dislike my physique.
- _____ 43. I don't care to improve my abilities in physical activities.
- _____ 44. I try to be physically active.
- _____ 45. I often feel vulnerable to sickness.
- _____ 46. I pay close attention to my body for any signs of illness.
- _____ 47. If I'm coming down with a cold or flu, I just ignore it and go on as usual.
- _____ 48. I am physically unattractive.
- _____ 49. I never think about my appearance.
- _____ 50. I am always trying to improve my physical appearance.
- _____ 51. I am very well coordinated.
- _____ 52. I know a lot about physical fitness.
- _____ 53. I play a sport regularly throughout the year.
- _____ 54. I am a physically healthy person.
- _____ 55. I am very aware of small changes in my physical health.
- _____ 56. At the first sign of illness, I seek medical advice.
- _____ 57. I am on a weight-loss diet.

continued on the next page

For the remainder of the items use the response scale given with the item, and enter your answer in the space beside the item.

_____ 58. I have tried to lose weight by fasting or going on crash diets.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very Often

_____ 59. I think I am:

1. Very Underweight
2. Somewhat Underweight
3. Normal Weight
4. Somewhat Overweight
5. Very Overweight

_____ 60. From looking at me, most other people would think I am:

1. Very Underweight
2. Somewhat Underweight
3. Normal Weight
4. Somewhat Overweight
5. Very Overweight

continued on the next page

61-69. Use this 1 to 5 scale to indicate how dissatisfied or satisfied you are with each of the following areas or aspects of your body:

1	2	3	4	5
Very Dissatisfied	Mostly Dissatisfied	Neither Satisfied Nor Dissatisfied	Mostly Satisfied	Very Satisfied

_____ 61. Face (facial features, complexion)
 _____ 62. Hair (color, thickness, texture)
 _____ 63. Lower torso (buttocks, hips, thighs, legs)
 _____ 64. Mid torso (waist, stomach)
 _____ 65. Upper torso (chest or breasts, shoulders, arms)
 _____ 66. Muscle tone
 _____ 67. Weight
 _____ 68. Height
 _____ 69. Overall appearance

MBSRQ © Thomas F. Cash, Ph.D.

APPENDIX P

RESEARCH TEAM MEMBERS' PLEDGE OF CONFIDENTIALITY

As of member of this research project team, I understand that I will be reading transcriptions of confidential interviews. Research participants in this project who agreed in good faith that their interviews would remain confidential have revealed the information in these transcriptions. I understand that I have a responsibility to honor this confidentiality agreement. I hereby agree not to share any information in these transcriptions with anyone except the lead researcher, Nichole Wood-Barcalow, or other members of this research team. Any violation of this agreement would constitute a serious breach of the American Psychological Association ethical standards, and I pledge not to do so.

Research Team Member Name _____

Signature _____

Date_____

Research Team Member Name _____

Signature _____

Date_____

APPENDIX Q

TELEPHONE SCRIPT FOR PARTICIPANT RECRUITMENT

Hello _____. My name is Nichole Wood-Barcalow and I'm contacting you regarding potential participation in two interviews for your Psychology 100 course. I'm a doctoral psychology student studying positive body image in females. You've been selected to participate in this study due to your answers on the prescreening information for Psych 100. Participation in this study is voluntary, which means that you can choose whether to participate in this study without adverse consequence. Also, you may choose to not answer specific questions, or you may decide to withdraw from the study at any time. To ensure confidentiality, you will have the opportunity to use a pseudonym and any identifying information will be excluded from the interview transcripts and replaced with a code number.

Participation in this study entails the following:

3. An individual interview of no longer than one hour, and
4. A follow-up interview of no longer than one hour about two weeks after the first interview

Please know that participation in this research study will include a total of up to two hours of your time. As a result, you will receive six research points through the Psychology Research Experience Program (REP).

At this time, do you have any questions? [Answer questions]

Are you interested in participating in this study?

If the potential participant says "no": Thank you for your time. Have a good day/afternoon.

If the potential participant says "yes": Thank you for agreeing to participate in this study. May we set up two appointment times for the interviews that are convenient for you? [Schedule first interview and follow-up interview. Explain directions to interview room on campus.]

Again, thank you for your time and participation in this study. I will see you on [repeat appointment day, date, time and location]. If anything should come up before then, please feel free to contact me by phone at 614-284-5845 or by email at wood-barcalow.1@osu.edu. Have a good day.

APPENDIX R

TRANSCRIPTION LOG

[illegible]