Designing, Testing, and Implementing BIAS (Body Image Awareness Seminars): A Positive Body Image Program

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Dedication

– To my Grandma –
Abstract

Dissatisfaction with the body is prevalent in North America and body image researchers have called this phenomenon a norm, suggesting it is abnormal for people to love their bodies. Positive body image programs are needed now more than ever but currently they are scarce, and this is especially true for individuals outside adolescent and university student populations. This dissertation describes the design, testing, and implementation of a new positive body image program called BIAS (Body Image Awareness Seminars). This program is unique in three ways: 1) it was created by working with participants using action research, 2) it is applicable to a diversity of people including older adults and people with physical disabilities, and 3) it was informed by positive body image research.

In study 1, initial interviews and focus group meetings revealed a potential knowledge gap in understanding body image between body image researchers and the non-academic community. Participants described a need to understand body image better in order to improve their body image experiences. This study led to the conclusion that psychoeducation is an important component of a positive body image program which significantly informed the design of BIAS.

Study 2 describes the creation of BIAS using action research. Very few body image programs have been designed using participatory methodologies. Instead, most body image researchers create and implement body image interventions without any participant feedback. Study 2 highlights both the advantages and disadvantages of using action research in the design, testing, and implementation of the BIAS program.
Study 3 is an evaluation of the effectiveness of BIAS. Using mixed methods, qualitative and quantitative data were analyzed and both concordance and discordance of results were reported. Participants’ body image was found to significantly improve and this improvement was sustained 6-weeks later. Additional findings include participants experiencing self-compassion, greater knowledge about body image, and becoming positive body image advocates. Study contributions to both the body image and mixed methods literature are discussed.

*Keywords:* positive body image; body image programs; action research; mixed methods; diversity
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Table of Contents

Dedication ......................................................................................................................... ii
Abstract ............................................................................................................................... iii
Acknowledgements ............................................................................................................ v
List of Tables ...................................................................................................................... xi
List of Figures ................................................................................................................... xii
List of Appendices ............................................................................................................. xiii
Chapter 1: General Introduction ..................................................................................... 1
  Body Image ....................................................................................................................... 1
  Body Image and Older Adults ......................................................................................... 3
  Body Image and Physical Disability .............................................................................. 5
  Positive Body Image ....................................................................................................... 6
    Body appreciation ......................................................................................................... 8
  Protective Nature of Positive Body Image ................................................................... 9
Body Image Programs and Interventions ......................................................................... 10
Methodological Approaches in Body Image Programming ............................................. 15
Rationale ............................................................................................................................ 17
Overall Approach of Dissertation ................................................................................... 19
Study 1 ............................................................................................................................... 19
Study 2 ............................................................................................................................... 20
Study 3 ............................................................................................................................... 20
  Dissertation Format ....................................................................................................... 20
References ......................................................................................................................... 22
Chapter 2 Preface ............................................................................................................ 36
Chapter 2: Study 1 ............................................................................................................. 37
Method ............................................................................................................................... 44
  Study Context .................................................................................................................. 44
  Study Design ................................................................................................................... 45
  Participants ...................................................................................................................... 45
    Focus groups ................................................................................................................ 46
    One-on-one interviews ............................................................................................... 46
  Research Team ............................................................................................................... 47
  Materials .......................................................................................................................... 47
Demographic form..........................................................47
Interview guide............................................................47
Focus group meeting schedule........................................48
Procedure........................................................................48
Analysis...........................................................................50
Analysis Rigour..............................................................51
Results............................................................................52
Stereotypical Assumptions about Body Image .......................53
  Body image is all about weight.......................................53
  Body image is negative..................................................55
  Body image is a woman's issue.......................................55
Body Image Continua for Positive and Negative Body Image ..........56
  Negative and positive body images are opposite....................56
  Negative and positive body images are distinct.....................56
Degree of Complexity of Body Image Dimensions ....................57
  Unidimensional............................................................57
  Multidimensional.........................................................58
Broad Considerations of Body Image...................................58
  Self-presentational influences.......................................59
  Body image is a broader social image...............................59
  Body image is self-esteem.............................................60
Limited Knowledge about Body Image................................60
Discussion........................................................................61
Implications for Research................................................64
Implications for Theory....................................................65
Practical Implications.......................................................67
Reflexive Analysis............................................................68
  First author...................................................................68
  Second author............................................................68
  Third author..................................................................69
Limitations and Future Directions.........................................69
Conclusion........................................................................70
References.........................................................................72
Chapter 3 Preface............................................................84
List of Tables

Table 2-1 Participant Characteristics 80
Table 2-2 Interview Guide 82
Table 2-3 Thematic Map of Themes and Subthemes of Participants’ Conceptualizations of Body Image 83
Table 3-1 Participant Characteristics 113
Table 3-2 Interview Guide 115
Table 3-3 Abbreviated Program Outline 116
Table 4-1 Participant Characteristics Qualitative and Quantitative Data 158
Table 4-2 Interview Guide 160
Table 4-3 BIAS Program Content 161
Table 4-4 Means, Standard Deviations, and Conbach’s Alpha of Measures Pre, Post, and Follow-up 163
Table 4-5 Thematic Map 164
| Figure 3-1 | Three Phases of AR Project Adapted from Stringer (2014) | 112 |
| Figure 4-1 | Convergent Design Model Adapted from Creswell & Plano Clark (2018) | 157 |
List of Appendices

Study 1 Ethics Clearance 203
Study 1 Materials 204
Study 1 and 2 Ethics Clearance 207
Study 1 and 2 Materials 208
BIAS Program Manual 221
Chapter 1: General Introduction

Body Image

There has been a rise in academic and popular curiosity about body image within the 21st century (Grogan, 2017). This growth in interest has led to a conceptual understanding of the construct as a multifaceted concept reflecting perceptual, cognitive, affective, and behavioural dimensions about the function and appearance of the body (Cash & Pruzinsky, 2002; Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). These experiences can vary on a daily basis (Melnyk, Cash, & Janda, 2004) ranging from positive to neutral to negative (Cash & Pruzinsky, 2002; Williams, Cash, & Santos, 2004). Body image is largely a socially constructed phenomenon heavily affected by social factors including interpersonal relationships, societal pressures, media influences, and cultural socialization, and is open to change from these social interactions (Grogan, 2017).

In Western society today, leanness is generally associated with happiness, success, youthfulness, and social acceptability. On the contrary, being overweight is associated with being lazy and having a lack of willpower and control (Puhl & Brownell, 2001). For women, the hegemonic beauty ideal is slim with an ‘hourglass’ shaped figure and large breasts (Grogan, 2017). Recently there has been a recognition of the ideal for women to include a fitter-looking body with some muscle tone. The recent rise of social media sites devoted to ‘Fitspiration’ (combining the words ‘fit’ and ‘inspiration’) reflects an added pressure to have a body that appears toned and thin (Grogan, 2017). For men, the ideal body is lean and muscular with a mesomorphic shape characterized by average
build with well-developed muscles on the chest, arms, and shoulders, and a slim waist and hips (Grogan, 2017).

Body image research has reported consequences of internalizing the thin (Fernandez & Pritchard, 2012) and muscular (McCreary & Sasse, 2000) ideals. Internalization of the beauty ideal can lead to body dissatisfaction, body image disturbance, or eating pathology (Thompson & Stice, 2001). Data from a large community study in the US reported that one in four women engage in abnormal eating and weight control practices in response to pressures to attain the ideal (Forman-Hoffman, 2004). Unhealthy weight control practices can be a result of negative body image, which occurs when an individual holds negative evaluations (e.g., body dissatisfaction) and/or excessive investment in his/her physical appearance (Cash & Strachan, 1999). Body image investment consists of the cognitive, behavioural, and emotional importance one places on the body whereas body image evaluation refers to one's level of satisfaction or dissatisfaction with his/her body (Cash, 2004).

Several researchers have examined the prevalence of negative body image. In one seminal study, when asked about various body areas/attributes of concern, roughly half of the women surveyed across the US reported some degree of dissatisfaction with their mid-torso, lower torso, and weight, and 48% of women indicated an overall body image dissatisfaction (Cash & Henry, 1995). In addition, when looking at the consequences of one’s body image on psychosocial functioning and well-being, Cash and Fleming (2002) found 20% of women indicated a negative effect on general life satisfaction, 35% reported an adverse effect on their ability to control their weight, and 7% stated a negative impact on relationships with friends. Trends of dissatisfaction have remained
relatively consistent in North America, as recent rates have been found to range between 13-32% for women and 9-28% for men (Fallon, Harris, & Johnson, 2014).

Negative body image has been associated with many negative physical, behavioural, and psychological outcomes. For example, body dissatisfaction has been linked to depression (Paxton, Neumark-Sztainer, Hannan, & Eisenberg, 2006; Stice & Bearman, 2001; Stice, Hayward, Cameron, Killen, & Taylor, 2000), low self-esteem (Cash & Flemming, 2002; O’Dea, 2012), and unhealthy exercise (e.g., Pridgeon & Grogan, 2012) and eating behaviours (e.g., Levine & Piran, 2004; Stice & Shaw, 2002) – findings observed in both genders. The body image literature has also started to investigate other individual difference factors aside from gender, such as life course changes and differences based on ability levels (e.g., Grabe & Hyde, 2006; Koff, Lucas, Migliorini, & Grossmith, 2010; Taleporos & McCabe, 2002; Tiggemann, 2004).

**Body Image and Older Adults**

One population that has received increasing interest in the body image literature is older adults (Tiggemann, 2004). Aging is accompanied by many changes to physical appearance and body function including weight gain, muscle atrophy, hair loss, and the use of hearing, seeing, and mobility aids (e.g., Goodpaster et al., 2006) that generally move older women’s and men’s bodies away from the Western cultural ideals. This has led to research designed to explore the similarities and differences of body image experiences in older adults compared to their younger counterparts.

Findings from a systematic review of both quantitative and qualitative research on body image in older adults demonstrated that body image experiences in Western seniors were both similar and different to body image experiences in younger populations (Roy
& Payette, 2012). For example, body dissatisfaction remained stable across the lifespan (e.g., Tiggemann, 2004); however, older adults placed relatively less importance on physical appearance (i.e., investment) aspects of the body and more on competence than younger populations. Hurd (2000) conducted a qualitative study with older adult women (aged 61 to 92) and found they exhibited the internalization of ageist beauty norms (i.e., media pressures to look younger) even though they asserted that health was more important to them than physical attractiveness. For example, these women suggested that health benefits were the reason for weight loss. However, Hurd concluded that appearance dividends are the key motivation behind weight loss in later life. Jankowski, Diedrichs, Williamson, Christopher, and Harcourt (2014) conducted a qualitative study on an ethnically diverse sample of older adult men and women. In their study, both women and men generally agreed that appearance (in attempts to look younger) was more important for women than men. The men felt some pressure in the opposite direction; rather than try to recover their youthful appearance, the men felt expected to look age-appropriate. Lastly, some participants felt their non-Western religion helped them resist sociocultural pressures thereby protecting their body image.

Research has also demonstrated the complexity of body image experiences in middle-aged and older adult women. Bailey, Cline, and Gammage (2016) found that both negative and positive body image experiences were expressed for the same women. For example, dissatisfaction with weight and body shape were commonly disclosed but these same women also discussed acceptance and appreciation for their bodies, particularly for body function and health. This research substantiated the idea that negative and positive body image are independent constructs as they can be experienced simultaneously.
**Body Image and Physical Disability**

Similar to body image findings in older adults, the literature about individuals with physical disabilities and body image is mixed. Typically, the research has reported that those with disability, including spinal cord injury, amputation, and multiple sclerosis, have poorer body image than those without disability (e.g., Holzer et al., 2014; Moin, Duvdevany, & Mazor, 2009; Pfaffenberger et al., 2011). For example, one study showed that women with disability had greater body dissatisfaction and poorer sexual self-esteem than those without impairment (Moin et al., 2009). However, there is also evidence that body image is similar between individuals with and without physical impairment (e.g., Bassett & Martin Ginis, 2009; Ben-Tovim & Walker, 1995). For example, Bassett and Martin Ginis (2009) found that their sample of men with spinal cord injury had comparable levels of body satisfaction as the general population (using mean comparisons). Bailey, Gammage, van Ingen, and Ditor (2015) found in their interview study that men and women with spinal cord injuries described a large variation in body image experiences. At one extreme, this range in experiences included embarrassment and overall dissatisfaction with the body due to the disability (e.g., see also Bailey, Gammage, van Ingen, & Ditor, 2017). However, some participants’ body image was not impacted by their disability at all or in some cases, the experience of disability promoted greater appreciation and gratitude for the body (Bailey et al., 2015).

The inconsistent findings regarding body image and physical disability may be due to variability in sample characteristics. These variabilities may include time with disability, nature of disability (i.e., congenital or acquired), age, gender, and psychological make-up of the participants studied. For example, there is evidence that
greater time with a disability correlates with greater satisfaction of appearance and function (e.g., Bassett, Martin Ginis, & Buchholz, 2009). This finding supported Taleporos and McCabe’s (2002) conclusion that individuals with physical disability gradually adjust to and accept their bodies over time. Furthermore, within the visible difference literature, it has been concluded that personality characteristics (e.g., resilience) and social environment (e.g., family support) are better predictors of adjustment than the objective physical extent of the difference (Rumsey & Harcourt, 2011).

**Positive Body Image**

Although the body image literature has traditionally stemmed from understanding negative body image and eating disorders, the positive body image literature is growing, with considerable expansion particularly in the last 10 years. Initially, positive body image was conceptualized as being on the opposite end of the same continuum as negative body image. It was assumed that by studying negative body image, positive body image was also studied at the same time (Tylka, 2011). However, growing support for the distinction between positive and negative body image has been found. The first support for this concept was by Williams and colleagues (2004) who reported three distinct groups of individuals based on body image characteristics: a positive body image group (54%), a negative body image group (24%), and a ‘normative body image discontent’ group (23%). While the negative body image group and normative discontent group had many similarities, the positive body image group demonstrated a unique pattern of well-being. Furthermore, positive body image, assessed via the Body Appreciation Scale (BAS; Avalos, Tylka, & Wood-Barcalow, 2005) or BAS-2 (Tylka &
Wood-Barcalow, 2015a) has demonstrated body appreciation contributes to well-being over and above body dissatisfaction. Lastly, Tiggemann and McCourt (2013) found in their sample of Australian older adult women using the BAS that it was possible for their sample to simultaneously experience some level of body dissatisfaction but also to appreciate their bodies. This finding demonstrates that both negative and positive body image experiences can occur simultaneously.

The first working definition of positive body image was proposed based on a mixed methods study by Wood-Barcalow, Tylka, and Augustus-Horvath (2010). They conceptualized positive body image as overall love and respect for the body with: (a) appreciation for uniqueness in beauty and function; (b) acceptance of the body regardless of inconsistencies with idealized images; (c) comfort and confidence displayed as an outer radiance; (d) emphasis on the body’s assets rather than shortcomings; and (e) a protective filter whereby positive information is internalized and negative information is reframed or rejected. Even though this definition was derived from a sample of young American college women, similar characteristics have been observed in other populations, including adolescent girls and boys from Sweden (Frisén & Holmqvist, 2010; Holmqvist & Frisén, 2012), African American girls from the United States (Pope, Corona, & Belgrave, 2014), Indigenous girls (McHugh, Coppola, & Sabiston, 2014), middle-aged and older adult women (Bailey et al., 2016), and men and women with spinal cord injuries in Canada (Bailey et al., 2015).

Since 2010 and based on a growing body of positive body image research, the current definition of positive body image has been developed further. Positive body image is described as a distinct construct from negative body image that is multifaceted,
including body appreciation (for appearance features, function, and health), body acceptance and love (regardless of actual appearance), adaptive appearance investment (i.e., grooming and hygiene maintenance), broadly conceptualizing beauty (i.e., beyond just the ideal), inner positivity (i.e., personality), and filtering information in a body-protective manner. Positive body image is holistic, stable but adjustable, likely protective, linked to unconditional acceptance by others, and shaped by an individual’s multiple social identities (Tylka & Wood-Barcalow, 2015b).

**Body appreciation.** Positive body image is multifaceted (Tylka & Wood-Barcalow, 2015b); however, no multidimensional measure of positive body image has been developed to date (Webb, Wood-Barcalow, & Tylka, 2015). Instead, positive body image has been most often operationalized as body appreciation (Avalos et al., 2005). Body appreciation is a core characteristic of positive body image. This characteristic is exemplified by a deliberate choice to: (a) accept one’s body regardless of its size or perceived imperfections, (b) respect and take care of the body by attending to its needs through engaging in health-promoting behaviors, and (c) protect the body by resisting the internalization of unrealistic standards of beauty disseminated in the media (Avalos et al., 2005). From this definition, Avalos and colleagues (2005) developed the BAS which has now been widely used across various populations, demonstrating convergent, discriminant, and incremental validity and internal consistency (e.g., Avalos et al., 2005; Tylka, 2013).

Since its development in 2005, much theoretical and empirical literature has advanced the understanding of positive body image, and as a result, body appreciation. Tylka and Wood-Barcalow (2015a) decided to converge items with more recent literature
and revised several items, resulting in the BAS-2. For instance, the item “Despite its
imperfections, I still like my body” was revised to “I appreciate the different and unique
characteristics of my body,” because the original item assumed that individuals view their
bodies as imperfect. The psychometric properties of the BAS-2 were supported in a
sample of US women and men (Tylka & Wood-Barcalow, 2015a), as well as across
individuals from various cultures (e.g., Atari, 2016; Swami & Ng, 2015).

**Protective Nature of Positive Body Image**

Positive body image has been related to various protective and adaptive
behaviours and outcomes. First, in Williams and colleague’s (2004) cluster analysis
described above, the positive body image group demonstrated a unique pattern of
superior well-being compared to the other two groups. For example, they were content
with their appearance, had low expressions of body image distress, and felt their body
image favorably influenced their quality-of-life. Similar findings have been reported
using the BAS-2; body appreciation accounted for unique variance in US college
women’s well-being, intuitive eating, eating disorder symptomatology, and US men’s
well-being and intuitive eating (see Tylka & Wood-Barcalow, 2015a). Furthermore, body
appreciation has been shown to explain unique variance, over and above body
dissatisfaction, in sun protection, skin screening, and weight loss behaviour (Andrew,
Tiggemann, & Clark, 2014). Therefore, positive body image has distinct associations
with well-being, adaptive self-care, and eating behaviours that are not accounted for
solely by negative body image.
Body Image Programs and Interventions

With growing support for the benefits of having increased positive body image and reduced negative body image, studies have explored the use of body image programs or interventions. However, most of these programs have been designed to prevent or reduce negative body image (e.g., Kater, Rohwer, & Londre, 2002; Smolak & Levine, 2001) or eating disorders (for a meta-analytic review see Stice & Shaw, 2004) only, as opposed to increasing positive body image. One approach used extensively to improve body image is exercise. Based on three meta-analyses (Campbell & Hausenblas, 2009; Hausenblas & Fallon, 2006; Reel et al., 2007) exercise interventions have a small positive effect on body image. Generally, participants who exercised had slightly better body image than those who did not exercise. Interestingly, improvements in body image were not due to physical body composition changes. This conclusion is supported by other studies that show fitness change is not necessary for enhanced body image (Fox, 2000; Martin Ginis, Bassett, & Conlin, 2012; Martin & Lichtenberger, 2002). This challenges the assumption that exercise-induced fitness changes (e.g., reductions in weight) are responsible for improvements in body image.

Since exercise interventions consistently demonstrate modest improvements to body image, researchers have explored other strategies to improve people’s body image. McVey and Davis (2002) evaluated the use of a 6-week positive body image program for girls. Participants in the control and program condition completed questionnaires that assessed body image satisfaction and eating problems before and 1-week after the prevention program, as well as during 6 and 12-month follow-ups. The 6-session prevention program was developed around: (a) media literacy about the dangers
associated with the idealization of thinness and (b) the promotion of life skills, including self-esteem enhancement strategies, stress management techniques, and peer relations skills. The control condition completed the measures at the same time points as the program condition but received no intervention. They found no program effect as participants in both the control and program condition improved in body image and eating attitudes. A limitation of this study is that the researchers only measured body satisfaction, which is a small component of positive body image, and eating problems, which is a component of negative body image. Therefore, these researchers may not have truly tapped into positive body image (e.g., body appreciation) thereby reducing their ability to find a program effect.

*BodyThink*, a widely disseminated body image and self-esteem program, demonstrates this same limitation (i.e., a body image program that may not have tapped into positive body image fully). Richardson, Paxton, and Thomson (2009) evaluated the efficacy of this eating disorder prevention program in a controlled study with adolescents. *BodyThink* was delivered as four 50-minute lessons during health or physical education classes at four different schools to adolescent girls and boys. Topics such as, ‘what is body image and self-esteem?’; ‘factors that impact on body image and self-esteem’; and ‘ways to increase body satisfaction and self-esteem’ were covered using PowerPoint presentations, magazines, worksheets, and a DVD. The intervention group participated in *BodyThink* while the control group received their usual classes. In evaluating the effectiveness of the intervention, the researchers measured media literacy, risk factors for body dissatisfaction, and body image and eating disorder symptoms. It was found the girls in the intervention group reported higher media literacy and lower internalization of
the thin ideal compared to those in the control group, with these changes sustained at the 3-month follow-up for the media literacy items. For the boys, the intervention group reported higher media literacy and body satisfaction than the control group with these changes sustained at the 3-month follow-up. Again, this study did not assess positive body image (beyond that of media literacy) and focused on reducing negative body image and preventing eating disorders.

Cognitive dissonance-based interventions have emerged as efficacious and effective eating disorder and body dissatisfaction prevention programs. A meta-analytic review by Stice, Shaw, and Marti (2007) revealed that they are one the most effective targeted interventions for girls aged 14 and above. For girls with preexisting body image issues, cognitive dissonance interventions led to reductions in thin-ideal internalization, body dissatisfaction, negative affect, psychosocial impairment, and risk for onset of eating disorders (Stice et al., 2007) with effects maintained up to three years post-intervention (e.g., Stice, Rohde, Shaw, & Gau, 2011). Halliwell, Jarman, McNamara, Risdon, and Jankowski (2015) found even a 1-hour cognitive dissonance-based intervention significantly increased body appreciation among adolescent girls immediately post-intervention compared to the control group.

A recent study promoted positive body image through self-compassion meditation (Albertson, Neff, & Dill-Shackleford, 2014). This 3-week self-compassion meditation training program was designed to improve body satisfaction and body appreciation in women. The women were randomized to the meditation intervention or the waitlist control group. In the intervention condition, each week participants were sent a link to a podcast containing 20-minutes of self-compassion meditation with instructions to listen
carefully once a day for the week. Three different self-compassion mindfulness meditations were taught each of the three weeks (week 1: compassionate body scan; week 2: affectionate breathing; week 3: loving kindness meditation). Women in the meditation condition had significantly greater reductions in body dissatisfaction, body shame, and contingent self-worth based on appearance, as well as higher body satisfaction and body appreciation than those in the control condition.

Bush, Rossy, Mintz, and Schoop (2014) evaluated a 10-week intervention designed for middle-aged adult women with a variety of body image or eating concerns. This intervention incorporated mindfulness and intuitive eating principles. Compared to wait-list control group, female university employees who participated in the intervention reported significantly increased mindfulness, body appreciation, and intuitive eating immediately post-intervention; however, it is unknown if these effects were sustained.

A more recent study by Alleva, Martijn, Van Breukelen, Jansen, and Karos (2015) evaluated the program, Expand Your Horizon, designed to improve body image by having participants focus on body functionality rather than appearance. Young women with a negative body image (assessed using the Body Shape Questionnaire; Cooper, Taylor, Cooper, & Fairburn, 1987) were randomized to the Expand Your Horizon program or to a control program. The Expand Your Horizon program involved three structured writing assignments. At the beginning, participants were provided information about body functionality including a list of examples. The first writing assignment focused on body senses and physical capacities. The second focused on health and creative endeavors and the third on self-care and communication with others. Participants described the functions their body performs and why they were personally important and
meaningful. The control was a creativity training program which also involved three writing assignments about the concept of creativity instead. Following the intervention, participants in the *Expand Your Horizon* program experienced greater levels of appearance satisfaction, functionality satisfaction, and body appreciation, and lower levels of self-objectification compared to participants in the control group and these results were sustained at the one-week follow-up. This was the first study to demonstrate that a focus on body functionality can improve positive body image (i.e., body appreciation) and reduce negative body image (i.e., self-objectification).

One study examined the effects of a brief 20-minute acceptance-based intervention on reducing body dissatisfaction in college women (Margolis & Orsillo, 2016). Participants were randomly assigned to one of three conditions (acceptance, cognitive restructuring, or a control group). In the acceptance condition, thoughts about body dissatisfaction were normalized and participants were introduced to the paradoxical effects of trying to suppress or change thoughts and feelings. Acceptance was introduced as an alternative way of coping with uncomfortable thoughts and participants were led through a mindfulness activity that asked them to bring compassion to a memory of an early negative body image experience. In the cognitive restructuring condition, participants were introduced to the idea that automatic, faulty beliefs about body shape and size negatively impact mood and behavior. Cognitive restructuring was offered as a method of systematically evaluating thoughts that can help one approach situations with a more balanced attitude. Participants were then directed on how to apply cognitive restructuring to three negative body image thoughts and then asked to do so. Participants in the comparison condition listened to a script of a nature story. It was found that both
the acceptance-based and cognitive restructuring interventions resulted in improvements in body satisfaction compared to the control condition.

To summarize the overall impact of body image interventions, a review was conducted to estimate the effectiveness of stand-alone body image interventions and to identify the specific change techniques that lead to improvements in body image (Alleva, Sheeran, Webb, Martijn, & Miles, 2015). The inclusion criteria for this review were: a) the intervention was stand-alone (i.e., solely focused on body image), b) a control group was used, c) participants were randomly assigned, and d) at least one pretest and posttest measure of body image was taken. Results indicated intervention effects led to small-medium improvements in body image. Characteristics of interventions that led to more improved body image in participants were: interventions delivered in a group format, with a facilitator present, and over multiple sessions. Interestingly, based on this review, it was found that psychoeducation was associated with improved body image (Alleva et al., 2015). This finding is contrary to studies targeting other issues such as preventing eating disorders or reducing alcohol consumption where psychoeducation has been found to be ineffective. Furthermore, psychoeducation did not instill negative body image by making participants think about body image more. Instead, it may have helped participants recognize and manage body image thoughts, feelings, and behaviours rather than being critical about appearance.

**Methodological Approaches in Body Image Programming**

Traditional body image intervention research has been dominated by quantitative survey-based designs. This type of research has been effective at demonstrating modest improvements in body image as a result of interventions (i.e., Alleva et al., 2015).
However, the detail and nuance of the body image experiences is missing in this type of conventional research. McHugh and Kowlaski (2010) were one of the first researchers to explore the use of participatory methods to promote positive body image with Indigenous girls. By working closely with a core group of girls, together they created ‘body talk’ sessions and writing groups and were featured in the media (wrote and published newspaper articles) about body image in Indigenous youth. Aspects of positive body image such as body appreciation and acceptance were promoted through this study within a population that was largely understudied in the body image literature. These action researchers in body image, along with others (e.g., Becker et al., 2017; Piran, 2001; Shea, Poudrier, Chad, & Atcheynum, 2011; Shea, Poudrier, Thomas, Jeffery, & Kiskotagan, 2013), share the same epistemological stance that knowledge is co-created and that this type of knowledge production is both valuable and important for social change (Bradbury Huang, 2010).

These participatory-based research studies opened up new avenues for body image research as they demonstrated knowledge gains beyond a ‘researcher knows best’ paradigm. Action research challenges traditional forms of body image research as it seeks the critical understanding and the active engagement of stakeholders (Brydon-Miller, Greenwood, & Maguire, 2003). Action research is a research approach that seeks answers to questions by working with participants, through constant action and reflection, in the pursuit of knowledge generation and the flourishing of people (Bradbury Huang, 2010; Brydon-Miller et al., 2003). A primary purpose in action research is to produce practical knowledge that can be used by people in their everyday lives (Reason & Bradbury, 2001). By incorporating participant feedback from the design phase of a body image
program, program success may be strengthened since participant needs are addressed before implementation. Furthermore, aspects of the program that are effective versus less effective can be revised within the research process; by comparison, programs that are designed without feedback are found to be unsuccessful only at the conclusion of implementation.

**Rationale**

The majority of body image interventions to date have been created to reduce negative body image or prevent eating disorders in adolescent or university student populations (Aspen et al., 2015; Dohnt & Tiggemann, 2008; Kater et al., 2002; Margolis & Orsillo, 2016; McVey, Lieberman, Voorberg, Wardrope, & Blackmore, 2003; Ross, Paxton, & Rodgers, 2013; Smolak & Levine, 2001; see Stice & Shaw, 2004, Yager, Diedrichs, Ricciardelli, & Halliwell, 2013, and Yager & O’Dea, 2008 for reviews of these interventions). In fact, some of the aforementioned studies claimed they were positive body image interventions when positive body image was not targeted or measured, or the only component of positive body image measured was body satisfaction (a very small component of positive body image). Very few interventions have been designed to increase positive body image as a multidimensional construct, including body acceptance, appreciation, and respect (with the exception of Albertson et al., 2014; Alleva, et al., 2015; McHugh & Kowalski, 2010). Programs that successfully reduce negative body image may result in participants experiencing neutral body image, at best (Tylka, 2011). The flourishing side of body image must be specifically targeted for participants to leave an intervention experiencing positive body image, since these constructs are distinct (Tylka & Wood-Barcalow, 2015b). Therefore, there has been a call
for further development of interventions and programs specifically tailored to address components of positive body image (Halliwell, 2015).

It is also important to note that none of the above-mentioned programs/interventions included underrepresented populations (e.g., people with physical disabilities or older adults) – let alone explored positive body image. However, there has been a call for more research on positive body image in these populations (Tiggemann, 2015) and there is significant support to suggest these populations are in particular need of positive body image programs (e.g., Bailey et al., 2015, 2016, 2017; Moin et al., 2009; Taleporos & McCabe, 2002; Pfaffenberger et al., 2011). For example, Bailey et al.’s participants with spinal cord injury (2015) and middle-aged and older adult women (2016) expressed a need to learn more about how to develop a positive body image. They desired this information since facing physical changes to their bodies from age or disability. Taleporos and McCabe’s (2002) qualitative study about body image and physical disability demonstrated that for each participant, living with a physical disability had clearly affected their psychological experiences, feelings, and attitudes towards their own bodies. These authors concluded people with physical disabilities should be taught how to focus on the positive aspects of their bodies. Therefore, populations outside the typical adolescent or university student samples should be targeted for future positive body image programming research not only because they are underrepresented in this literature, but because positive body image has the potential to tremendously improve their lives (e.g., Bailey et al., 2015, 2016; Taleporos & McCabe, 2002).

Since these populations may have unique body experiences and less is understood about their body image (Tiggemann, 2015), a participatory-based strategy to create a
positive body image program may be most appropriate and successful. Quality action research involves the integration of participants’ knowledge and the research literature (Reason, 2006). Cycles of action and reflection involve presenting research evidence to participants to provide resources for them to create positive change in their lives. Utilizing participant feedback throughout the design and implementation of a positive body image program may ensure success since participant needs are addressed immediately and thoroughly throughout the research process with the goal to positively influence participants’ everyday body image experiences (Reason & Bradbury, 2001).

**Overall Approach of Dissertation**

The purpose of this dissertation was to design, test, and implement a positive body image program (later named BIAS: Body Image Awareness Seminars) with members of the Brock-Niagara Centre for Health and Well-Being by using action research. The Centre was an optimal location for this project as it had four specialized exercise programs that targeted older adults (aged 55 or older; SeniorFit), individuals who had cardiovascular disease (Heart Strong), and people with spinal cord injury and multiple sclerosis (PowerCord) – populations under-researched in the body image program literature.

**Study 1**

The first study revealed an epistemological gap in the body image literature which was fundamentally important to the design of the resulting positive body image program. The purpose of the first phase of this dissertation was to design a positive body image program by working alongside members of the Brock-Niagara Centre for Health and Well-Being. During recorded meetings and interviews with members, an epistemological
gap was observed between how body image researchers and community members define body image. This revelation was critical as it informed the content and structure of BIAS.

**Study 2**

The second study filled a methodological gap in the body image intervention and program literature. Delineated in this study is the process of co-creating BIAS using action research and the important lessons learned from working with members of an exercise facility. This study outlines new avenues and possibilities for future positive body image program research from a participatory approach using action research – a methodology seldom used in the body image program literature.

**Study 3**

The third study filled a methods and program gap in the body image field. The purpose of this study was to evaluate BIAS, a positive body image program that specifically targeted positive body image, using mixed methods. Again, mixed methods strategies are rarely used in the body image literature. In this study, mixed methods provided important insights about the impact BIAS had on participants’ overall body image and the strengths and weaknesses of the BIAS program.

**Dissertation Format**

This dissertation is written as an integrated article format, meaning the studies presented in this document were written as independent articles. Each article includes a brief literature review, description of purpose, research questions, methods, results, and discussion. Therefore, there will be some overlap in content between the three manuscripts. Each manuscript has been written to stand-alone and thus, detailed information must be included within each article. Furthermore, each article is written for
its intended journal audience, including content, writing style, and the predominate paradigmatic beliefs. A preface is provided before each chapter to allow for transition between articles. A final general discussion at the end of this dissertation provides an overall perspective on the three studies with their contributions to the existing empirical, theoretical, and applied literature.
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Chapter 2 Preface

The following article is the result of some important findings that occurred during the design phase of BIAS. During interviews and focus group meetings with members and students at the Brock-Niagara Centre for Health and Well-Being, a knowledge gap in understanding body image between body image researchers and the non-academic community about the nature and definition of body image, was found. This revelation profoundly influenced the design of the BIAS program as psychoeducation about body image was discussed as an important component of a body image program. This article significantly contributed to the research, theory, and practical components of the body image literature and was published in the journal *Body Image*. 
Chapter 2: Study 1

How do you define body image? Exploring conceptual gaps in understandings of body image at an exercise facility¹

How do you define body image? Exploring conceptual gaps in understandings of body image at an exercise facility

Body image research has a complex and evolving history which has shaped the way the construct has been conceptually defined. Nearly a century ago, German neuropsychologist Paul Schilder defined body image as “the picture of our own body which we form in our mind that is to say, the way in which the body appears to ourselves” (p. 3, 1935/1950). Franklin Shontz (1969) subsequently integrated theory and data about cognitive and perceptual (e.g., body size estimation) aspects of body experience from various areas of experimental psychology; he also applied scientific findings to understanding physical disability and health psychology – being the first to regard the body experience as multidimensional. More recently, Cash defined body image as a multifaceted psychological experience of embodiment, especially but not exclusively physical appearance, even using the term “body images” (Cash & Pruzinsky, 1990, p. xi), since the construct is far from a single entity. Rather, it encompasses body-related self-perceptions and self-attitudes, including thoughts, beliefs, feelings, and behaviors. In 2002, the original edition of Body Image: A Handbook of Theory, Research, and Clinical Practice, called for researchers to conceptualize embodiment as complex, moving beyond body appearance and dissatisfaction to include body functionality and positive body image (Cash & Pruzinsky, 2002).

Interestingly, even within the body image research community the definition of body image fluctuates depending on the aim of the particular researcher (Blood, 2005; Grogan, 2008). For instance, Thompson and colleagues (1999) noted the challenge in defining body image and listed 16 “definitions” of body image including, for example,
weight satisfaction, size perception accuracy, and body satisfaction. Body image is a complex phenomenon, including many components with gender, ethnic, and sociocultural influences, which has led to some terminological confusion among researchers (Cash & Pruzinsky, 2002; Cash & Smolak, 2011).

Understanding body image and how it is defined in diverse populations, including older adults and those with disabilities, has been identified as a need in the field (Cash & Smolak, 2011). Research on body image in these samples has been equivocal. For example, in people with spinal cord injury, negative changes (e.g., decreases in sexual self-esteem and overall functionality, poorer sexual satisfaction and overall body image) have been reported (Burns, Hough, Boyd, & Hill, 2010; Moin, Duvdevany, & Mazor, 2009; Potgieter & Khan, 2005). On the contrary, other research with individuals with physical disability has found almost no difference in body image compared to general populations (e.g., Bassett & Martin Ginis, 2009) and even evidence of positive body image with acceptance of the disability (e.g., Bailey, Gammage, van Ingen, & Ditor, 2015; Taleporos & McCabe, 2002). This finding is consistent with research in individuals with multiple sclerosis (MS); one study found almost no difference in body image between college men and men with MS (Samonds & Cammermeyer, 1989). By contrast, Pfaffenberger et al. (2011) found individuals with MS scored significantly lower on self-ratings of attractiveness and self-confidence than those without MS. Research with older adults has demonstrated both similarities and differences in body image experiences to younger samples (Roy & Payette, 2012). For example, body dissatisfaction remains stable across the lifespan; however, older adults place relatively less importance on physical
appearance of the body and more on physical competence (Roy & Payette, 2012; Tiggemann, 2004; Tiggemann & McCourt, 2013).

Alongside the expansion of body image research in older adults and those with disabilities has been research on positive body image, including a special series in 2015 on this topic published in Body Image (e.g., Halliwell, 2015; Tiggemann, 2015; Tylka & Wood-Barcalow, 2015a). This research has led to a still-evolving, working definition of positive body image as a distinct construct from negative body image, with facets that include appreciating and accepting the body for both its appearance and functionality, engaging in adaptive appearance investment, conceptualizing beauty broadly, and reflecting inner positivity (Tylka & Wood-Barcalow, 2015a). We also understand that positive body image is holistic in its expression and influence, stable but still responsive to contextual and individual variables, protective of psychological well-being, linked to unconditional body acceptance by others, and molded by social identities. Undoubtedly, the explosion of research on positive body image has transformed the way researchers currently understand and conceptualize body image.

With the increase in scholarly research on body image came public attention on body image (Blood, 2005). For example, body image research has been disseminated via popular journals and magazines such as Psychology Today, which defined body image as “a complex and puzzling topic, one that has fascinated psychologists and neurologists for many years. It is a term that almost everyone seems to grasp but even experts do not really understand” (Garner, 1996, para. 4). Furthermore, advertisements by Dove® and Kellogg® have utilized body image messages as marketing strategies. Body image messages in the media usually focus on appearance (e.g., body size and weight) to
encourage customers to buy their products to ‘feel better’ about their bodies. Even recent advertisements by Dove® that attempt to portray positive body image messages emphasize body size, weight, and overall appearance, which may have significant impact on lay peoples' understanding of the construct. Therefore, it is very likely that the general public’s understanding of body image and weight is greatly influenced by popular media, which are more accessible than scholarly peer-reviewed sources (Blood, 2005).

As body image research has expanded to include more populations (e.g., disability, age, geographical regions) and positive body image from a qualitative approach, the definition has been further challenged. Some qualitative studies have asked participants to explicitly define body image (e.g., Bailey, Cline, & Gammage, 2016; Bailey et al., 2015; Wood-Barcalow, Tylka, & Augustus-Horvath, 2010). These studies have demonstrated some variation in how participants understand the concept. For example, Wood-Barcalow et al. (2010) found women with positive body image and experts in body image were able to articulate consistently the definition of a positive body image. On the contrary, Bailey et al.’s studies of participants with spinal cord injury (2015) and older adult women (2016) who expressed negative and positive body images actually showed a great deal of variation in their understanding of the construct. These findings have important practical implications. When designing programs intended to improve body image, congruence in the understanding of body image among researchers, and between researchers and participants, may be paramount to the program’s success. If program participants understand body image differently than researchers, then they may not effectively absorb and retain information intended to improve their body image. Further, participants’ expectations about the program outcomes may be different based on
their understanding of body image, and if their expectations do not align with program content, they may not be receptive to the information, compromising treatment gains. We propose that participants and researchers have to “speak the same language” to ensure optimal program success. To date, researchers have seldom attempted to understand participants’ own understanding of body image within body image program pursuits.

Body image programs have been designed mostly to reduce or prevent negative body image or eating disorders (e.g., Kater, Rohwer, & Londre, 2002; Stice & Shaw, 2004; Yager & O’Dea, 2008). Overall, effect sizes are typically small in magnitude with little evidence of long term changes (Yager & O’Dea, 2008). A recent review that included programs that made efforts to promote positive body image reported that psychoeducational approaches, such as teaching participants about the concept of body image and its causes, influences, and outcomes and how it is expressed behaviourally, was associated with improved body image (Alleva, Sheeran, Webb, Martijn, & Miles, 2015). These authors acknowledged that psychoeducation is associated with smaller effect sizes in interventions targeting issues beyond body image (e.g., eating disorder prevention, healthy eating and exercise); however in their review, psychoeducation about body image specifically (rather than about healthy eating or eating pathology) was associated with improved body image. Therefore, psychoeducation about body image specifically may be important in program design to reduce the discrepancy in understanding of this construct between researchers and the public and improve body image in body image programs specifically.

Limited research has explored explicitly how participants understand the construct of body image. Some studies have explored participants’ perceptions of their
bodies and the ideal and how they perceive that others feel about their bodies, finding that participants tend to focus on appearance, muscularity, or weight in their implicit definitions of body image (Grogan & Richards, 2002; Ridgway & Tylka, 2005; Rodgers, Paxton, McLean, & Damiano, 2016). Further exploration of how diverse individuals define the construct of body image will help inform future body image program design. More specifically, society is comprised of individuals who vary in age, background, ability, and health status, and therefore to understand non-academics’ conceptualization of the construct body image, it is important to explore definitions from individuals who hold diverse social identities (Tiggemann, 2015).

Therefore, in the present study, we used a qualitative design to explore the definition of body image with a heterogeneous sample for two reasons. First, according to Liamputtong (2013a) a heterogeneous group composition in qualitative research can be favourable (Hennink, 2007; Litosseliti, 2003), particularly if researchers want to "maximize the possibility of exploring subjects from different perspectives" (p. 81). Morgan (1997) stated that the selection of a heterogeneous or homogeneous sample in qualitative research should be based on the research question(s). Since we wanted to explore how body image could be defined among individuals of an exercise facility designed for older adults, people with physical disabilities, and chronic health conditions, we recruited our sample to ensure we obtained these different perspectives. Second, this study was the first step of a larger research agenda that was geared toward developing and implementing a positive body image program across individuals at this facility who varied in age, gender, ability, and health status—as such, it was imperative that the body image perceptions representing this heterogeneous group were investigated. Therefore,
the current qualitative study was designed to explore how participants of an exercise facility defined body image. The research questions were:

1. How do participants define body image, including negative and positive body images?
2. How are participants’ definitions consistent or incongruent with the body image research community’s definitions?

**Method**

**Study Context**

Participants were recruited from the university affiliated exercise facility developed for members of the community. In order to join the facility, community members had to meet one of the following criteria: physical disability, cardiac disease or risk, or 55 years of age or older. Based on these criteria, the facility had the following specialized programs: Power Cord- Spinal Cord Injury, Power Cord- Multiple Sclerosis, Heart Strong, and SeniorFit. Members from each of these programs were part of the current study. Information from these participants would guide the future intervention development by assessing if the same positive body image program should be used for all the specialized programs at the facility. In a previously conducted study of older women within the same facility (Bailey et al., 2016), participants suggested that implementing interventions within exercise facilities geared to teaching older adults strategies to manage their body image experiences was needed. This information provided preliminary evidence of the need for such a program within the facility, but further exploration within all programs and genders at the facility was needed. It is important to note that only one participant in the current study had participated in any of the previous studies examining body image at the facility (Bailey et al., 2015).
Study Design

For this study, a qualitative design was employed whereby face-to-face interviews and focus group meetings were utilized to gather perspectives from current members of an exercise facility about what needs to be addressed within a positive body image program to be delivered within that facility. Qualitative designs are useful when there is limited information about a particular topic (Liamputtong, 2013b), such as the present study. Whereas the larger research agenda focuses on designing, implementing, and evaluating a positive body image program within an exercise facility by working with its members using action research, the present study thus gathers important data on body image definitions that help inform this process. Action research is a methodology designed to seek answers to questions by working with participants, through constant action and reflection, in the pursuit of knowledge generation and the flourishing of people (e.g., Bradbury Huang, 2010; Brydon-Miller, Greenwood, & Maguire, 2003). Action research is an iterative process, involving multiple cycles of action and reflection (Coghlan & Brydon-Miller, 2014). In this study, action research cycles involved modifying the research in light of preliminary findings which informed the design of the desired outcome (i.e., the positive body image program being developed). Data about the design of the positive body image program (i.e., structure, format, and delivery) that were collected for the larger study were not included in this paper.

Participants

A total of 19 participants from Southern Ontario were recruited for the present study, and the sample includes all participants from the larger study. Participants were recruited for the present study if they were an adult (18 years of age or older) member or
student trainee of the exercise facility described above. Efforts were made to ensure participants selected represented the diversity of the facility in terms of gender, age, health status, and ability. For the present study, all participants completed a one-on-one interview and seven members (i.e., stakeholders) completed six additional focus group meetings as part of the action research design (see below). Detailed participant characteristics are presented in Table 2-1.

**Focus groups.** As part of the action research design for the larger study, seven members of the facility who varied in gender, age, ability, and health status participated in six meetings (similar to focus groups) as stakeholders who helped develop the positive body image program. Within action research, these focus groups allowed researchers to work with members of the facility to design a positive body image program. Focus groups provided an opportunity for rich data as participants engaged in dynamic discussions about body image; however, they cannot explore complex beliefs about a single person, and some individuals are uncomfortable sharing in a group setting (Liamputtong, 2013a).

**One-on-one interviews.** To complement the focus group data, interviews were conducted with all 19 participants. Interviews began with the stakeholders who participated in the six focus groups and then to strengthen the breadth of the data, interviews were conducted with additional members of the facility varying in gender, age, ability, and health status, as well as students who worked at the facility. The length of each interview is presented in Table 2-1.
Research Team

The research team comprised four individuals, all of whom were Caucasian, with no physical disabilities, and varied in age, educational background, and research experience. The first author was a 27-year old female doctoral student at the time of the study. Her research expertise was in body-related experiences across diverse populations such as college students, older adults, and people with varying physical disabilities, using a variety of research approaches. She had completed various undergraduate and graduate qualitative research courses. She conducted all the interviews, facilitated the focus group meetings, and transcribed and analyzed all the data. The second author (age 45) was a director of the exercise facility and had extensive research experience in the area of body image and self-presentational concerns across the lifespan. Her research approaches include both quantitative and qualitative designs. She helped with refinement of the final themes and writing of the manuscript. The third author (age 46) had expertise in cultural studies of sport with considerable experience in qualitative methodologies, particularly action research. Her role was to help guide the methodological approach of the study. Lastly, a non-author female kinesiology undergraduate student researcher (age 22) attended the focus group meetings and assisted with the coding and final analysis of the study.

Materials

Demographic form. A general demographic form was used to gather information about participants such as gender, age, race, and program affiliation.

Interview guide. A semi-structured interview guide (see Table 2-2 for questions related to the present study) was used within the context of the larger study to gather
information about participants’ experiences with body image and their perspectives on designing, implementing, and evaluating a positive body image program at the exercise facility. A portion of the interview guide pertained to how participants defined body image; however, some responses were in terms of overall program development. Participants were provided with the interview guide before the interview to help improve the quality of data.

**Focus group meeting schedule.** Overall discussion themes for each of the six meetings with stakeholders were: (a) What is body image?, (b) What are the myths and truths about body image?, (c) What is positive body image?, (d) What are all the characteristics of positive body image?, (e) Designing a positive body image program, and (f) Final design of the program.

**Procedure**

After university research ethics clearance was obtained, participants were recruited using purposive sampling procedures (Patton, 2002). To recruit members as stakeholders to attend a series of focus group meetings, 11 information sessions about the project were held in a private meeting room within the exercise facility. Posters placed around the facility and word-of-mouth techniques were used to recruit members to attend the information sessions. Information sessions were facilitated by the first author and were about 30 minutes in length which included a PowerPoint presentation about the study and how to get involved as a participant.

A total of 48 members attended the information sessions. Members who were interested in the study provided the first author with contact information. They were informed in writing and verbally that not everyone would be selected as a stakeholder.
because a range of individuals (age, gender, health, and ability) representing the diversity of the facility were needed; however, everyone would be invited to complete a one-on-one interview. The first author then contacted the 40 interested members by phone for a screening interview in order to select a range of individuals varying in age, ability, program affiliation, and health status who were interested in actively designing the positive body image program. Action research is a methodology designed around personal investment by participants, and therefore personal investment was a criterion for the larger study (Bradbury Huang, 2010; Brydon-Miller et al., 2003). Personal investment was gauged by asking members why they were interested in body image. Members who expressed interest beyond study incentive and could represent the diversity of the facility were invited to become a stakeholder on the project. Three members declined to participate after being contacted. Seven of the 40 members were selected as stakeholders (and completed both focus groups and individual interviews), and nine additional members agreed to complete a one-on-one interview. In addition, three student trainees with experience across the programs were recruited by word-of-mouth for a one-on-one interview. Student trainees were selected to diversify the sample in terms of age and experience, to help broaden the sample to better represent the general community, to help improve the trustworthiness of findings, and to reach data saturation for analysis. Student trainees were university kinesiology or health science students learning about exercise principles and exercise programming for the specialized programs of the facility. Student trainees with current educational backgrounds in health and kinesiology could offer an important perspective on body image that was not captured by members, particularly given their differences in educational background and in body-related experiences.
All members who participated in the focus groups were compensated with a 3-month free membership to the facility. In addition, each participant was compensated $20 for the one-on-one interview. All participants were informed in writing and verbally they could withdraw at any time. The first author outlined that anonymity could not be guaranteed but that participants’ identities would remain confidential. Participants were also asked to keep all discussions confidential. They were provided information for support helplines, since the topic was sensitive in nature.

Focus group meetings were 60 minutes in length, facilitated by the first author, and audio recorded. Detailed notes were taken during each meeting by the research assistant. One-on-one interviews, lasting about 40 minutes on average, were conducted with all 19 participants, including the stakeholders who participated in the focus group meetings, and were audio recorded.

**Analysis**

All audio recordings of the interviews were transcribed verbatim by the first author. In lieu of transcribing the focus groups verbatim, detailed notes were made by the student research assistant and the first author listened to the focus group recordings several times and extracted particularly relevant quotations for the present study. Pseudonyms were assigned to each participant for anonymity purposes. Thematic analysis was employed for identifying, analyzing, and reporting patterns or themes in the focus group and interview data while remaining theoretically free (Braun & Clarke, 2006). This analysis was primarily grounded within the first author’s constructivist framework (Lincoln, Lynham, & Guba, 2011). As a constructivist, it is acknowledged
that her extensive work within positive body image informed and strengthened the analysis.

The first author and the student research assistant immersed themselves in the transcripts, reading them multiple times to search for meaning and patterns. Transcripts were coded inductively, where initial codes were identified as reoccurring patterns. Then, codes were sorted into potential themes (i.e., broader concepts related to the research question or topic). This process remained flexible whereby themes were modified and refined until the most coherent reconstruction of the data was completed and made into a thematic map (Braun & Clarke, 2006). The researchers agreed that saturation was reached on all major themes as no new insights developed in the last few interviews with the student trainees that were conducted.

**Analysis Rigour**

We followed Lincoln and Guba’s (1986) and Tracy’s (2010) recommendations for ensuring the trustworthiness, authenticity, and credibility of the data. For example, member checking was used to ensure the participants’ experiences were interpreted correctly. Within two weeks of each interview and focus group, participants were provided a summary of the data via email to review, correct, and/or supplement the information. Authenticity was maintained by having participants’ own words displayed as direct quotations within the results. Two independent coders analyzed the data to apply their separate ideas and concepts to the analysis. The first author coded 100% of the interview and focus group data and the research assistant coded 16 of the interview transcripts. They met after independently coding the first interview where they reached about 75% agreement overall across all codes. Any disagreements were discussed until
consensus was reached on all codes. Then, they coded independently up until the eighth interview where they met again about all eight interviews and reached about 75% agreement across all codes and themes. Again, discussions lasted until consensus was reached. Another meeting took place after they had independently coded 16 interviews where 80% agreement was reached across all codes and themes, and they felt data saturation was almost met. Thus, the first author coded the remaining data on her own and then met with the student research assistant and the second author, and all three discussed the final themes, subthemes, and codes. Triangulation of data sources (e.g., interviews, focus group meetings, detailed meeting notes) and multiple analysts were used to gather multiple perspectives to strengthen final results (Patton, 1999) and reflexive practice was used (Tracy, 2010).

**Results**

Overall, participants ranged in their conceptualization of body image. There was no clear distinction between how members of the facility and student trainees operationalized body image. Furthermore, the same themes emerged regardless of program affiliation and gender. For instance, the same assumptions about body image were expressed by men and women. The following main themes were found when participants were asked to define body image in their own words: stereotypical assumptions about body image, body image continua for positive and negative body image, degree of complexity of body image dimensions, broad considerations of body image, and limited knowledge about body image. The thematic map of all themes and subthemes can be found in Table 2-3.
Stereotypical Assumptions about Body Image

It was apparent during the meetings and interviews that 13 participants had inherent assumptions about body image. There was a noticeable trend where participants defined body image with a negative tone with considerable emphasis on women and weight. This theme reflects the very narrow definitions of body image suggested by some participants. In fact, for some, it appeared they were not even aware of how much these assumptions influenced their understanding of body image. In this theme, participants expressed three main assumptions which emerged as three subthemes: body image is all about weight, body image is negative, and body image is a woman’s issue.

**Body image is all about weight.** One of the most salient themes reported by 13 participants was that body image is heavily focused on weight and appearance almost to the exclusion of other aspects (i.e., body functionality). Evident in the quotations provided, participants consistently focused on weight and appearance for most examples in most themes of the present study. For example, for Scott, weight was something that dictated his body image all his life. He described weighing himself and recording his weight every day. He explained this behaviour,

> I have my weight for years written down. I get on the scale every morning and clearly you can see that it doesn’t control my life because I’m 10 pounds overweight and I can’t reduce it…. I do it because it’s the only objective measure…. It’s a quick and easy objective measure.

Scott's statement above seems contradictory as he claims to not be controlled by his weight; however, his daily routine is about his weight. From Scott’s perspective, weight was the only aspect of his body image that really mattered. He truly believed that
weighing himself every day was crucial to his body image. When discussing what a positive body image program would look like he explained it should follow the same tenets as Weight Watchers®.

Penny was very open and honest when describing her experience with weight. She grew up in South Africa and was overweight most her life. When she moved to Canada she was diagnosed with stomach cancer in her late 40s and had a large section of her stomach removed thereby losing and keeping off 50 pounds. Shortly after losing weight, she sustained her spinal cord injury and now uses a power chair. From a body image perspective, she said it was worse being overweight and if she had the choice, she would rather have a spinal cord injury. She said, “I lost 50 pounds ah that’s much better, the fat was worse than when looking at my body now with the injury.” Her experience of being overweight was so ingrained in her brain that she continued to look for clothes in the large and extra-large sections even though those sizes had not fit her in years. She said, “It’s [body image] all about weight!”

Debbie and Becca described weight dictating their behaviours. Debbie explained being so insecure about her body because of her weight that she would avoid leaving the house. Becca grew up being a very attractive and tall woman which boded well for her in her flight attendant career. After menopause, quitting smoking, and then retiring, she described gaining 40 pounds. Since gaining the weight, she refuses to associate with past friends in fear they will ridicule her for her weight gain. During one of the meetings she said, “I would rather be unhealthy and thin, I would! And I know it sounds awful!” These experiences illuminate how deeply weight is understood as central to one’s body image,
and for Becca and Penny being overweight was almost the worst thing that could happen to their bodies.

**Body image is negative.** Within the language used by the 13 participants in this theme, it can be observed that there is another inherent assumption that body image is negative. Although no participant said this explicitly, when describing body image participants consistently used words such as, “struggles,” “issues,” “lack of self-confidence,” “body image problem,” and “insecurities.” Furthermore, when asked to define body image, it seemed inherently easier for participants to discuss negative body image than positive body image. When discussing weight, it was always in terms of poor evaluations and dissatisfaction.

**Body image is a woman's issue.** Six participants suggested that body image was more relevant to women. For example, Elizabeth said, “Everybody, including myself, has a body image problem, and I think it’s more of a female thing than a male thing.” Becca and Philip discussed during the third focus group meeting that women had more body image pressures and think about body image more frequently. Later during that discussion, Philip did admit men are experiencing more body image insecurities over time. Larry felt women had the hardest time because of the pressures placed on them by society. He felt women were raised to always think they are fat whereas men are not raised that way. Samuel believed body image to be heavily gendered and questioned if men would ever consider attending a positive body image program, he said, “I wonder how many men are going to sign up for a [body image] program and how effective it’s going to be?” Samuel suggested a body image program would be better suited for women.
Body Image Continua for Positive and Negative Body Image

In this theme, 17 participants discussed how negative and positive body image are related to one another: operating either on opposite ends of the same continuum or on separate continua. When the constructs were described as opposite, then an individual could possess one or the other, not both. When the constructs were described as separate continua, an individual could possess both. It is interesting to note that participants did not describe any possibility of neutral body image experiences.

Negative and positive body images are opposite. This subtheme emerged as 11 participants expressed a belief that negative and positive body images were opposite constructs. For example, when asked to define the two terms, Larry described positive body image as “…being able to look at yourself and like what you see no matter what you see…” Then when describing negative body image he said “Well a negative body image would be the exact opposite. Somebody looks in the mirror and they hate everything they see.” Cynthia thought positive body image was looking good and negative body image was not looking good. Scott described a positive body image as “you look at yourself and you don’t say “oh God, you’re just too fat, and ugly, and nobody is going to love you or whatever” suggesting that a negative body image would be unhappiness with what you see in the mirror.

Negative and positive body images are distinct. In this subtheme, six participants described negative and positive body images as being distinct from one another. In fact, Jennifer, who seemingly had some positive body image, described positive and negative body images as operating on separate continua, she said,
...positive …. really ought to be about the enjoyment and appreciation of your body and acceptance is part of that but it’s more than acceptance…. The low end of the positive is that I’m good enough and then to be better than that.

Jessica described positive body image as accepting your whole self, including letting your personality shine through. To her, a negative body image was not being happy with yourself regardless of what your appearance may be. For example, when describing positive body image she said,

… [it] is the whole scope, the visual, perceptual, which creates a certain amount of confidence and projects a certain amount of confidence…. Positive body image is the whole person…. Negative body image would be regardless if you’re thin or bigger… negative body image would be not liking yourself.

The way these participants represented positive body image suggests that they believe positive body image is more than just appearance.

**Degree of Complexity of Body Image Dimensions**

When trying to conceptualize the different components of body image, some participants believed there to be many dimensions emphasizing the complexity of the construct whereas others described merely a single dimension or component. Therefore, two subthemes emerged: unidimensional and multidimensional.

**Unidimensional.** Six participants described body image from a singular dimension. The most commonly discussed was the perceptual dimension. Rachel, Dylan, Trevor, and Melanie discussed body image as what you perceive when you look at your body in the mirror or the body you picture in your mind, again placing emphasis on appearance. For example, Rachel said, “I think it’s really the perception… It’s how you
see yourself…” On the contrary, Debbie described body image as more about how people feel about their body, as she said, “body image is very much how you feel about yourself.”

**Multidimensional.** Eight participants described body image as more than one dimension. For example, Dylan said, “body image isn’t totally what you look like, it’s about how you feel, how good you feel about yourself” suggesting there are perceptual and affective components. Michael said, “I think it [body image] is multifactorial” and when describing positive body image he said “I think it’s hard to define, there isn’t a single definition for positive body image…” Miranda also believed body image to be complex. She said,

…it’s really complex and like I told you it’s internally how I’m feeling about myself, how I’m perceiving myself, you know, I perceive myself as a strong individual and I’m positive and I like to project that … I like to be functional.

Miranda believed body image to be about function of the body just as much as appearance. She believed her spinal cord injury influenced her conceptualization of body image to now include more functional aspects. Interestingly, seldom did participants suggest the cognitive (e.g., thoughts about the body) or behavioural (e.g., actions in response to our body image such as exercise) dimensions of body image.

**Broad Considerations of Body Image**

In this theme, participants described broad ideas around the definition of body image. Four participants were inclined to believe body image was actually how others viewed the body. Furthermore, three participants did not want to feel limited in their conceptualization of the construct and believed body image was about more than just
body, including someone's entire lifestyle. It was also difficult for participants to separate body image from self-esteem. Three subthemes are presented: self-presentational influences, body image is a broader social image, body image is self-esteem.

**Self-presentational influences.** Participants varied in the level of self-presentational influence they believed body image to possess. Self-presentation is a distinct concept from body image as it involves concerns over the impressions held by others (Leary & Kowalski, 1990). Participants demonstrated no knowledge that self-presentation was a distinct construct but rather described the two constructs as one and the same. A common belief among participants was that body image was both how one views the self and how others view the self. Six participants believed in this definition of body image. For example, Rachel believed body image to be “how you see yourself and how you and how others see you and the impact it has on you.” Four participants believed that body image was solely how others perceive their body. For example, Becca said, “body image is how people perceive you not how you pertaining to how you perceive you.” Elizabeth had a very similar definition, she said, “body image is the way someone perceives you…” Elizabeth’s understanding of body image may be related to when she was diagnosed with MS. Initially after diagnosis, she had lost most of the function of her body causing her to need a wheelchair. She described this period as very negative because she was worried how other people perceived her.

**Body image is a broader social image.** Three participants understood body image as a more general social image. To these participants, body image was not exclusively tied to the body. For example, Dylan said, “It’s a whole life package, it’s been pigeonholed as body image by - a lot of it by advertisers.” Samuel said, “…body
image is our perspective of our physical construct and our grooming and our demeanor that translates into our mental image of self…. I don’t think of it as exclusively of body.”

Amy Lynn believed body image to be more a person’s overall attitude.

**Body image is self-esteem.** Three participants believed self-esteem to be a central component to body image and even used these two terms interchangeably. For example, Cynthia said, “Body image is a full cycle. It’s the diet, exercise, good self-esteem, being positive, all those things.” Larry believed body image was “how you feel, body esteem, self-esteem, and how you feel about yourself.” In the focus group meetings, participants would use the terms body image and self-esteem interchangeably until in later meetings when they understood the terms are not synonymous.

**Limited Knowledge about Body Image**

In this theme, eight participants explicitly described having little specific knowledge about the concept of body image. For example, Jennifer, Penny, and Rachel asked the first author to first define the term before the interview started. They all felt unprepared to answer questions about body image without hearing her definition first. The first author did not provide them with the definition until the conclusion of the interview as she was interested in what their responses would be first. Miranda admitted to looking online for a definition before the interview because she could not think of a definition on her own. Jennifer said, “I don’t know, I don’t really know what contributes to it.” In one of the focus group meetings, Samuel described observing huge discrepancies in how people view body image.
Discussion

The purpose of this study was to explore how members and student trainees of an exercise facility, designed for older adults, people with physical disability, and those with cardiac disease or risk factors, defined body image. Overall, participants varied in how they understood and defined body image. Some participants were congruent with the research community in their interpretations of body image whereas others had much different understandings, and some did not know how to define it at all. This study contributes to research and practice by illuminating a potential gap between the public and research community.

When considering how body image research evolved, it is not surprising some participants had inherent assumptions about the construct. For example, early research focused on eating disorders and the notion emerged that body image was negative, and primarily a woman’s issue about shape and weight (Grogan, 2008). Although body image research has evolved substantially since then, media today still emphasize body image concerns for women. For instance, commercials, magazines, billboards and other advertisements overwhelmingly highlight body image from a young girl’s or woman’s perspective. These messages certainly influence people’s understanding of body image, perpetuating concerns in women and the silencing of concerns in men. Therefore, it is understandable that it was difficult for participants to conceptualize body image as relevant to men or as something more than just weight or appearance. On the contrary, the scholars in body image today consistently emphasize the importance of understanding body image from a broader perspective, including body function and positive body image
across a diversity of populations (Tylka & Wood-Barcalow, 2015a); however, this broad interpretation may not reflect the majority of laypersons’ conceptualizations.

Not only did participants express narrow understandings of body image, some were very explicit in their limited knowledge of the construct. Since many of the participants intentionally volunteered for a study about building a positive body image program, it was presumed the participants had some conceptual knowledge and experience in the topic. Instead, some participants felt unprepared to define the term or discuss the components, while also demonstrating great desire to understand the concept better since they knew body image did impact their lives. Furthermore, the student trainees who worked at the exercise facility demonstrated a similar lack of knowledge as the members who use the facility. This finding emphasizes the lack of knowledge translation between the research community and the broader public and professionals in related fields; it is clear that more trustworthy and evidence-based sources should be disseminated to people who need the information. Unfortunately, there is no available measure to assess people's knowledge of body image to assess where exactly knowledge translation is needed.

Less surprising is the emphasis participants placed on appearance and weight when it came to body image. The public is bombarded daily with information about how to lose weight, including the most recent fads, quick fixes, and overnight cures to “look your best.” Beyond media sources, doctors and other health care providers, friends and family, and employers also emphasize the importance of weight loss (Tylka et al., 2014). Therefore, it is not unexpected that participants in this study were preoccupied with weight and felt weight was central to the concept of body image. This finding has
implications for positive body image program development; for instance, some participants thought a positive body image program was akin to a weight loss program. Scott explicitly suggested that a body image program should be structured similar to Weight Watchers®. This belief is completely incongruent to the philosophy of positive body image, which is accepting, appreciating, and taking care of the body as it is (Tylka & Wood-Barcalow, 2015a), again highlighting the disconnect between researchers and the general public.

In line with this preoccupation with weight, a curious finding was that the older men in the study did not mention considerable emphasis on muscularity. Although there is clearer evidence of the drive for muscularity in boys and college men (e.g., Cohane & Pope, 2001; McCreary, 2007), this construct may be less relevant in middle-aged to older adult men. For example, in the current study, the two college students who worked at the facility and participated in the study made brief comments about how men may be concerned about developing more muscle when it comes to body image. In contrast, the older men made very few comments about muscularity. In fact, they commented about weight much more consistently, again emphasizing how integral weight is to body image, even in men. This is consistent with McCabe and Ricciardelli’s (2004) speculation that as men age they gain weight and lose muscle, potentially leading to a greater desire to lose weight because of these physiological changes that occur with aging. It is possible the emphasis on weight rather than muscularity could be a generational phenomenon; as younger cohorts age, we may see greater drive for muscularity in older men over time. Another possibility is that with age more emphasis is placed on health, making weight
more relevant than musculature since weight is excessively emphasized as an indicator of health (Tylka et al., 2014).

The media may have influenced participants’ incorrect understanding that self-presentation (i.e., someone’s view of someone else’s body) was incorporated in the definition of body image. Self-presentation and body image are presented in the scientific literature as two distinct constructs, emphasizing that body image is only one’s own view of the body (e.g., Cash & Smolak, 2011) whereas self-presentation is the impression one makes on someone else (one’s view of another’s body; Leary & Kowalski, 1990). Undeniably, these two constructs are related, with the relationship between self-presentation and body image likely reciprocal – others can influence how people feel about their bodies and people can influence what others think about their bodies (Andrew, Tiggemann, & Clark, 2015; Augustus-Horvath & Tylka, 2011; Avalos & Tylka, 2006; Wood-Barcalow et al., 2010). Furthermore, media consistently portray physical attractiveness and favourable impressions together, explaining why some people see these two constructs as one and the same. For example, some commercials have been geared towards selling products to ‘improve appearance’ in order to be perceived as more attractive by others. These types of appearance messages coupled with impressions others may have perpetuate the idea that body image includes perceptions held by other people about one’s body, rather than just one’s own perceptions.

Implications for Research

The largest contribution of the current study is uncovering a potential lack of knowledge about body image outside the academic community. This finding suggests the importance of developing a measure of knowledge or understanding of body image. This
measure could be used in body image intervention pursuits to assess participants’ baseline knowledge of body image prior to any intervention. This information could be used to determine the level of knowledge participants bring to any intervention to help tailor program development. It could also be used to assess whether psychoeducation, specifically around the definition and nuances of body image, is in fact needed as part of any program. If an intervention does have a psychoeducational component, then a knowledge of body image questionnaire could be used to assess the effectiveness of the program (i.e., did participants indeed learn more about the construct?). From an intervention perspective, one review suggests psychoeducation is not beneficial (Yager & O’Dea, 2008) while a more recent review suggests it is important (Alleva et al., 2015). Typically cognitive behavioural therapy, media literacy, and dissonance approaches begin with an education component, and the current study provides qualitative support that psychoeducation, in terms of describing the body image construct, its causes, and consequences, is necessary.

**Implications for Theory**

The current study adds to the conceptual understanding and theory of body image, particularly positive body image, by demonstrating a potential characteristic of positive body image: having a broader and more comprehensive understanding of the construct. For example, the participants who expressed more positive body image had clearer ideas about the characteristics and nature of positive body image, consistent with previous literature (e.g., Bailey et al., 2015; Wood-Barcalow et al., 2010), whereas others with more negative body image struggled and had much less understanding. Those who exuded positive body image had a much broader understanding of the overall construct
(positive and negative body image) and believed body image to be more than just appearance and weight, whereas those with more negative body image were challenged to define it beyond meeting society’s ideal. This finding is consistent with past research where participants were explicitly asked to define positive body image (e.g., Bailey et al., 2015, 2016; Wood-Barcalow et al., 2010). For example, in Wood-Barcalow and colleagues’ (2010) study, they recruited participants with favourable body image; thus, participants had a good understanding and could articulate what it meant to have a positive body image. In Bailey et al.’s (2015, 2016) studies, participants ranged in negative and positive body images. Typically those with more positive body image expressed better conceptualization of the definition and components of positive body image. This is not surprising, because people who have positive body image are typically more in-touch with their bodies through mindful and flexible activities (Webb, Wood-Barcalow, & Tylka, 2015), thereby potentially contributing to their better understanding and articulation of the construct. This potential characteristic of positive body image should be explored more deeply as it may contribute to the current definition of positive body image (Tylka & Wood-Barcalow, 2015a).

Within the scientific literature, a question has been raised as to whether positive and negative body images are opposite or distinct. Current research strongly suggests that negative and positive body images, as well as related behaviours (e.g., adaptive and maladaptive eating), are distinct—meaning that they do not represent opposite ends of the same continuum (Tylka & Kroon Van Diest, 2013; Tylka & Wood-Barcalow, 2015b;). Although qualitative research has undoubtedly contributed to the current multifaceted
definition of positive body image, which has been upheld in quantitative research, it cannot be assumed this information is reaching the general public.

**Practical Implications**

This study has important implications for clinical, research, and community pursuits for improving body image. When designing interventions or programs, it is important that researchers and participants speak the same language when it comes to body image. For instance, when advertising a “positive body image program,” different expectations may be held depending on the individual. The language used to advertise a positive body image program may significantly impact who will or will not participate. Whether or not the program meets those expectations will then impact satisfaction with the program which will then impact the ongoing success of the desired outcomes. A positive body image program may need to be advertised carefully and explicitly with emphasis on learning to accept and appreciate the body, not weight loss.

The current study demonstrates the importance of psychoeducation in addition to other strategies such as dissonance and media literacy approaches in future body image programs or interventions. For instance, since the majority of participants who join may have more negative body image, findings from this study demonstrate they may particularly need education around the construct of body image. Psychoeducation may help bridge conceptual gaps between the general public and body image research community. Knowledge translation is critical in the area of body image to help correct the many misconceptions caused by the media. Within clinical practice, it may be important for practitioners to establish their own understanding and then educate their clients about body image when necessary. Clients may enter sessions with
misconceptions about body image which could impact their own body image experiences, especially in treatment. Therefore, education about body image is an important component within practical settings to improve body image.

**Reflexive Analysis**

Reflexivity is an important and celebrated practice within qualitative research, as it helps increase the integrity and trustworthiness of data analysis. Reflexive practice incorporates honesty and transparency of the self, one’s research, and one’s audience (Tracy, 2010). Therefore the authors involved in analysis of the study reflected on their personal connection and experience with the data which is delineated below.

**First author.** There were some lessons learned from using action research and working *with* participants to build a positive body image program. Perhaps naively, I thought my participants and I would have congruent understandings of body image. Instead, I found a disconnection between the body image research community and my participants when it came to the definition of body image. This made me think, how can I build a program together *with* participants, when there is this disconnect? How do I navigate this journey? On the contrary, I was so relieved to have worked with participants when designing the program because if I had not done so I am not certain the program would have been a success.

**Second author.** For me, this issue was particularly important. As director of the seniors’ exercise program from which many of the participants were recruited, my daily interactions with members have led me to believe that, although many of them ‘know’ what they *should* think about in terms of body image – that is, weight and appearance should not matter – my experience has been that the opposite is often true. Almost not
a week goes by that I am not asked for diet tips or an exercise program to help them lose weight or get rid of their stomachs. The fact that so many participants across all programs so narrowly defined body image, therefore, was not surprising to me and only reinforces the need to address this issue in diverse populations.

**Third author.** My role in this research was primarily methodological, therefore my reflection is focused on how important it is to make the research process itself a focus of inquiry. The action research approach used in this study generated greater awareness of the construction and conceptualization of body image within a diverse population. Action research requires stepping beyond the use of existing body image scales and focusing on the process of knowledge production by which participants come to understand and define body image. Action research can help to identify and address gaps between the knowledge and assumptions held by health care professionals and lay people. While action research can help to better link theory and practice, it is a time intensive process and cannot be conducted in a short period of time.

**Limitations and Future Directions**

Although this study incrementally adds to research, theory, and practice in body image, it is important to acknowledge some limitations. The traditional criterion of generalizability cannot be applied to qualitative, and in particular constructivist, research (Guba & Lincoln, 2005; Tracy, 2010). Rather a parallel criterion of ‘transferability’ is used to evaluate the study’s potential to be valuable across a variety of contexts (Lincoln & Guba, 1985). Therefore, the findings from this study must be understood within the context of an exercise facility whereby participants were highly functional and privileged. For instance, although this study had a diverse sample, participants were White with
predominantly middle-class socioeconomic status. Furthermore, participants had a high level of functional ability, including those with spinal cord injury and MS, and do not represent the majority of people with disabilities. In addition, since participants were from an exercise facility, they do not fully represent members of the general community.

Since participants were provided the interview guide before the interview was conducted, participants had the opportunity to research the definition of body image and searched online sources ahead of time. Some participants did admit to this strategy since they had such limited knowledge. Further, providing definitions of constructs may be considered an ‘academic’ task; therefore, participants may have felt intimidated in an interview context to provide their own definition of body image, perhaps in fear of being wrong. Lastly, participants were selected as stakeholders if they had personal investment in designing a positive body image program. This may have impacted the generated themes; however, it is interesting that even though stakeholders who joined had investment in the topic, they still varied considerably in how they understood body image. Future research should continue to explore body image experiences as well as potential gaps in understanding the concept within more diverse samples. Furthermore, we recommend that future studies utilize action research principles whereby researchers engage with participants in body image projects to help illuminate potential gaps in knowledge—we consider this aspect to be a strength of our study that yielded valuable insights useful for the development of our positive body image program.

**Conclusion**

The participants’ accounts in the present study demonstrate diversity in perspectives concerning the construct definition of body image. Participants’ knowledge
base of the construct ranged from considerably limited information with ingrained
stereotypical assumptions about body image, to more comprehensive conclusions
including the complexity and multidimensionality of body image. This significant range
in responses demonstrates the potential usefulness of psychoeducation about the construct
definition within body image intervention pursuits, as participants in this study expressed
a great desire to learn more about body image.
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https://doi.org/10.1016/s0277-9536(01)00069-7


https://doi.org/10.1016/j.bodyim.2013.07.003


Table 2-1

*Participant characteristics*

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</tbody>
</table>

**University student participants**

*Note.* AIS is the American Spinal Injury Association Impairment Scale. A score of A means the injury is complete and there is no sensory or motor function below the level of injury (including the S4-S5 segments); Scores B-D indicate an incomplete injury, and thus some motor and or sensory function remains below the injury. Specifically, a score of B means there is sensory but no motor function below the injury (including the S4-S5 segments); a score of C means there is sensory and motor function below the level of the injury (including the S4-S5 segments), however, at least half of the key muscles below the injury have less than anti-gravity strength; a score of D means there is sensory and motor function below the level of the injury (including the S4-S5 segments), and at least half of the key muscles below the injury have at least anti-gravity strength.
Table 2-2

*Interview guide*

Now I would like to start off with you telling me a little about yourself
- Some background information?
- What made you become involved at the facility?
- What made you decide to join this research study?
- What resonated with you about this project/what made you want to participate?

What do you think body image is?
- How do you define body image?

What do you think having a positive body image means?
- How do you define positive body image?
- What are the important components?
- How do you recognize someone with a positive body image?

What do you think having a negative body image means?
- How do you define negative body image?
- What are the components?
- How do you recognize someone with a negative body image?

What is your experience with body image?
- How do you view your body?
Table 2-3

*Thematic map of themes and subthemes of participants’ conceptualizations of body image*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Example descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stereotypical Assumptions (13/19)</strong></td>
<td>• Body image program akin to a weight loss program</td>
</tr>
<tr>
<td>Body image is all about weight</td>
<td>• Body image defined by weight</td>
</tr>
<tr>
<td>Body image is negative</td>
<td>• Mostly negative evaluations provided</td>
</tr>
<tr>
<td>Body image is a woman's issue</td>
<td>• Body image more relevant to women than men</td>
</tr>
<tr>
<td><strong>Body Image Continua for positive and negative body image (17/19)</strong></td>
<td>• Satisfaction vs. dissatisfaction with appearance</td>
</tr>
<tr>
<td>Negative and positive body images are opposite</td>
<td>• Acceptance of the body vs. dissatisfaction</td>
</tr>
<tr>
<td>Negative and positive body images are distinct</td>
<td></td>
</tr>
<tr>
<td><strong>Degree of Complexity of Body Image Dimensions (13/19)</strong></td>
<td>• Perceptual dimension only</td>
</tr>
<tr>
<td>Unidimensional</td>
<td>• Perceptual and affective components</td>
</tr>
<tr>
<td>Multidimensional</td>
<td></td>
</tr>
<tr>
<td><strong>Broad Considerations of Body Image (14/19)</strong></td>
<td>• Body image comprised of both impression management and self-perceptions</td>
</tr>
<tr>
<td>Self-presentational influences</td>
<td>• Body image more a lifestyle image</td>
</tr>
<tr>
<td>Body image is a broader social image</td>
<td>• Body image and self-esteem are synonymous</td>
</tr>
<tr>
<td>Body image is self-esteem</td>
<td></td>
</tr>
<tr>
<td><strong>Limited Knowledge about Body Image (8/19)</strong></td>
<td>• Felt unprepared to define the construct</td>
</tr>
<tr>
<td></td>
<td>• Large variability in responses</td>
</tr>
</tbody>
</table>

*Note.* Number of participants who endorsed each theme represented in parentheses
Chapter 3 Preface

This action research approach aligns with my epistemological and ontological underpinnings grounded in constructivism where I believe knowledge is multiple, changing, and the production of knowledge is collaborative. I believe truth is embedded within social contexts and never value-free (Lincoln, Lynham, & Guba, 2011). Action research is value laden, morally committed, and action researchers see themselves as being in relation with one another within their social contexts rather than as a spectator (McNiff & Whitehead, 2006). Within the action research process, I see myself as a tool of research and action. The final product of this project resulted from a combination of my participants’ and stakeholders’ ideas, experiences, and knowledge along with my own ideas, experiences, and knowledge. This process involved several negotiations with some consensus where not everyone was always satisfied but valuable lessons were learned and action evolved along a non-linear journey. The following article is a documentation of the process of designing, testing, and implementing this action research project along with my reflexive excerpts. It was written for the audience of the journal Action Research and is therefore written in first person, a celebrated writing practice under the participatory paradigm.
References


Chapter 3: Study 2

Designing and Implementing a Positive Body Image Program (BIAS): Unchartered Territory with a Diverse Team of Participants¹

¹ A version of this manuscript has been accepted for publication: Bailey, K. A., Gammage, K. L., & van Ingen, C. Designing and implementing a positive body image program (BIAS): Unchartered territory with a diverse team of participants. Action Research, October 2018.
Designing and Implementing a Positive Body Image Program (BIAS): Unchartered Territory with a Diverse Team of Participants

Dissatisfaction with the body is pervasive in our society (Grogan, 2017). Body image scholars have recognized a need for positive body image programs to improve body image experiences (e.g., Halliwell, 2015). Body image is a multidimensional construct reflecting perceptual and attitudinal dimensions regarding one’s body (Cash & Smolak, 2011).\(^1\) Positive body image is unique from negative body image as its core features include acceptance and appreciation for the body, beyond appearance features (Tylka & Wood-Barcalow, 2015).

To date, few published body image studies have used a participatory approach (e.g., Becker et al., 2017; Piran, 2001; Shea, Poudrier, Chad, & Atcheynum, 2011; Shea, Poudrier, Thomas, Jeffery, & Kiskotagan, 2013) in body image program design. Social psychologist Kathy Charmaz argued, “Conducting qualitative research in a discipline dominated by a quantitative paradigm may impose constraints but also poses opportunities” (2008, p. 15). We believe action research (AR) offers a paradigm shift from the traditional forms of body image research (i.e., questionnaires) as it seeks the critical understanding and the active engagement of stakeholders (Brydon-Miller, Greenwood, & Maguire, 2003). Action research studies in body image have contributed largely to the literature by providing positive social change with their communities. For example, Piran (2001) was one of the first to use participatory action research (PAR) to study body image in the pursuit of improving body image experiences with girls at a competitive, residential, co-educational dance school. This action-oriented project led to changes in curriculum and overall acceptance of adolescent girls’ bodies, including
acceptance of their own body and acceptance by others in the school. Shea and colleagues (2011) explored how Indigenous girls defined healthy bodies and body image using photovoice. Becker et al. (2017) disseminated and implemented a body image prevention program across six stakeholder groups using community-based participatory research.

An AR project that particularly inspired my own engagement with AR was by McHugh and Kowalski (2010). Using PAR, they worked with Indigenous adolescent girls to create a positive body image program to teach ways to manage body image experiences. The authors worked alongside a core group of girls, slowly expanding that group to include more participants. The young women suggested body image writing groups and body talk sessions to discuss body image. The project was transformative for both researchers and participants with provincial and national exposure of body image experiences within Indigenous communities and the broader public. Body image action researchers share the same epistemological belief that knowledge can be co-created between researchers and participants through the integration of theory and action, and that this type of knowledge production is both valuable and important for social change (Bradbury Huang, 2010).

The AR project presented here draws from and expands on our previous qualitative work on body image in populations outside the university student population, which is the cohort most often used in survey-based body image research. In interviews in our previous studies with older adults and people with spinal cord injuries, participants reported a range of body image experiences from very negative (an inability to leave the house because of their body image), to very positive (where I learned from participants...
how to have more gratitude towards my own body). One woman from our previous study about body image in older adults (Bailey, Cline, & Gammage, 2016) influenced my doctoral work immensely. On many occasions, her negative body image made it difficult for her to leave the house and contributed to her overall anxiety and depression. She expressed to me a great desire to know more about body image to improve her quality of life. Her body image story struck me so powerfully that I realized it was important that my qualitative work was action-oriented rather than merely repeating the same survey-based methods used in the field. This is because I wanted to see social change such as improved quality of life, greater engagement in activities, more self-compassion, and reduction in depression and anxiety stemming from body image concerns in women and men at the exercise facility. To me, this type of research seemed worthwhile, as it would directly influence our lives (i.e., the researcher and participants benefit). I decided to work with members of the facility to build a program to improve body image experiences.

This exercise facility was designed to promote health, prevent disease and work to help rehabilitate/reintegrate people by enhancing well-being and quality of life across the lifespan through exercise and activity. The facility has four specialized programs: SeniorFit (older adults aged 55+), Power Cord - Spinal Cord Injury, Power Cord - Multiple Sclerosis, and Heart Strong (people with cardiovascular disease or risk factors). Members themselves articulated that it was important to have body image information available to them at the facility (Bailey et al., 2016).

To build on previously conducted AR projects (e.g., Piran, 2001; Shea et al., 2011; McHugh & Kowlaski, 2010), this study was designed to work with populations
who have been largely neglected in the body image program research. To my knowledge, no one has used AR to design, test, and implement a positive body image program with a diversity of people including older adults and people with varying disabilities or chronic conditions. It was important to have diverse perspectives to enrich the learning environment and create a program that was widely applicable to many people. Given the scope of this large AR project, the purpose of this study was to highlight the development of the positive body image program as well as the important learnings about the use of AR during each phase.

The research described in this article was carried out in partial fulfillment of my, the first author's, doctoral degree in Applied Health Sciences, specifically behavioural and population health. Throughout this manuscript I use first-person language to refer to my perspectives and experiences with the project. The term 'we' includes my supervisor (the second author and director of the exercise facility) and a committee member who has expertise in AR (the third author). All authors work within the kinesiology department, which influences our specific lens when thinking about body image, as we believe it involves function and health of the body.

Method

Action research is an approach that seeks answers to questions by working with participants, through constant action and reflection, in the pursuit of knowledge generation and the flourishing of people (Bradbury Huang, 2010; Brydon-Miller et al., 2003). A primary purpose in AR is to produce practical knowledge that can be used by people in their everyday lives (Reason & Bradbury, 2001). While all AR assumes the active engagement of stakeholders, the partnership and participation falls on a continuum
from consultation with stakeholders to stakeholders as full co-researchers (Karlsen, 1991). Within this continuum, there are different variants including photovoice, appreciative inquiry, community action research, first-person action research, and participatory research projects, to name a few, where the objectives and/or participants’ role may vary. For example, in participatory-based projects, researchers create the research question and plan the research design whereas participants inform the process but do not run the project. In participatory-controlled projects, participants (usually referred to as co-researchers) create the research question and are usually involved in all stages of the research including writing - characteristics indicative of PAR (Selenger, 1997).

The goal of this overall project was to work with participants to design, test, and implement a program to improve body image experiences (e.g., by critiquing mainstream beauty industry ideals). I created the research question, research design, and completed all analyses and final writing of the project. This AR study was developed using three phases – design, test, implement - which reflect Stringer’s (2014) framework of cycles of action and reflection (see Figure 3-1 for details of key findings in each phase) which guided this AR study. This framework provided important direction outlining the ways to ‘do’ this AR study.

**Phase 1: Designing the positive body image program**

**Building relationships.** It was invaluable to have worked at the exercise facility for a year prior to the start of this project to familiarise myself with the facility and to develop relationships with participants. I worked part-time, in the afternoon and some Saturday mornings for three to four hours per week to supervise student trainees of the
facility and members who were exercising. This experience allowed me to make connections with members, some of whom became very important stakeholders on the AR project. In addition, my PhD supervisor was the director of SeniorFit and had close relationships with many of the members.

Participants. A total of 19 participants from the exercise facility, located in Southern Ontario, Canada, were recruited to help design the positive body image program. The 19 participants consisted of a small core group of seven stakeholders with whom I worked closely, nine additional members who provided feedback and perspectives, and three student trainees from the facility (see Table 3-1 for participant details). To recruit the core group of stakeholders I held several information sessions at the facility to explain the project and outline the goals. Since my supervisor was the director at the facility, she provided me the opportunity to pursue my research at this location. Recruitment ran smoothly since many members were familiar with the researchers. In a small meeting room, using a PowerPoint presentation, I outlined the study. Members who were interested provided their contact information. Forty members expressed an interest in participating and were contacted by phone for an interview in order to select a range of individuals varying in age, ability, program affiliation, and health status who were interested in the project. The core stakeholder group consisted of two men (one from Power Cord- spinal cord injury and one from SeniorFit) and five women (one from Power Cord - spinal cord injury, three from SeniorFit, and one from Heart Strong). Members who were not selected for the core stakeholder committee were invited to complete an interview to discuss how to design the body image program.
**Interviews.** Semi-structured interviews were conducted with all 19 participants (see Table 3-2 for the interview guide). The interviews were used to gather information about participants’ understanding of body image and how they believed a positive body image program should be designed. Interviews began with the core group of stakeholders where significant variability in the conceptual understanding of the body image construct was observed. After this initial finding, additional interviews were conducted with members varying in gender, age, ability, and health status as well as Kinesiology and Health Science student trainees who worked at the facility. We were interested in learning if student trainees, who provide knowledge and service to the members, also varied in their understanding of body image. Having data from a breadth of people at the facility helped refine and strengthen the focus of the AR project. In particular, it confirmed the importance of having psychoeducation\(^2\) as a main component of the positive body image program (later named BIAS; Body Image Awareness Seminars), since the variability in definitions of body image was evident across all participants (see Bailey, Gammage, & van Ingen, 2017).

**Stakeholder meetings.** I met with the core group of stakeholders six times for one hour on a bi-weekly basis (for room set up see exerciseandbodyimagelab.com).\(^3\) Prior to each meeting, stakeholders were emailed an agenda to review. The six meeting themes were: (a) What is body image? (b) What are the myths and truths about body image? (c) What is positive body image? (d) What are all the characteristics of positive body image? (e) Designing a positive body image program, (f) Final design of the program. The six meetings were developed iteratively in response to the learning and knowledge needs of the stakeholders.
Presented below is an excerpt of my reflexive journal documented throughout the project. Reflection is an essential aspect of knowledge production, particularly in AR (Bradbury Huang, 2010) and is important as I hold certain positionality with the research. I have personal investment in the topic of body image from my own body image struggles. I am a young white woman who has privilege and power in terms of race and appearance but also experience gender-based oppression connected to the body. By engaging in reflexivity, I ensured my biases were considered throughout the research process. More specifically, I engaged in meta-theoretical reflexivity for critical self-awareness about my own assumptions, research methods, analyses, interpretations, writing, and participation in systems of knowledge production (Potvin, Bisset, & Walz, 2010). In meta-theoretical reflexivity, the researcher actively takes a step back in order to gain awareness of taken-for-granted assumptions (Lynch, 2002). The excerpts presented here provide insights into moments of difficulty, uncertainty, or clarity throughout the project. The reflection below highlights a tension that surfaced during the first phase of the project during a moment of meta-theoretical reflection.

Meeting 2 Researcher Reflection April 19, 2016
It has been challenging working with members building a positive body image program when I find there is a disconnection between how the research community and members of the facility define body image. I was surprised that members who volunteered for a body image study actually knew very little about body image. This leaves me thinking, how can we build a program together with this incongruence? At meeting two, Jessica said isn’t this [body image] just “self-image” or isn’t body image self-esteem? Becca thinks a positive body image is having the perfect body (thin, tall, and blonde). Some members say the term “body image” is not meaningful to them. Maybe there is an assumption in research that people know what body image is and have a full understanding of the construct. It was at this stage that I realized I would need to provide stakeholders with research about positive body image to ensure the program was informed by research evidence.
I facilitated every meeting, and this included providing body image research to stakeholders. Each meeting unfolded iteratively. As I observed (i.e., ‘look’ phase; Stringer, 2014) gaps in understanding among stakeholders about positive body image, I prepared (i.e., ‘act’ phase) the next meeting with evidence from the literature about positive body image. This was to ensure the program was evidence-based and would not result in poorer body image in members.

Although there was a lot of confusion among members about the construct, there was a lot of consensus on how the program should be designed. Consistently, participants explained that the program should be provided in a group context, where members could share their ideas and body image experiences. They wanted some education about body image with opportunities to share and do activities about what they just learned. They suggested the first few seminars should be education focused, including a game on myths and truths about body image. Then, in later seminars, they wanted to learn about positive body image characteristics and tools to develop positive body image. All stakeholders and the majority of interview participants wanted the sessions to include a diverse group, including men and women, from all program affiliations at the facility. One of the stakeholders, Debbie, said,

My first thought was it would be better with just women together but after we discussed that a little bit I think not, I think it’s better together because it’s [body image] a problem we all share. I don’t think of men having body image problems but they do and I like the idea of having everybody meeting because it gives you a chance to meet different people, to find out what their problems are and their thoughts.

I compared what stakeholders wanted in a program with the literature (Reason, 2006), making sure it aligned with the tenets of positive body image. I also compared their suggestions with a recent literature review of body image programs (Alleva,
Sheeran, Webb, Martijn, & Miles, 2015), which found that interventions delivered in a group format, with a facilitator present, over multiple sessions, were most effective and that psychoeducation was associated with improved body image.

Stakeholders also made suggestions for organizing the physical space where the program would be held. They wanted the environment to be comfortable with chairs placed in a semi-circle, not rows, to create a better environment for discussion. Based on my facilitator training in pedagogical workshops, I concurred with this important suggestion. In this phase, stakeholders also provided informal feedback about my facilitation skills (my ability to balance voices and conflicting opinions). They thought an atmosphere created around acceptance and confidentiality was critical, particularly for a sensitive topic such as body image. Lastly, they wanted a guest speaker who was a member of the facility to share their story and draw on their own body image. They believed a member would be ideal because others could more easily relate or feel connected to their experiences.

At the end of meeting five, stakeholders were provided the task of coming up with potential program names, logos, and slogans. At meeting six we used a round robin method to share everyone's ideas. Several suggestions for the program name were listed but consensus was quickly reached that Becca's idea was the best - BIAS (Body Image Awareness Seminars). In addition to the program name, agreement was reached that the slogan would be "reshaping your mind, not your body" and a logo shaped as a head with puzzle pieces with positive body image words (pride, appreciation, acceptance, and respect). These ideas (the slogan and image) were ones that I proposed but that were fully supported and voted on by the group. The development of program name, slogan, and
logo with the stakeholders highlights a key shift in the way they thought about body image, veering away from appearance and weight and considering positive body image characteristics from the literature. Observing this shift gave me confidence about the quality of the AR project, as participants were engaging with the body image literature in a meaningful way (Reason, 2006).

**The program.** After the six meetings I analyzed the data generated from the meetings and the interviews using thematic analysis (Braun & Clarke, 2006) to develop the first draft outline of the program to present back to the stakeholders. The analysis process involved listening to the recordings of the meetings and interviews several times, re-reading meeting notes and interview transcripts, and then engaging in thematic analysis. The iterative cycles of reading, coding, developing main themes, and then going back to listen and read again, was a key part of the analysis. Included in these cycles was meeting with my research assistant who was present for the stakeholder meetings to compare notes on how the stakeholders articulated BIAS should be designed. Then, we both met with my PhD supervisor to discuss the preliminary outline of BIAS.

Based on the themes identified during the core stakeholder meetings and the thorough analysis of meeting and interview data, BIAS was designed as six weekly 60-minute seminars with psychoeducation, reflection activities, and videos and readings integrated into all seminars. One stakeholder, Samuel, asked to review the program outline and helped check the accessibility of the reading materials referenced throughout. Much of the available material on body image is not accessible to the non-academic community and this was something I had to keep in mind when providing a reading list during the program.
Phase 2: Testing BIAS

A second smaller phase was testing the program with five of the stakeholders who decided to stay involved on the project. During this phase there were challenges that arose that provided additional learnings. One challenge in particular occurred during the exit interview with Jessica where I realized she was frustrated about not getting weight loss information and dieting tips. Weight loss and dieting are contrary to tenets of positive body image and therefore did not align with the objective of the BIAS program. This experience highlighted the need to be explicit in describing the program during the implementation phase for all members at the facility. On the contrary, an interview with Debbie was extremely positive. She was so pleased with the program that she wanted to share it with her other group she was a part of, TOPS (Taking Off Pounds Sensibly; a commercial weight loss program).

Debbie: I go to TOPS and I was telling one of the women and I said about this program [BIAS] it is so beneficial because TOPS is too much on the food and then she said why don’t you come and tell us some of the things [you’re learning]. So would you object if I use some of these ideas?
Aly: Not at all please do!
Debbie: Ok, so I said I’ll get some ideas together and I would really like to see them concentrate more on their body image rather than this whole thing always about ‘you can’t eat when you go out’.

During the testing phase, changes were made immediately to the program as feedback and discussions developed. For example, stakeholders suggested a reordering of seminar four to have the media literacy and presentation of the beauty ‘ideals’ in history first and then the broad concept of beauty activity last to leave members on a positive note when the seminar ended. They also suggested changing the duration of each seminar to 90 minutes to allow time for rich discussion. Based on stakeholder feedback, group
discussions, and the exit interviews, no changes to the content were needed (see Table 3-3, an abbreviated program outline).

**Phase 3: Implementing BIAS**

For this stage of the project, the program was implemented for six weeks with 90-minute seminars for any member of the facility. A key aspect of this phase was having the stakeholders help with recruitment. Debbie and Samuel were active program champions who informed other members about BIAS. Several members trusted Debbie and Samuel and therefore were more willing to sign up for the program. To recruit participants, I held several information sessions at the exercise facility, outlining the objectives of the BIAS program and explicitly stating that the seminars were about learning appreciation and respect for the body, not losing weight or dieting. Participants in phase one and two recommended that a website that housed all of the seminar content and readings be produced to make information more easily accessible, which informed the development of the website (exerciseandbodyimagelab.com). Debbie and Samuel helped design and edit the readability and usability of the website. Based on their feedback, changes were made to font size and content.

Twenty-nine members signed-up in addition to two stakeholders who stayed involved and attended seminars. From the twenty-nine who signed-up, twenty-four participated in the seminars. Refreshments were provided at every seminar and participants had the opportunity to win a $50 grocery store gift card. Seminars were led by me and Debbie helped facilitate discussions. Attendance for each seminar remained consistently high throughout the six-week program demonstrating that the body image material resonated with members.
As a researcher new to AR, I went into the project feeling unsure about my ability to do AR successfully, and about my ability to work with participants on a project. By the conclusion of the project I had observed transformation in participants, particularly Debbie, which had a positive influence on my confidence as an AR scholar. Below is my reflection on Debbie’s transformation on the project.

When Debbie joined the project she was apprehensive, feeling she would not be useful. In fact she did not plan on joining the study. Slowly she began coming out of her shell sharing her knowledge and body image story. When we were testing the program I asked Debbie to provide a brief talk about her body image journey to the group. She did and her talk was amazing! The other stakeholders were impressed. I asked her if she would do that again for the final phase of the project to the new participants who join. She said yes and it was a huge success again. I observed Debbie becoming a positive body image advocate to the new participants in the program. Having her with me at every seminar was like having another body image expert in the room. She asked me for permission to share the BIAS content and do her talk with her other group she belongs to, TOPS, again. I was thrilled she wanted to share the content and spread the information.

When BIAS concluded I invited all the participants for a one-on-one interview to share their experiences with the program. Sixteen participants agreed and shared their experiences. One very consistent comment was the positive influence Debbie had on everyone. Several participants looked to Debbie as a role model of positive body image. Her influence was powerful since she too was a member of the exercise facility who shared characteristics with many of the members.

Discussion

This study highlights the use and importance of action research in creating a new positive body image program. The purpose of the larger AR project was to design, test, and implement a positive body image program, by working with members of a community-based exercise facility. The goal was to work with diverse participants in a program to improve body image experiences and be critical of mainstream beauty trends.
This goal was met as we were able to work together to build a new positive body image program and stakeholders and participants expressed improved understanding of body image and more positive body image experiences. This project builds on the extant literature by providing a new positive body image program that was created by a diversity of people largely underrepresented in the body image literature. Through cycles of action and reflection, we included a testing phase of BIAS. This study is one of the first body image studies to test a program before full implementation, during which important lessons were learned. Lastly, building on previously conducted body image programs in the literature, this program was one of the first to have a stakeholder help facilitate the program, significantly contributing to improved experiences in new participants.

Based on the quality criteria of partnership and participation, action, reflection, and significance, outlined by Bradbury Haung (2010) and the Journal’s criteria for quality, we can review the quality of this AR project. First, partnership and participation are understood as the quality of relationships formed with stakeholders and their involvement in inquiry (Bradbury Haung, 2010). Stakeholders worked with me for over a year, creating this program and then promoting positive body image in other members and in people outside the facility and Niagara Region. They shared their knowledge and body image experience, challenging my own thoughts and experiences on the topic, participated in the testing phase of BIAS, and helped recruit and facilitate the implementation of BIAS. Furthermore, in the third phase of the project the participants of the program were actively involved in open discussions about body image. This active participation through dialogue of personal experience and understanding contributed
significantly to the promotion of positive body image in the group and cemented their own understanding of the concept.

Second, this AR study was *actionable* as it addressed a need and concern expressed by participants. The *action* piece began in my Master’s degree during two studies (Bailey, Gammage, van Ingen, & Ditor, 2015; Bailey et al., 2016) where participants at the exercise facility voiced a need to learn about and improve their body image. To address this need, I solicited a stakeholder team, with whom I worked closely for a year in creating BIAS. As BIAS progressed, I observed a change in some stakeholders, particularly Debbie, who became a powerful positive body image advocate for other stakeholders and participants. We facilitated the BIAS seminars together, encouraging dialogue, reflection, and change in body image from other participants.

*Reflexivity* was used throughout the project as a way to understand my role as an instrument of change and action. As the researcher of the project and facilitator of BIAS, I consistently integrated research literature and participant knowledge and experiences. For example, in the design phase I presented positive body image literature to stakeholders to insure BIAS followed the basic tenets of the construct. Another example occurred in phase two, where there was a clear need for more explicit dialogue of the objectives of BIAS (i.e., not a weight loss program).

*Significance* is demonstrated in this study through the promotion of positive body image within the community, beyond this immediate study. In the second and third phases of the project, stakeholders and participants described sharing the BIAS material with friends, family, colleagues, and acquaintances. Sharing this information helped promote more positive perceptions and attitudes of the body in people outside the project.
Teaching the material and talking about body image with others reinforced stakeholders’ and participants’ (and my own) learning and understanding of the concept – lessons we will take with us beyond this AR study.

There were several advantages to using a participatory-based AR approach rather than a full PAR project. First, several participants expressed uneasiness in their knowledge of body image (see Bailey et al., 2017). Body image is complex and often misunderstood. Therefore, this project needed to be facilitated by a body image expert to ensure it did not become a weight loss-centered approach, which could have increased negative body image in participants. This AR project involved the integration of participant ways of knowing and research literature on positive body image. Combining the two iteratively, and providing education for stakeholders, increased the capacity for them to engage in the inquiry process (Reason, 2006). After building a solid relationship through prolonged engagement at the exercise facility, an important aspect of AR (Stringer, 2014), stakeholders wanted to draw on my expertise in body image and research design. To that end, several stakeholder meetings consisted of education focused on the construct and explaining my methodological approach for the research which provided direction for program resources and content. Second, as the research expert on the team, it was my role to ensure this program aligned with the tenets of positive body image (Tylka & Wood-Barcalow, 2015). This meant the program would not be about dieting or changing appearance (approaches that usually result in more negative body image; McCabe, Ricciardelli, & Banfield, 2001).

If I had utilized a full PAR approach, then the negotiations around program design would have been much more difficult as initially some stakeholders assumed that a
positive body image program would focus on weight loss and attaining the hegemonic beauty ‘ideal’. One of the ways positive body image was promoted was by challenging stakeholders’ and participants’ perspectives of mainstream Hollywood definitions of beauty (Grogan, 2017). As a body image researcher who knows the negative impact of media on body image and as a young woman who is bombarded with media’s narrow messages about beauty daily, it was important to me that we all reflected outside this normative standard to improve body image experiences. It was rewarding to witness stakeholders and participants be critical about stereotypical assumptions concerning body image and be more knowledgeable about the construct.

Another strength of the AR design was the diversity of participants ranging in age, ability, and health status who not only participated in the study but also largely informed the design of BIAS. The participatory knowledge gained by the diversity of the stakeholder team allowed the program to be universal and applicable to a variety of people. Currently, there are no positive body image programs available that have been specifically designed by, and for, the populations in this study (see Alleva et al., 2015). This means the program has the potential to be adapted for many populations to use within a multiplicity of settings including schools, peer support organizations, fitness facilities, rehabilitation centres, community centres, and retirement residences. Positive body image characteristics have been consistently found to be similar across various populations (e.g., Bailey et al., 2015; Wood-Barcalow, Tylka, & Augustus-Horvath, 2010), therefore a positive body image program is relevant for a heterogeneous group.

Action research is a methodology that engages with diverse populations and privileges all perspectives within its foundation (Bradbury Huang, 2010). Action research is important
in the body image field as it addresses the needs of populations typically overlooked or having different concerns (e.g., body function or health) than young female populations. This may explain why education was an important component of BIAS (consistent with Alleva et al., 2015), and emerged as a positive body image characteristic (Bailey et al., 2017). The participants in this study may not be privileged with body image information compared to adolescents who may learn about body image within their school curriculum.

In addition to the benefits outlined above, there are also challenges that should be noted. One notable limitation was the lack of male representation on the core stakeholder team. In general, there are fewer male members at the exercise facility, particularly in SeniorFit, which is the largest program. Since body image is a gendered construct, there is the assumption that body image concerns only occur for women, and the male participants in this study expressed this assumption (see Bailey et al., 2017); however, as the project unfolded the male stakeholders learned and acknowledged the importance of body image information for men. From being immersed in the body image literature and knowing body image concerns do occur in men, I knew a positive body image program was important for them as well. Future body image researchers pursuing program design and implementation may need to educate potential participants about the importance of body image in both men and women and make explicit effort to recruit male participants through the use of stakeholders.

Another limitation was the noticeable tapering of stakeholders from the first to the last phase of the project. Several participants had to withdraw from the study to take care of their own physical health which included physiotherapy, surgery, and hospital visits.
particularly for the stakeholders with spinal cord injury. In my participatory-based AR project only one stakeholder, Debbie, was still fully involved (i.e., attending and helping facilitate seminars) through to the conclusion of the project which meant researcher voice and stakeholder voice may have been imbalanced by the implementation (third phase) of the project. Attrition may be particularly problematic in a PAR design where participants are intended to help analyze and write for the final phases of a project however, in this AR participatory-based design, attrition did not impact program design.

Attrition of stakeholders may also have been due to the lack of an explicit outline of the program objective (i.e., not weight loss) during the first phase. Future action researchers in body image should be clear from initiation of the project to ensure expectations by stakeholders are met throughout. By the third phase I provided a more explicit outline of the program and attendance remained high until the conclusion, demonstrating that management of expectations is important. Furthermore, action researchers should consider acquiring formal feedback about their facilitation skills embedded within the AR process. This type of information is valuable for action researchers moving forward in future action research pursuits.

**Conclusion**

This paper delineates the AR process of creating BIAS, a positive body image program. This cyclical process consisted of working with members of an exercise facility to build the program and provide feedback on program developments. The BIAS program is available online (exerciseandbodyimagelab.com) and can be used by people who want to feel more comfortable with their bodies. It is also available to body image educators including therapists, counselors, and teachers to promote positive body image principles.
to their clients or students. Thus, this research makes a significant contribution to AR as it engaged participants in the process of educating the community about body image. Lessons learned from this project will help inform future researchers who may utilize participatory methods.

**Funding**

The first author was supported by the Social Sciences and Humanities Research Council of Canada.

**Notes**

1. Although this definition of body image is widely acknowledged by the academic community, previous research within this larger project has recognized a conceptual gap in the understandings of body image between body image researchers and lay people (Bailey et al., 2017).

2. Psychoeducation can be understood as the process of providing information and resources about a topic. For the purpose of the BIAS program, psychoeducation involved providing information about the body image construct definition and its causes and influences.

3. The BIAS program content and PowerPoint slides for each seminar, as well as room set-up with additional resources and readings are all available at exerciseandbodyimagelab.com
References


https://doi.org/10.1177/02632760022051202

https://doi.org/10.1016/s1471-0153(01)00025-3


<table>
<thead>
<tr>
<th>Phase 1: Design</th>
<th>Phase 2: Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship building</td>
<td>Program rollout with stakeholders</td>
</tr>
<tr>
<td>- Knowledge gap about body image revealed</td>
<td>- Need for explicit description of program objective (i.e., not a weight loss program)</td>
</tr>
<tr>
<td>- Psychoeducation important in program</td>
<td>- Stakeholders began to promote BIAS material to people outside the study</td>
</tr>
<tr>
<td>- Importance of participatory-based design (i.e., balance of participant and researcher voice)</td>
<td>- No changes to content needed</td>
</tr>
<tr>
<td>- Body image research expertise important to prevent a weight loss approach and increased negative body image</td>
<td>- Re-ordering of seminar material to enhance program flow</td>
</tr>
<tr>
<td>- Guest speaker about personal body image journey as inspiration for others</td>
<td>- 90-minute seminars instead of 60 minutes</td>
</tr>
<tr>
<td>- Program named BIAS</td>
<td>- More time for rich discussions</td>
</tr>
<tr>
<td>- Participant conceptualization of body image less appearance centric</td>
<td>- Website component to improve accessibility of content for members outside the facility</td>
</tr>
</tbody>
</table>

### Analysis

**Phase 3: Implemented**

**6-week program with new participants**

- Recruitment by stakeholders
- Explicit outline of objectives to new participants reduced attrition of new participants
- Importance of online BIAS platform so people outside the facility could join BIAS
- Powerful peer-to-peer influence promoting positive body image
- Success of BIAS at improving body image due to AR design
  - Stakeholders and participants shared BIAS material beyond study

---

*Figure 3-1.* Three phases of the BIAS project and their outcomes mapped onto Stringer’s (2014) cycles of AR
Table 3-1

Participant characteristics

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Gender</th>
<th>Interview length (Minutes)</th>
<th>Program Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stakeholders</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Philip</td>
<td>40</td>
<td>Male</td>
<td>40.21</td>
<td></td>
</tr>
<tr>
<td>2. Penny</td>
<td>61</td>
<td>Female</td>
<td>49.36</td>
<td></td>
</tr>
<tr>
<td>3. Samuel</td>
<td>82</td>
<td>Male</td>
<td>57.55</td>
<td>SeniorFit</td>
</tr>
<tr>
<td>4. Debbie</td>
<td>72</td>
<td>Female</td>
<td>37.09</td>
<td>SeniorFit</td>
</tr>
<tr>
<td>5. Jessica</td>
<td>59</td>
<td>Female</td>
<td>47.40</td>
<td>SeniorFit</td>
</tr>
<tr>
<td>6. Becca</td>
<td>69</td>
<td>Female</td>
<td>39.30</td>
<td>SeniorFit</td>
</tr>
<tr>
<td>7. Elizabeth</td>
<td>67</td>
<td>Female</td>
<td>40.80</td>
<td>Heart Strong</td>
</tr>
<tr>
<td>Additional members who were interviewed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Miranda</td>
<td>65</td>
<td>Female</td>
<td>47.55</td>
<td>Power-Cord</td>
</tr>
<tr>
<td>9. Cynthia</td>
<td>65</td>
<td>Female</td>
<td>46.03</td>
<td></td>
</tr>
<tr>
<td>10. Samantha</td>
<td>63</td>
<td>Female</td>
<td>14.48</td>
<td></td>
</tr>
<tr>
<td>11. Scott</td>
<td>68</td>
<td>Male</td>
<td>56.59</td>
<td>SeniorFit</td>
</tr>
<tr>
<td>12. Dylan</td>
<td>73</td>
<td>Male</td>
<td>36.12</td>
<td>SeniorFit</td>
</tr>
<tr>
<td>13. Jennifer</td>
<td>67</td>
<td>Female</td>
<td>47.04</td>
<td>SeniorFit</td>
</tr>
<tr>
<td>14. Rachel</td>
<td>70</td>
<td>Female</td>
<td>48.27</td>
<td>SeniorFit</td>
</tr>
<tr>
<td>15. Amy Lynn</td>
<td>56</td>
<td>Female</td>
<td>27.19</td>
<td>Power Cord-MS</td>
</tr>
<tr>
<td>16. Larry</td>
<td>70</td>
<td>Male</td>
<td>41.54</td>
<td>SeniorFit</td>
</tr>
<tr>
<td>Student trainees</td>
<td>Age</td>
<td>Gender</td>
<td>AIS Score</td>
<td>Fitness</td>
</tr>
<tr>
<td>------------------</td>
<td>-----</td>
<td>--------</td>
<td>-----------</td>
<td>---------</td>
</tr>
<tr>
<td>17. Trevor</td>
<td>21</td>
<td>Male</td>
<td>30.44</td>
<td>SeniorFit</td>
</tr>
<tr>
<td>18. Melanie</td>
<td>21</td>
<td>Female</td>
<td>21.14</td>
<td>SeniorFit &amp; Power Cord</td>
</tr>
<tr>
<td>19. Michael</td>
<td>23</td>
<td>Male</td>
<td>35.50</td>
<td>SeniorFit, Heart Strong, &amp; Power Cord</td>
</tr>
</tbody>
</table>

*Note. AIS is the American Spinal Injury Association Impairment Scale. A score of A means the injury is complete and there is no sensory or motor function below the level of injury (including the S4-S5 segments); Scores B-D indicate an incomplete injury, and thus some motor and or sensory function remains below the injury. Specifically, a score of B means there is sensory but no motor function below the injury (including the S4-S5 segments); a score of C means there is sensory and motor function below the level of the injury (including the S4-S5 segments), however, at least half of the key muscles below the injury have less than anti-gravity strength; a score of D means there is sensory and motor function below the level of the injury (including the S4-S5 segments), and at least half of the key muscles below the injury have at least anti-gravity strength.*
Table 3-2

*Interview guide*

Now I would like to start off with you telling me a little about yourself
- Some background information?
- What made you become involved at the facility?
- What made you decide to join this research study?
- What resonated with you about this project/what made you want to participate?

What do you think body image is?
- How do you define body image?

What do you think having a positive body image means?
- How do you define positive body image?
- What are the important components?
- How do you recognize someone with a positive body image?

What do you think having a negative body image means?
- How do you define negative body image?
- What are the components?
- How do you recognize someone with a negative body image?

What is your experience with body image?
- How do you view your body?
- What are some strategies for improving positive body image experiences?

If there was to be a positive body image program developed at the Centre, how would you imagine it being implemented?
- Lecture based? Workshop? Interactive?
- Should there be guest speakers? Led by a professional? A panel of professionals? Members?

What would be some important topics that you would hope get covered?
- What type of content is important to be covered?
- What aspects would grab people’s attention?
- What aspects would turn people away?
- What components would make it a comfortable environment?
- What components would make it an uncomfortable environment?

How would a positive body image program be beneficial to you?
- How could it be designed so that it helps your body image as well?
- What do you bring that would contribute to this program?
- Would resources be useful for members of this program?
- Anything tangible (e.g., website, pamphlets, handouts?)

What are some ways the program could be made sustainable long term?
- What are some ways to make sure this program continues down the road?

Is there anything else you can think of that would be important for implementing a positive body image program for members of the Centre?

Great, thank you!
### Table 3-3

**Abbreviated program outline**

<table>
<thead>
<tr>
<th>Seminar #1: Introduction to body image</th>
</tr>
</thead>
</table>
| **30 minutes** | 1. Informed consent and questionnaire package.  
                      2. Ground rules: Confidentiality and respect for others. |
| **20 minutes** | 3. Go over agenda. Introduction of everyone in the group. |
| **15 minutes** | 4. Activity: What is body image? |
| **15 minutes** | 5. Presentation about body image definition. |
| **10 minutes** | 6. Tutorial for navigating the BIAS website. |

**Take home task:** What did you learn from this seminar?  
**Video:** Cameron Russell TED Talks

**Distribute feedback sheets. Everyone is provided with a handout and a reference list.**

<table>
<thead>
<tr>
<th>Seminar #2: Myths and truths about body image &amp; introduction to positive body image</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>30 minutes</strong></td>
</tr>
<tr>
<td><strong>30 minutes</strong></td>
</tr>
<tr>
<td><strong>20 minutes</strong></td>
</tr>
</tbody>
</table>

**Take home task 1:** Gratitude Activity.  
**Take home task 2:** Write down as many positive things about your body as you can (goal is 10).

**Distribute feedback sheets. Everyone is provided with a handout and reference list.**

<table>
<thead>
<tr>
<th>Seminar #3: Social influences on our body image</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>20 minutes</strong></td>
</tr>
<tr>
<td><strong>10 minutes</strong></td>
</tr>
<tr>
<td><strong>15 minutes</strong></td>
</tr>
<tr>
<td><strong>15 minutes</strong></td>
</tr>
<tr>
<td><strong>10 minutes</strong></td>
</tr>
<tr>
<td><strong>10 minutes</strong></td>
</tr>
<tr>
<td><strong>10 minutes</strong></td>
</tr>
</tbody>
</table>

**Take home task:** Amy Cuddy Video

**Distribute feedback sheets. Everyone is provided with a handout.**

<table>
<thead>
<tr>
<th>Seminar #4: Individual differences in body image</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>20 minutes</strong></td>
</tr>
<tr>
<td><strong>20 minutes</strong></td>
</tr>
<tr>
<td><strong>20 minutes</strong></td>
</tr>
<tr>
<td><strong>20 minutes</strong></td>
</tr>
</tbody>
</table>

**Take home task:** Write down 5 things that make you unique and bring to the next session.

**Distribute feedback sheets. Everyone is provided with a handout.**

<table>
<thead>
<tr>
<th>Seminar #5: Respecting the body</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>20 minutes</strong></td>
</tr>
<tr>
<td><strong>20 minutes</strong></td>
</tr>
<tr>
<td><strong>20 minutes</strong></td>
</tr>
<tr>
<td><strong>20 minutes</strong></td>
</tr>
</tbody>
</table>

**Take home task:** Write down 5 things that make you unique and bring to the next session.
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 minutes</td>
<td>1. Go over agenda for the seminar. Opportunity to share take home task.</td>
</tr>
<tr>
<td>15 minutes</td>
<td>2. Introduction to intuitive eating.</td>
</tr>
<tr>
<td>10 minutes</td>
<td>3. Intuitive eating activity.</td>
</tr>
<tr>
<td>15 minutes</td>
<td>4. Video: Poodle science.</td>
</tr>
<tr>
<td>10 minutes</td>
<td>5. Presentation on embodied exercise.</td>
</tr>
<tr>
<td>10 minutes</td>
<td>6. Opportunity to discuss readings.</td>
</tr>
</tbody>
</table>

**Take home task:** Write a letter to a loved one about what was learned.

*Distribute feedback sheet. Everyone is provided with a handout.*

**Seminar #6: Conclusion**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 minutes</td>
<td>1. Guest speaker.</td>
</tr>
<tr>
<td>10 minutes</td>
<td>2. Opportunity to discuss homework from seminar #5.</td>
</tr>
<tr>
<td>10 minutes</td>
<td>3. Activity Revisited: 10 positive things.</td>
</tr>
<tr>
<td>10 minutes</td>
<td>4. Activity Revisited: What is body image?</td>
</tr>
<tr>
<td>10 minutes</td>
<td>5. Final take home message.</td>
</tr>
</tbody>
</table>

**Take home task:** Final promise or pledge.

*Distribute feedback sheets. Everyone provided a handout with final take home message.*
Chapter 4 Preface

The following article is a mixed methods summative evaluation of the BIAS program. An evaluation of BIAS is important since we intend to implement the program within other settings. Action researchers typically use qualitative methods; however increasingly researchers have used both qualitative and quantitative data collection in their action research projects (Ivankova, 2015). I operate under a constructivist paradigm where primarily qualitative methods are utilized. I also share tenants of pragmatism - an increasingly accepted paradigm where researchers believe the research question should drive the methods used. This practical standpoint is where I often situate myself when designing a research study. It is standard practice in the discipline of psychology and the subject of body image to use questionnaires that have been psychometrically evaluated to assess body image. Therefore, I used both body image questionnaires and qualitative interviews to evaluate the BIAS program. On that note, since this was an action research project and I value participants’ experiences and knowledge, retrospectively I would have engaged the participants more during the questionnaire portion of the study (see more discussion on this under Reflexivity in Chapter 5). The following article was intended for the Journal of Mixed Methods Research and is therefore written consistent with current mixed methods principles (i.e., Creswell & Plano Clark, 2018).
References


Chapter 4: Study 3

A Mixed Methods Evaluation of BIAS (Body Image Awareness Seminars): A Positive Body Image Program

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1 A version of this manuscript will be revised submitted: Bailey, K. A., & Gammage, K. L. A mixed methods evaluation of BIAS (Body Image Awareness Seminars): A positive body image program. *Journal of Mixed Methods Research*, May 2018.
A Mixed Methods Evaluation of BIAS (Body Image Awareness Seminars): A Positive Body Image Program

Early body image research focused primarily on eating pathology and weight and shape concerns among White female university and adolescent students. This research was rooted in nationwide high levels of dissatisfaction, coined the “normative discontent” (Rodin, Silberstein, & Streigel-Moore, 1984), the belief it is normal for women to be dissatisfied with their bodies. The proliferation of research on body dissatisfaction in women has slowly expanded to include men, whose body image concerns revolve primarily around muscularity and leanness rather than weight and thinness (McCreary & Sasse, 2000). Body image is now understood as multifaceted including much more than weight and shape but also functionality of the body (Cash & Pruzinksy, 2002; Grogan 2017). Building on this research, seminal scholars recognized the need to explore body image beyond its negative features and examine positive body image (Cash & Pruzinksy, 2002).

Early work reflected beliefs that by reducing negative body image one would experience positive body image (Tylka, 2011). Conceptually, the two constructs were thought to exist on the same continuum, inversely related to each other. However, the elimination of negative body image may result in intermediate (or neutral) body image at best (Williams, Cash, & Santos, 2004). Proponents of positive body image take the view that positive body image is not the opposite of negative body image, but rather a distinct construct (e.g., Tylka, 2011).

Research on positive body image across a diversity of populations (e.g., Bailey, Gammage, van Ingen, & Ditor, 2015; Bailey, Cline, & Gammage, 2016; Frisén &
Holmqvist, 2010; McHugh, Coppola, & Sabiston, 2014; Pope, Corona, & Belgrave, 2014) in the last 10 years has led to a still-evolving, working definition of the positive body image construct. This concept is understood as distinct from negative body image, with facets that include appreciating and accepting the body for both its appearance and functionality, engaging in adaptive appearance investment, conceptualizing beauty broadly, and reflecting inner positivity believed to shine through outer appearance.

Positive body image is holistic in its expression and influence, stable but still responsive to contextual and individual variables, protective of psychological well-being, linked to unconditional body acceptance by others, and molded by social identities (Tylka & Wood-Barcalow, 2015a). Undoubtedly, the explosion of research on positive body image has transformed the way researchers currently understand and conceptualize body image and has paved the way for future body image research.

Along with the expansion of research on positive body image has also been the expansion of body image research in a diversity of populations. For example, the body image literature about older adults has grown in over a decade (Roy & Payette, 2012). Physical changes of the body due to aging may include appearance and body function fluctuations such as weight gain, muscle atrophy, hair loss, and the use of hearing, vision, and mobility aids (e.g., Goodpaster et al., 2006) that generally move older women’s and men’s bodies away from the Western cultural ideals. Findings from a systematic review of past quantitative and qualitative research on body image in older adults by Roy and Payette (2012) demonstrated that body dissatisfaction remained stable across the lifespan; however, older adults placed less importance on physical appearance aspects of the body and more on competence than younger populations.
Similar to body image research about older adults, the literature about individuals with physical disabilities is growing. Some research has reported that those with disability including spinal cord injury, multiple sclerosis, and amputation have poorer body image than those without disability (e.g., Holzer et al., 2014; Moin, Duvdevany, & Mazor, 2009; Pfaffenberger et al., 2011). However, there is also evidence that body image may be similar between those with and without disability (e.g., Bassett & Martin Ginis, 2009; Ben-Tovim & Walker, 1995). For example, Bassett and Martin Ginis (2009) found that their sample of men with spinal cord injury had comparable levels of body satisfaction as the general population (using mean comparisons). Qualitative studies have further demonstrated the complexity of body image experiences in people with physical disabilities (Bailey et al., 2015; Bailey, Gammage, van Ingen, & Ditor, 2016; Taleporos & McCabe, 2002). In these studies, both positive and negative body image experiences were reported based on factors such as time with disability, social support, level of functional ability, acceptance of disability, and independence level.

Body Image Programs

In pursuit of improving body image experiences, a few studies have explored the use of body image programs or interventions; however, most of these have been designed to prevent or reduce negative body image (e.g., Kater, Rohwer, & Londre, 2002; Smolak & Levine, 2001) or eating disorders (Stice & Shaw, 2004; Yager & O’Dea, 2008) in adolescent and college samples. To summarize the overall impact of body image interventions (including some programs tailored more specifically for positive body image), a review was conducted to estimate the effectiveness of stand-alone body image interventions and to identify the specific change techniques that led to improvements.
(Alleva, Sheeran, Webb, Martijn, & Miles, 2015). Results indicated intervention effects with small-medium improvements in body image. Interventions delivered in a group format, with a facilitator present, over multiple sessions, were most effective. Interestingly, based on this review, it was also revealed that psychoeducation was associated with improved body image. This finding is contrary to studies targeting eating disorders or other health-related behaviors where psychoeducation has been found to be ineffective. In support for the need of psychoeducation, in Bailey, Gammage, and van Ingen’s (2017) qualitative study on a diversity of community members of an exercise facility, a gap in understanding body image was found between participants and body image researchers. Participants expressed a desire to learn more about body image and suggested psychoeducation would be an important element in a positive body image program.

Recently there has been a call for interventions and programs specifically tailored to address components of positive body image (Halliwell, 2015). Based on the above-mentioned systematic review of body image interventions/programs and Bailey et al.’s (2017) study, a new positive body image program was recently developed. Using an action research methodology, BIAS (body image awareness seminars) was created. Action research is a methodology that honors participatory knowledge within the research process. Researchers using this approach work with participants, through constant action and reflection, in the pursuit of knowledge generation and the flourishing of people (Bradbury Huang, 2010; Brydon-Miller, Greenwood, & Maguire, 2003). The creation of BIAS was completed through three phases. The first phase focused on designing the positive body image program. A total of 19 participants, including seven
stakeholders from the university affiliated exercise facility who ranged in age, gender, ability, and health, helped develop the program. By the conclusion of this phase, it was decided the program would be named BIAS and would consist of six weekly 60-minute seminars with psychoeducation, reflection activities, and videos and readings integrated into all sessions. The second phase involved testing the program with the same stakeholders. Five stakeholders participated in this phase and provided feedback throughout. While the content of BIAS did not change, a re-ordering of material was undertaken. Lastly, it was agreed the seminars should be 90 minutes to ensure adequate time for discussion by all participants. Information and content for the BIAS program can be found on the program website (exerciseandbodyimagelab.com). The third and final phase of BIAS was the implementation and evaluation of the program for members at the exercise facility. The present study is a summative evaluation of BIAS during the third phase. The research question was: to what extent do the qualitative and quantitative results converge and/or diverge on participants’ improvement in body image after participating in the BIAS program?

Methods

Design

This study used mixed methods to evaluate the BIAS program. Mixed methods research involves: (a) the rigorous collection and analysis of both qualitative and quantitative data; (b) integration of these two forms of data; (c) organization of procedures into specific research designs that provide logic and procedures for conducting the study; and (d) procedures that are framed within theory and philosophy (Creswell & Plano Clark, 2018). The current study is a convergent design using the
parallel-databases variant (Creswell & Plano Clark, 2018). Both quantitative and qualitative methods were used simultaneously and equally within the study and data analyses were used to compare for convergence and/or divergence of qualitative and quantitative results to provide comprehensive conclusions about the effectiveness of the BIAS program (see Figure 4-1 for diagram of the mixed methods design). This study was grounded within the first author’s constructivist worldview (Lincoln, Lynham, & Guba, 2011).

Study context

Community-based exercise facility. All three phases of the BIAS program research took place at the university affiliated exercise facility. This exercise facility was designed to promote health, prevent disease, and work to help rehabilitate/reintegrate people by enhancing well-being and quality of life across the adult lifespan through exercise and activity. The facility had four specialized programs, one for older adults aged 55+, one for spinal cord injury, one for multiple sclerosis, and one for people with cardiovascular disease or risk factors.

Participants

Using purposive sampling, specifically maximal variation sampling (Creswell & Plano Clark, 2018), twenty-nine members ranging in age, gender, and ability signed-up in addition to two stakeholders involved in the first two phases of the larger project. From the twenty-nine who signed-up, twenty-four participated in the seminars. One person dropped out before the conclusion of the program due to personal scheduling issues. Refreshments were provided at every seminar and participants had the opportunity to win a $50 grocery store gift card at the conclusion of the program. The mean age of the 18
participants who completed all questionnaire packages was 67.88 years (SD = 8.77). The mean number of months participants were a member at the facility was 44.61 (SD = 45.18). In addition, 16 of these participants also volunteered to be interviewed. See Table 4-1 for participant characteristics. Although there was diversity in participants in terms of age, gender, and program affiliation, there was a lack of diversity in terms of race and ethnicity.

**Materials**

**Demographics.** Participants completed demographic information including age, gender, ethnicity, occupation, program affiliation, and numbers of years as a member at the exercise facility.

**Body appreciation.** Participants completed the Body Appreciation Scale-2, (BAS-2; Tylka & Wood-Barcalow, 2015a) which is a 10-item scale that assesses body image as a positive construct on a 5-point scale (1 = never to 5 = always). Higher scores indicate a higher level of body appreciation. This scale has demonstrated unidimensional structure, internal consistency, test–retest reliability, and construct (convergent, incremental, and discriminant) validity in Western men and women from a university and community sample (Tylka & Wood-Barcalow, 2015a). Internal consistency reliability for the present study was satisfactory for baseline (α = .95), post (α = .93), and follow-up (α = .95).

**Intuitive eating.** Participants completed the 23-item Intuitive Eating Scale-2 (IES-2; Tylka & Kroon Van Diest, 2013) which measured individuals’ tendency to follow their physical hunger and satiety cues when determining when, what, and how much to eat, while choosing foods they enjoy and work well with their body. Participants
rank on a 5-point scale (1 = strongly disagree and 5 = strongly agree) for each statement. Higher scores indicate greater intuitive eating. The scale has shown adequate reliability (i.e., internal consistency and 3-week test–retest) and validity (i.e., convergent, discriminant, and incremental) in undergraduate women and men (Tylka & Kroon Van Diest, 2013) and among young to middle-aged women (e.g., Carbonneau, Carbonneau, Cantin, & Gagnon-Girouard, 2015). Internal consistency reliability for the present study was satisfactory for baseline (α = .79), post (α = .76), and follow-up (α = .88).

**Appearance evaluation.** Participants completed the Appearance Evaluation subscale from the Multidimensional Body-Self Relations Questionnaire (Brown, Cash, & Mikulka, 1990; Cash, 2000). The seven items are rated on a 5-point scale (1 = strongly disagree to 5 = strongly agree). Higher scores indicate better appearance evaluation and satisfaction. The subscale has demonstrated acceptable reliability and validity (e.g., Cash & Fleming, 2002). Furthermore, the Multidimensional Body-Self Relations Questionnaire has been recognized for its extensive background validation within diverse samples (Thompson, 2004). Internal consistency reliability for the present study was satisfactory for baseline (α = .87), post (α = .77), and follow-up (α = .79).

**Body satisfaction.** Participants completed the Adult Body Satisfaction Questionnaire (Reboussin et al., 2000) which is a nine-item scale to measure overall level of body satisfaction. This scale has two subscales, appearance satisfaction (3 items) and function satisfaction (6 items). Participants rate how satisfied they are on a 7-point scale (-3 = very dissatisfied to 3 = very satisfied) for each statement. This scale has been used successfully with middle-aged and older populations (Reboussin et al., 2000) and people with spinal cord injury (Bassett, Martin Ginis, & Buchholz, 2009). Higher scores
represent higher satisfaction. Internal consistency reliability for the present study was satisfactory for baseline (α = .90), post (α = .84), and follow-up (α = .78) for the appearance subscale and baseline (α = .88), post (α = .76), and follow-up (α = .89) for the function subscale.

**Interview guide.** An interview guide was developed by the authors to elicit conversations about participants’ experiences with the program. This semi-structured guide was used to ask participants about their conceptualization of body image, their own body image experiences, and their experiences with the BIAS program as a method to evaluate the program effectiveness. Refer to Table 4-2 for the interview guide.

**Procedures**

After university research ethics clearance was granted, participants were recruited for the BIAS program at the university affiliated exercise facility. Posters were placed around the facility and on the facility’s website, and word-of-mouth techniques were used to recruit members to attend information sessions. Information sessions were facilitated by the first author and were about 30 minutes in length which included a PowerPoint presentation about the study and how to get involved as a participant. Twenty-four new participants and two stakeholders involved in the design of the program attended the first seminar.

Given physical space limitations and to allow for participation in discussions for all group members, two sessions were run each week (12 participants each). The first author facilitated the content and discussions of the BIAS program (see Table 4-3 for program outline) and had a research assistant take notes during each seminar. At the first seminar, participants provided written informed consent and agreed to keep other
participants’ personal stories about their body image private. Then, participants completed demographic information and baseline measures of body image. During the last seminar, participants completed post-measures of body image. At the program conclusion, participants were invited to participate in a face-to-face interview with the first author. Sixteen participants volunteered to be interviewed. Interviews were about 30-60 minutes in length where participants discussed their experiences with the program. Interviews were audio recorded for transcription purposes and took place at the exercise facility in the same room the program took place or their own home, whichever they preferred. Six weeks after the conclusion of the program, eighteen (four males and 14 females) of the 24 total participants completed the follow-up questionnaire package and therefore are included in the quantitative analyses for this study (see Table 4-4 for means and standards deviations on all measures). All questionnaire data collection took place at the exercise facility in the same room the program took place.

**Analysis of quantitative data**

Repeated measures ANOVA was used to test changes in body image from the start of the BIAS program (i.e., baseline), to the conclusion (i.e., post-intervention), to the six-week follow-up. From the 24 participants who were in the program, 18 completed all questionnaire packages and were used in the statistical analyses for this study. If the assumption of sphericity was not met ($p < .05$) then the Greenhouse-Geisser correction was reported.

To examine the nature of the time effects, pairwise comparisons were completed (baseline versus post-intervention, baseline versus 6-week follow-up, post-intervention
versus 6-week follow-up). Means and standard deviations for body appreciation, intuitive eating, appearance evaluation, and body satisfaction are presented in Table 4-3.

**Analysis of qualitative data**

The first author transcribed the interview recordings verbatim and analyzed them using the six phases of thematic analysis (Braun & Clarke, 2006). Pseudonyms were assigned to each participant for anonymity purposes. Thematic analysis is used to identify, analyze, and report patterns or themes in the interview data while remaining theoretically free (Braun & Clarke, 2006). The first author’s extensive research in positive body image helped strengthen the analysis. She immersed herself in the transcripts, reading them multiple times to search for meaning and patterns. Transcripts were coded inductively, where initial codes were identified as reoccurring patterns. Then, codes were organized into potential themes (i.e., broader concepts related to an evaluation of the BIAS program). This process remained flexible whereby themes were modified and refined until the most coherent reconstruction of the data was completed and made into a thematic map (Braun & Clarke, 2006). The first author reached saturation for all major themes and then both authors met and discussed themes until consensus was reached. The thematic map can be found in Table 4-5.

**Results**

**Insights from Quantitative Data: Changes in Body Image**

A series of one-way repeated measures ANOVA (one for each dependent variable) was conducted to compare baseline, post-intervention, and 6-week follow-up scores. Results revealed a signification main time effect for body appreciation $F(2, 34) = 7.13, p < .01, \hat{\omega}^2 = .087$ (medium effect), intuitive eating $F(2, 34) = 16.5, p < .001, \hat{\omega}^2 =$
.13 (medium to large effect), satisfaction for body appearance \( F(2, 34) = 9.01, p < .01, \hat{\omega}^2 = .054 \) (small to medium effect), and satisfaction for body function, \( F(2, 34) = 11.32, p < .001, \hat{\omega}^2 = .153 \) (large effect), but no significant effect for appearance evaluation, \( F(2, 34) = 2.74, p = .09 \). These results suggest appearance evaluation did not increase post-program (see Table 4-4). For all these measures (except appearance evaluation), there was a significant difference between baseline scores and post-intervention scores (\( p < .05 \)) as well as baseline and follow-up scores (\( p < .05 \)). There was not a significant difference between post-intervention and follow-up scores (\( p > .05 \)). Examination of the pattern of mean scores suggest that body appreciation, intuitive eating, satisfaction for body appearance, and satisfaction for body function increased post-program and that these changes were sustained 6-weeks after the program concluded (see Table 4-4 for scores at each time point).

**Insights from Qualitative Data: Changes in Body Image**

The qualitative data provides additional insight into the effectiveness of the BIAS program in improving body image in participants. The themes presented converge with the statistical findings; however, there are also additional findings about body image that were not revealed in the quantitative analyses. Lastly, some of these results also demonstrate contradicting evidence. The main themes are: developing positive body image characteristics, knowledge of body image, becoming a positive body image advocate, and prevailing focus on body weight.

**Developing positive body image characteristics.** This theme demonstrates the positive body image characteristics that 12 participants described learning or developing after the program. These themes support the quantitative results that demonstrate body
appreciation, intuitive eating, and satisfaction with body function all improved.

Furthermore, these qualitative findings demonstrate additional body image improvements that occurred in participants. The following subthemes were found: body acceptance, appreciation for body function, intuitive eating, filtering information, and self-compassion.

**Body acceptance.** In this subtheme, nine participants explained learning to accept their bodies more since taking part in the BIAS program. This positive body image characteristic demonstrates coming to terms with perceived body flaws and becoming more comfortable with the body. Jackie explained this shift, saying, “I’m learning to accept the flaws that I perceive”. Laurie said, “I learned how to be more accepting of myself basically and not have to worry about what anybody else would think.” Debbie had gone through a lot of yo-yo dieting and losing and regaining weight. She talked about learning from the BIAS program to accept her body’s shape and size. She said, “…because this is who I am and regardless I can lose more weight but I still have the same basic shape.” Debbie learned to find comfort in her body size since yo-yo dieting has not been good for her health. Emma Lou said, “I think it’s the let go and accept what’s there and take care of our bodies and just do for them what they need so that they can do for us what we want.”

**Appreciation for body function.** In this subtheme, six participants described the concept of appreciating their body’s functionality. This included not taking their body function or health for granted. Claudine explained a shift in thinking to stop blaming herself for weight gain or functional declines and instead appreciating her body more. Jacelyn said,
I’m lucky that I can still do all of these things and that’s going to be an increasing issue. And the idea of which I think I did get from the group about focusing on learning to take care of myself and learning to listen more to my body so that’s positive.

Jacelyn also described having an external focus (i.e., appearance) of her body image before the BIAS program. At the conclusion of the program she realized she now focuses more on her body functionality. She said, “…realizing that how I come to think about myself less about how I look externally in terms of body image and more in terms of what I can do.” Having this shift in focus allowed her to enjoy her body more and improved her body image.

**Intuitive eating.** In this subtheme, six participants discussed engaging in more intuitive eating and less judgment about food choices. Intuitive eating was a specific component of the BIAS program where participants learned to slow down their eating and enjoy their food. It also involves respecting what the body needs and not choosing food based on emotional influences. Many participants coming into the program had a preoccupation with weight and food so it is not surprising that intuitive eating resonated with many participants. Jacob described listening to his body’s hunger and satiety cues rather than forcing a strict eating schedule. He said, “I used to eat on like bang-bang schedule for sure but now I eat more when I feel hungry.”

Although Jackie was much more aware of eating behaviours and tried to be mindful when eating after the BIAS program, she also described still attaching guilt with certain foods high in calories. However, since the BIAS program, she explained
recognizing her tendency to attach emotion with food and how this may harm her body image. She said,

I don't want to eat things with really high calories but it was also good to see it's ok to give in because I do that too some days. I've been so bad and it's the guilt because that's my problem too is the guilt feeling so it [BIAS] helped me think no you don't have to feel guilty about these things.

**Filtering information.** In this subtheme, four participants described learning the process of filtering body image related information in a body protective manner. They described learning to reject or reframe criticisms towards their body and accepting positive information about their body. Samantha described still being in the process of learning how to filter body image information but that she was grateful to have learned this aspect of body image. She said,

The biggest thing was to filter what you take in. That was the thing that really made me think yes I have to do that if it’s very negative block it. It’s easier said than done but you know that’s what I’m struggling to do right now. If I hadn’t come to your seminars I wouldn’t have known.

Emma Lou described already engaging in the process of filtering information. She shared, “I take what I like and I ignore what I don’t and when I hear something that bothers me I just let it go. I don't hold onto things like that anymore.”

**Self-compassion.** This subtheme is represented by four female participants who described being more forgiving to their own body image. Self-compassion is a broader concept than body image. According to Neff (2003), self-compassion involves being touched by and open to one’s own suffering, generating the desire to alleviate one’s
suffering and to heal oneself with kindness, and involves nonjudgmental understanding of one’s own pain, inadequacies, and failures. This subtheme is unique because for participants in this study it was easy to be compassionate over other people’s body image experiences but it was harder when it came to their own. These women described finding compassion for themselves when their appearance or function may have changed.

Claudine said,

I’m never going to be 35 again haha just to a point I was before I wouldn’t look at old pictures of me because I usually weighed around 150 [lbs.] which still was always considered fat because I’m not 5 foot. I think well I’m not going to get there that’s true but do I have to get there? Do I have to put myself through this [agony of trying to lose an unrealistic amount of weight]?

Jackie had a similar experience of self-compassion. She said, “I think it [BIAS] helped me that way too and to be more forgiving when I do gain a few pounds.” Self-compassion was not an intended outcome in this study but was an important lesson learned by some participants.

**Knowledge of body image.** In this theme, 10 participants expressed a change in their understanding of the body image construct, including its definition, its causes, and influences. Participants acknowledged a shift in their belief about body image from being simple to more complex after the program. This shift reflected participants’ understanding more completely what body is and how it affects their lives. The subthemes were *shift from appearance only to function and health* and *unidimensional to multidimensional.*
Shift from appearance only to function and health. This subtheme is represented by participants who initially thought body image was solely someone’s appearance or amount of body fat and weight. After learning more about body image from the BIAS program, they had a change in their conceptual understanding to be more consistent with the research literature. Claudine said, “well definitely body image was to me strictly weight you know and actually fat.” Before the program started, Claudine thought a positive body image program would be about how to lose weight since she thought weight was a central component of body image. She said, “I just thought fat and thin so we were going to have a bunch of fatties or a bunch of skinnies haha and that was it”. By the last seminar, Claudine had broadened her understanding of body image to include positive body image. She said, “You can’t have a positive body image in the family I grew up in and I’m 73 and now I know, now you tell me hahaha”. She said, “well I think it’s more the whole person. I’m sitting here thinking of the positives of myself but before the program there is no way I could think of them.”

After the conclusion of the program, participants believed body image was broader than appearance, including one’s function and health. For example, Laurie learned body image was more than just the number on the scale. She said, Because it opened my eyes to what body image actually is. It’s not just always what you’re looking at [in the mirror] … and how to approach it with the challenge of not focusing on the number [on the scale].

Emma Lou’s old concept of body image was very much about appearance mostly from a negative perspective. After the conclusion of the program, her thoughts shifted to include
function, acceptance, and appreciation for the body – a more holistic understanding of the construct. She said,

Like I say you think of it as just being your physical, how do you look, not how you treat yourself, not how you appreciate the fact of what your body does for you. It was all just physical, just the appearance, not the fact that you have to appreciate it, see what it does, see what your body does for you … as opposed to just how you look in the mirror.

Jacob’s understanding of body image was consistent with Emma Lou. He said,

I always thought of body image as purely physical like purely what I look like on the outside. I'm surprised that I never really put two and two together and thought it’s not just about what you look like on the outside, it’s about how you feel on the inside.

**Unidimensional to multidimensional.** Participants also expressed a change in how they understood the dimensions of body image. Entering the BIAS program some participants thought body image was a simple construct, involving a single dimension. For example, most participants believed body image to be merely the perception of their body. After the conclusion of the program, participants described shifting how they conceptualized body image to include more dimensions such as attitudes and behaviors towards the body. For instance, Jackie realized body image included attitudes and behaviors towards food as well as coping strategies. She said,

Yes I had no idea how complicated body image was. Now I know it’s about how you think about your body and attitudes towards food but from this I can see some of the things that I've done that with avoidance behaviors.
Jacelyn described that learning the definition of body image and understanding there are multiple components actually improved her body image. She said, “I think the key thing is remembering that there are multiple components. So if you get stuck in one and it stops moving then you can say or I can say ‘wait a minute, what about those other pieces?’” For Jacelyn, by understanding body image more fully, this in turn actually improved her body image. This is because she was less narrow-minded about what body image included. A broader and more complete understanding allowed her to focus on other aspects of her body rather than just dwelling on one single dimension.

**Becoming a positive body image advocate.** Seven participants described not only a positive change in their own body image, but also promoting this positive change in others. For example, Emma Lou described a moment when she encouraged a friend to see the positive in her body rather than dwelling on perceived flaws. She said,

[My friend] mentioned her butt one day and I said, ‘Now, come on. You can find positive in it.’ You got to find the positive in it. I called her out on it, because that’s what we always tend to do [body shame].

Those participants who had shared the BIAS material with friends, family, and colleagues to promote positive body image in others also represent this theme. Debbie said, “I’ve already started when I hear anybody say any negative things about their body. I would say something like ‘don’t feel like that. Why are you feeling like that?’” In this quotation, Debbie describes questioning friends when she knows they are body shaming as a way for the person to reflect on how they speak to their body. Debbie also demonstrated positive body image advocacy by sharing the BIAS material at a commercial weight loss program to which she belonged. She said,
I go to TOPS (Taking off Pounds Sensibly) and I was telling one of the women about this program [BIAS] and that it is so beneficial because TOPS is too much on the food and then she said why don’t you come and tell us some of the things [you’re learning]. So would you object if I use some of these ideas?

This was the start of Debbie taking on her leadership role promoting positive body image in other people. She held a talk about positive body image several times and said it was a success.

Some participants learned to change how they address the topic of body image with others. For example, Gregory learned from the program that body image is a sensitive topic and that he needs to be careful about how he addresses appearance and weight with others, especially women. This is because he learned that women are socialized to be insecure about their appearance and weight so it may be a sensitive topic for many. Jackie said, “I learned a lot from this [BIAS] and I think about how to interact with other people and choosing things to say in a different way whereas it was always usually about how people look.” Jacob and Laurie both have physical disabilities and are coaches for wheelchair sport. They explained wanting to use the information from BIAS to encourage their athletes to have more positive body image. They described encouraging their athletes to stop focusing on what they cannot do and more on what they can do.

**Prevailing focus on body weight.** This theme reveals an ambivalence demonstrated by three participants. Although these participants expressed understanding positive body image and that focus should not be on weight loss, they still described wanting to lose weight to improve their body image. Based on the literature, weight loss
or changing appearance is not a characteristic of positive body image and therefore this was not included in the BIAS program content. Rather, these participants were different from the others because they still believed weight loss was necessary to improve their body image. For example, Christine wanted to shift her thinking to have more acceptance for her body; however, she still believed losing weight was important. When Walter was asked how he will move forward with his body image after the BIAS program has ended, he said, “Still trying to lose weight.” Although he learned new material about positive body image he felt the best approach was still weight loss. The psychoeducation provided in the BIAS program taught these individuals that acceptance of the body was more important for positive body image; however, education alone was not sufficient for these individuals for changing how they felt about their bodies.

Decrease in negative body image. Although the statistical findings demonstrate a general improvement in positive body image among participants, it is important to note some participants did not experience this change as clearly. Since positive and negative body image operate on separate continuums, it is possible for participants to experience a reduction in negative body image but not an improvement in positive body image. On the contrary, some participants could experience both a reduction in negative body image and improvement in positive body image. This theme is represented by five participants who experienced less disgust, anger, and hatred towards their bodies. For example, Emma Lou experienced improvement in positive body image but also less disgust towards her body. She said, “I look at myself more often and it’s not disgusting kind of looking anymore.”

Elizabeth explained by the end of the program still struggling with body image and still having a lot of work to do but that she does not hate her body as much anymore.
When asked to describe her body image after the program, Kaley said, “I think I'm pretty much neutral. I mean there are some things that I know I have to do but this is me, right?” In this description of her body image Kaley described not enjoying or appreciating her body, but rather feeling neutral towards her body. Therefore, she was not experiencing any flourishing in body image due to BIAS but rather a reduction in negative experiences.

**Discussion**

The current study was a mixed methods summative evaluation of BIAS, a positive body image program. This program addressed several gaps in the literature. First, it addressed the need for specifically tailored positive body image programs (i.e., Halliwell, 2015). To date, the majority of body image programs have been designed to reduce negative body image and prevent eating disorders (Stice & Shaw, 2004; Yager & O’Dea, 2008). With considerable support that negative and positive body image operate independently (e.g., Bailey et al., 2015; Tylka, 2011; Tylka & Wood-Barcalow, 2015b; Wood-Barcalow, Tylka, & Augustus-Horvath, 2010) it can be argued that positive body image programs must specifically target positive body image characteristics, which BIAS did successfully, as indicated by the quantitative and qualitative evidence in the current study.

Second, the noticeable underrepresentation of positive body image research in people with physical disabilities and older adults has been recognized (Tiggemann, 2015). Furthermore, these populations are neglected in the body image program research. This is a problem since people who have experienced physical changes to their bodies may be at increased risk for negative body image (e.g., Bailey et al., 2017; Holzer et al.,
and would benefit from learning how to have a positive body image (e.g., Bailey et al., 2015; Bailey, Cline et al., 2016; Bailey, Gammage et al., 2016; Taleporos & McCabe, 2002). The BIAS program was the first to be designed for a heterogeneous sample demonstrating its versatility to be implemented across several populations. Most body image programs have been tailored for one specific population only, and usually adolescent or young adult women (e.g., Albertson, Neff, & Dill-Shackleford, 2014; Bush, Rossy, Mintz, & Schoop, 2014; McVey & Davis, 2002). Although there are benefits of tailoring a program to a specific group since it ensures relevance and interest for participants, it also limits the ability for the program to be widely implemented to benefit more people more efficiently.

In the evaluation of BIAS as a successful positive body image program, the first important finding was that participants did demonstrate improvements in body image. According to the quantitative and qualitative data, body appreciation, satisfaction with function, and intuitive eating all improved and were sustained during follow-up. Since body appreciation, a core characteristic of positive body image (Tylka, 2011) did improve, this indicates BIAS did successfully target positive body image. The results also demonstrate some reductions in negative body image. For example, one participant described not being disgusted with her body anymore. Therefore, not only did she demonstrate positive changes in body image since the program, such as body acceptance, she also experienced a reduction in negative states. Therefore, this is one of the first studies to demonstrate a successful increase in positive body image and decrease in negative body image in participants.
An interesting finding was that knowledge about body image may have actually contributed to improved body image in participants. In a recent review (Alleva et al., 2015), it was found that psychoeducation did lead to improved body image in several interventions. Some participants in this study discussed improved knowledge about body image and they described this linking to better thoughts, feelings, and behaviors towards their bodies. This may be particularly important for populations where knowledge about body image may be more limited. For example, older populations have demonstrated having less knowledge about body image (see Bailey et al., 2017). This may be due to less access to resources about body image whereas younger populations may be provided body image information within their curriculum in school. By having a more holistic understanding of the construct, participants felt more comfortable about their body image. For example, some participants felt body image was merely their appearance and that positive body image was fitting the beauty ideal. By understanding body image is more than appearance, participants had a shift in focus. Instead of dwelling on appearance features, participants could focus on body function. Having the knowledge that they could accept their ‘perceived flaws’ while also working towards appreciation of body function, many participants experienced positive body image by the conclusion of the program.

**Contribution to Mixed Methods Research**

This study contributes to the advancement of mixed methods research in three main ways. First, it utilizes mixed methods within a larger action research study. Action research offers a paradigm shift from the traditional forms of research as it seeks the critical understanding and the active engagement of stakeholders (Brydon-Miller et al.,
2003). The current project demonstrates the flexibility of mixed methods designs as they can be successfully applied to action research projects. McNiff and Whitehead (2011) state action research is a broad methodological approach and therefore “can and should incorporate a range of methods from other approaches” (p. 49). Mixed methods allowed for a richer more informed evaluation of this action research study. Therefore, future action researchers should consider the adoption of mixed methods, particularly for evaluation purposes (Ivankova, 2015).

Second, this study demonstrates the importance of using mixed methods when studying a heterogeneous sample. As mentioned above, the positive body image literature is still young, particularly when it comes to examining psychometric properties of its measures (Webb, Wood-Barcalow, & Tylka, 2015). For example, several positive body image measures, including the BAS-2 (Tylka & Wood-Barcalow, 2015a), have not yet been validated in people with physical disabilities, although there is qualitative support that the positive body image construct is similar in people ranging in ability levels (Bailey et al., 2015). Since our study explored the use of a positive body image program among a range of individuals across age, gender, ability, and health status, it was imperative we utilized mixed methods since the measures used had not been validated with some of our participants.

Third, this study contributes to the value of mixed methods research, in positive body image program research. Positive body image is multifaceted; however, there is no multidimensional measure available to capture positive body image in its entirety (Webb et al., 2015). By using both qualitative and quantitative methods (i.e., mixed methods), researchers can explore both depth and breadth of their research topic. For example, self-
compassion was an important development for some participants in the BIAS program but was not measured quantitatively nor anticipated to change in this study. Without the utilization of qualitative interviews, this finding would have been completely missed. Lastly, there is no measure of knowledge about body image (Bailey et al., 2017). Since this program had a psychoeducational component, it was important to explore if knowledge did indeed change. Mixed methods evaluation is key in future body image programs that have psychoeducational elements until such a measure has been created and validated.

Lastly, it is important to mention discordance of results as convergent mixed methods designs allows apparent discrepancies between qualitative and quantitative data to be revealed for additional insights (Moffatt, White, Mackintosh, & Howel, 2006).

Overall, positive body image improved statistically; nevertheless, some participants left the program with the belief weight loss was still the key to positive body image. This is contrary to all the lessons in BIAS and the positive body image literature. Using a mixed methods design allowed the revelation that BIAS did not necessarily promote positive body image in all participants - exposing room for improvement of the BIAS program. Statistical results provide generalities of trends in the sample but then individual experiences are lost. Mixed methods research is the only design that provides both generalities and in-depth experiences to inform a study.

**Limitations and Future Research**

There are some important limitations of the current study that should be mentioned. First, since we were addressing significant gaps in the literature, one being the populations of interest, this limited our sample size. For example, a randomized
controlled trial was not possible at this exercise facility due to possible contamination effects. Members at this facility had very close social ties to one another and this would have contaminated any program effects. However, it would have been useful to have a comparison group at another similar facility to test if changes were observed in a comparable sample who received a similar program or were waitlisted for BIAS, and to control for expectancy effects. In addition, although the sample was diverse in terms of age, gender, and program affiliation, there was a lack of racial diversity, which reflects the predominately Caucasian racial make-up of the facility and the greater Niagara Region.

Interestingly, self-compassion emerged as a theme experienced by participants. Future studies of BIAS should measure self-compassion as this construct is related to positive body image and may be an outcome of the program. The BIAS program should be implemented with other populations (e.g., children) as body image concerns are particularly problematic in the developing years for both girls and boys (e.g., Grogan, 2017). This would provide valuable information about the applicability of BIAS in younger populations.

**Conclusion**

This mixed methods evaluation of a newly developed positive body image program demonstrates both convergent and divergent evidence of the effectiveness of BIAS. The BIAS program is one of the first to be created by, and implemented for, a diversity of populations including men and women, older adults, and people with various physical disabilities. This mixed methods design allowed for a more complete
understanding of the impact BIAS had on participants paving the way for future iterations of this program.
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Figure 4-1. Convergent design model adapted from Creswell & Plano Clark (2018).
Table 4-1

*Participant characteristics qualitative and quantitative data*

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<th>Pseudonym</th>
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<th>Program</th>
<th>Time as a member</th>
<th>Interview yes/no</th>
<th>Follow-up questionnaire yes/no</th>
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<td>Female</td>
<td>66</td>
<td>Power Cord (SCI)</td>
<td>9 years</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Katrina</td>
<td>Female</td>
<td>65</td>
<td>SeniorFit</td>
<td>1 year</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Walter</td>
<td>Male</td>
<td>71</td>
<td>Heart Strong</td>
<td>1 year</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Jacob</td>
<td>Male</td>
<td>38</td>
<td>Power Cord (CP)</td>
<td>3 months</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Laurie</td>
<td>Female</td>
<td>36</td>
<td>Power Cord (SB)</td>
<td>3 months</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Kara</td>
<td>Female</td>
<td>59</td>
<td>SeniorFit</td>
<td>1 month</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Emma Lou</td>
<td>Female</td>
<td>58</td>
<td>Power Cord (MS)</td>
<td>2 years</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Claudine</td>
<td>Female</td>
<td>73</td>
<td>Heart Strong</td>
<td>10 years</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Gregory</td>
<td>Male</td>
<td>77</td>
<td>SeniorFit</td>
<td>10 years</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Kaley</td>
<td>Female</td>
<td>46</td>
<td>Power Cord (MS)</td>
<td>2 years</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Jackie</td>
<td>Female</td>
<td>67</td>
<td>SeniorFit</td>
<td>2 years</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Debbie</td>
<td>Female</td>
<td>73</td>
<td>SeniorFit</td>
<td>7.5 years</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Elizabeth</td>
<td>Female</td>
<td>67</td>
<td>Heart Strong</td>
<td>1 year</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>--</td>
<td>Female</td>
<td>59</td>
<td>Power Cord (MS)</td>
<td>2.5 years</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>--</td>
<td>Male</td>
<td>79</td>
<td>SeniorFit</td>
<td>2 months</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>--</td>
<td>Female</td>
<td>80</td>
<td>SeniorFit</td>
<td>2 years</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>--</td>
<td>Female</td>
<td>72</td>
<td>SeniorFit</td>
<td>8 years</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>--</td>
<td>Male</td>
<td>67</td>
<td>SeniorFit</td>
<td>3 years</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>--</td>
<td>Female</td>
<td>63</td>
<td>SeniorFit</td>
<td>3 years</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>--</td>
<td>Female</td>
<td>80</td>
<td>SeniorFit</td>
<td>2 years</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>--</td>
<td>Female</td>
<td>72</td>
<td>SeniorFit</td>
<td>3.5 years</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>--</td>
<td>Female</td>
<td>73</td>
<td>SeniorFit</td>
<td>2 months</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*Note.* SCI stands for spinal cord injury. CP stands for cerebral palsy. SB stands for spina bifida. MS stands for multiple sclerosis. Pseudonyms not provided for participants who did not complete an interview.
Table 4-2

Interview guide

Overall, what was your experience with the program?
- How did the program impact your body image?
- How did it influence how you think about body image? Positive body image?

What was your body image before entering the program?
- What was your body image after the program?

What did you learn from the program?
- What content stuck with you?
- What seminar resonated with you?
- What activity resonated with you?

What did you enjoy? What did you not enjoy as much?
- Any recommendations?

Is there anything else you would like to share about your experiences with the program?
### BIAS program content

<table>
<thead>
<tr>
<th>Seminar 1: Introduction to body image</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Questionnaire package</td>
</tr>
<tr>
<td>• Introduction and overview of BIAS</td>
</tr>
<tr>
<td>• Activity: What is body image? Everyone writes down their definition and shares</td>
</tr>
<tr>
<td>• PowerPoint presentation about body image</td>
</tr>
<tr>
<td>• Introduction to the website: <a href="http://bias.my-free.website/">http://bias.my-free.website/</a></td>
</tr>
<tr>
<td>• Take home task: What did you learn from this seminar?</td>
</tr>
<tr>
<td>• Video: Cameron Russell TED Talks: <a href="http://www.youtube.com/watch?v=KM4Xe6Dlp0Y">http://www.youtube.com/watch?v=KM4Xe6Dlp0Y</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Seminar 2: Myths &amp; truths about body image &amp; introduction to positive body image</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Share take home task</td>
</tr>
<tr>
<td>• Game: Myths &amp; truths about body image</td>
</tr>
<tr>
<td>• PowerPoint presentation about positive body image</td>
</tr>
<tr>
<td>• Take home task 1: Everyone writes down five things they appreciate and are grateful for about their body with opportunity to share in seminar 3.</td>
</tr>
<tr>
<td>• Take home task 2: Write down as many positive things about your body as you can (goal is 10) – revisited at seminar 6.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Seminar 3: Social influences on body image</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Eating disorder blog reading</td>
</tr>
<tr>
<td>• Guidelines about discussing food and weight with children <a href="http://www.cbc.ca/news/health/obesity-eating-disorders-pediatric-1.3734769">http://www.cbc.ca/news/health/obesity-eating-disorders-pediatric-1.3734769</a></td>
</tr>
<tr>
<td>• Game: Myths and truths about weight</td>
</tr>
<tr>
<td>• PowerPoint presentation on how other people influence body image</td>
</tr>
<tr>
<td>• Reflection Activity: Coping styles used and influence on body image.</td>
</tr>
<tr>
<td>• Take home task: Amy Cuddy TED Talks <a href="https://www.youtube.com/watch?v=Ks__Mh1QhMc">https://www.youtube.com/watch?v=Ks__Mh1QhMc</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Seminar 4: Individual differences in body image</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Opportunity to discuss video</td>
</tr>
<tr>
<td>• Media literacy activity: Magazines advertisements</td>
</tr>
<tr>
<td>• Presentation of beauty ideals in history and how they have changed</td>
</tr>
<tr>
<td>• Broad concept of beauty activity</td>
</tr>
<tr>
<td>• Take home task: Write down 5 things that make you unique and bring to the next session.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Seminar 5: Respecting the body</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Opportunity to share take home task</td>
</tr>
<tr>
<td>• Introduction to intuitive eating: PowerPoint presentation with definition</td>
</tr>
<tr>
<td>• Intuitive eating activity: eat Hershey kiss or fruit using intuitive eating skills</td>
</tr>
<tr>
<td>• Video: Poodle science</td>
</tr>
<tr>
<td>• Presentation on embodied types of exercise</td>
</tr>
<tr>
<td>• Take home task: Write a letter to a loved one about what was learned</td>
</tr>
</tbody>
</table>
Seminar 6: Program conclusion

- Guest speaker: Member shares their body image journey
- Opportunity to discuss homework from seminar #5.
- Activity Revisited: 10 positive things.
- Activity Revisited: What is body image?
- Final take home message.
- Take home task: Final promise or pledge about body image
- Final questionnaire package
<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Post</th>
<th>Follow-up</th>
<th>Baseline</th>
<th>Post</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAS-2</td>
<td>3.40 (.91)\textsuperscript{a}</td>
<td>3.99 (.75)\textsuperscript{b}</td>
<td>3.96 (.79)\textsuperscript{b}</td>
<td>.95</td>
<td>.93</td>
<td>.95</td>
</tr>
<tr>
<td>IES-2</td>
<td>3.08 (.52)\textsuperscript{a}</td>
<td>3.42 (.39)\textsuperscript{b}</td>
<td>3.52 (.47)\textsuperscript{b}</td>
<td>.79</td>
<td>.76</td>
<td>.88</td>
</tr>
<tr>
<td>BS-Appearance</td>
<td>.77 (1.84)\textsuperscript{a}</td>
<td>1.55 (1.21)\textsuperscript{b}</td>
<td>1.59 (.61)\textsuperscript{b}</td>
<td>.90</td>
<td>.84</td>
<td>.78</td>
</tr>
<tr>
<td>BS-Function</td>
<td>1.29 (1.18)\textsuperscript{a}</td>
<td>1.99 (.66)\textsuperscript{b}</td>
<td>2.19 (1.31)\textsuperscript{b}</td>
<td>.88</td>
<td>.76</td>
<td>.89</td>
</tr>
<tr>
<td>AE</td>
<td>3.03 (.83)\textsuperscript{a}</td>
<td>3.37 (.52)\textsuperscript{a}</td>
<td>3.42 (.56)\textsuperscript{a}</td>
<td>.87</td>
<td>.77</td>
<td>.79</td>
</tr>
</tbody>
</table>

\textit{Note.} Different subscripts in each row indicate significant difference ($p < .05$). BAS-2 is the body appreciation scale and ranges from 1 (\textit{never}) to 5 (\textit{always}). IES-2 is the intuitive eating scale and ranges from 1 (\textit{strongly disagree}) to 5 (\textit{strongly agree}). BS is body satisfaction that ranges from -3 (\textit{very dissatisfied}) to 3 (\textit{very satisfied}). AE is appearance evaluation and ranges from 1 (\textit{strongly disagree}) to 5 (\textit{strongly agree}).
Table 4-5

**Thematic map**

<table>
<thead>
<tr>
<th>Themes and subthemes</th>
<th>Examples and descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Developing positive body image</strong></td>
<td>• Positive body image characteristics developed in participants after the program</td>
</tr>
<tr>
<td>characteristics</td>
<td>• Benefits of the program beyond body image (i.e., self-compassion)</td>
</tr>
<tr>
<td>Body acceptance</td>
<td></td>
</tr>
<tr>
<td>Appreciation for body function</td>
<td></td>
</tr>
<tr>
<td>Intuitive eating</td>
<td></td>
</tr>
<tr>
<td>Filtering information</td>
<td></td>
</tr>
<tr>
<td>Self-compassion</td>
<td></td>
</tr>
<tr>
<td><strong>Knowledge of body image</strong></td>
<td>• Shift in conceptualization of body image from beginning to end of program</td>
</tr>
<tr>
<td>Shift from appearance only to function</td>
<td>• Less focus on appearance</td>
</tr>
<tr>
<td>and health</td>
<td>• More holistic understanding of body image definition including more dimensions</td>
</tr>
<tr>
<td>Unidimensional to multidimensional</td>
<td></td>
</tr>
<tr>
<td><strong>Becoming a positive body image</strong></td>
<td>• Disseminating knowledge about positive body image to others</td>
</tr>
<tr>
<td>advocate</td>
<td>• Being careful how to address body image with friends and family</td>
</tr>
<tr>
<td><strong>Prevailing focus on body weight</strong></td>
<td>• Continued belief that weight loss is important for positive body image</td>
</tr>
<tr>
<td></td>
<td>• Main focus is still weight loss</td>
</tr>
<tr>
<td></td>
<td>• Preoccupation with weight</td>
</tr>
<tr>
<td><strong>Decreases in negative body image</strong></td>
<td>• Negative states (e.g., disgust) decreased</td>
</tr>
<tr>
<td></td>
<td>• Negative body image changes independent of positive body image changes</td>
</tr>
</tbody>
</table>

*Note. Themes indicated in bold and subthemes represented below.*
Chapter 5: General Discussion

The overall purpose of this doctoral research was to design, test, and implement a positive body image program using action research. Within this three-phased action research project, many contributions have been made to the empirical and practical aspects of the literature. These contributions include addressing epistemological, methodological, and programmatic gaps in the body image field of research.

The first major finding was an epistemological gap between body image researchers, community members and student trainees at an exercise facility (i.e., study 1; Bailey, Gammage, & van Ingen, 2017). Findings from all three phases of this large action research project demonstrated that the concept of body image, as it is defined by body image researchers, has largely remained in the empirical research literature and has not necessarily been translated to members of the non-academic community. This is highlighted as a critical limitation of the current body image programs and interventions available. This dissertation not only sheds light on this gap in knowledge between researchers and the non-academic community, but also provides a positive body image program with psychoeducation as a key component to help bridge this knowledge gap.

Second, this dissertation addresses methodological gaps, as there have been very few action research approaches in body image research using mixed methods. Action research privileges diverse perspectives as it operates through the collaboration of multiple people and their viewpoints to create knowledge (Greenwood & Levine, 2007). Outlined in this dissertation is one of the first positive body image programs designed for and by a diversity of people using the action research methodology. Very few positive body image programs are currently available to a diversity of people (Alleva, Sheeran,
Webb, Martijn, & Miles, 2015; Stice & Shaw, 2004; Yager & O’Dea, 2008). Populations other than adolescents or university students have been largely underrepresented in body image programming research. Since these populations have been overlooked, their perspectives and experiences need to be identified and incorporated when designing a new body image program. Action research, by design, honours participants’ knowledge and experiences (Greenwood & Levine, 2007), which contributed significantly to the BIAS program.

The third main contribution of this dissertation is the creation of a positive body image program, a tangible product, which is relevant to older adults and people with varying levels of ability and health. Unlike previous body image programs created for adolescent girls and young women to reduce negative body image experiences, BIAS was specifically created to promote positive body image in a more diverse sample. This program is available online (exerciseandbodyimagelab.com) for researchers, therapists, and educators to implement. The resulting BIAS program was designed to assist people in understanding what body image is and give them the tools to develop a positive body image in hopes to propel the positive body image movement within the general community.

**Research and Theory Contributions**

A main finding in this program of work, which contributes to theory development in the body image literature, was that knowledge about body image might be a characteristic of positive body image (i.e., Bailey et al., 2017). Positive body image scholarship is still growing with an ever-evolving definition of the construct. Based on a recent review of the positive body image literature by Tylka and Wood-Barcalow (2015),
positive body image is understood as (a) distinct from negative body image; (b) multifaceted (including body appreciation, body acceptance/love, conceptualizing beauty broadly, adaptive investment in appearance, inner positivity, interpreting information in a body-protective manner); (c) holistic; (d) stable and malleable; (e) protective; (f) linked to self-perceived body acceptance by others; and (g) shaped by social identities. In study 1 (i.e., Bailey et al., 2017) an important distinguishing characteristic shared by those with ostensibly more positive body image was a deeper and more multidimensional understanding of the body image construct consistent with research. On the contrary, those who described having more negative body image had less understanding of the construct. For example, body image, as it is defined in the literature (e.g., Cash & Pruzinsky, 2002), is multidimensional including perceptions and attitudes towards the body and focusing on more than just physical appearance. The participants with more negative body image tended to conceptualize body image more simplistically, including only the perceptual dimension (e.g., their appearance). Stakeholders on the project with negative body image believed the BIAS program should be about weight loss, perhaps reflecting their limited knowledge about the tenets of positive body image and an overall narrow definition of body image.

During the design phase of BIAS, stakeholders made comments about their own improved body image experiences due to an improved understanding of the construct. For example, one stakeholder entered this action research project with the idea that positive body image meant having the ‘perfect’ body, in line with the very narrowly defined beauty ideal perpetuated by the media (Grogan, 2017). After learning the
definition of positive body image, she observed her own body image experiences shifting in a positive direction. Similar changes also occurred for other stakeholders.

This shift in understanding body image continued for stakeholders in the testing phase of the project. For example, one of the male stakeholders observed benefits from learning more about body image. He was initially resistant to the idea that he would benefit from a positive body image program. By the conclusion of the testing phase he realized he had strict eating habits that were hindering his positive body image experiences. This moment of reflection exposed that his strict eating ‘rules’ should be loosened. Developing more knowledge about body image prompted his critical reflection about his own eating habits. This change for him spanned all three phases of the action research project, from design where he learned what body image is, to full implementation where concepts were more fully cemented.

The finding that knowledge about body image was important to improve body image was significant in how BIAS was created. Psychoeducation was found to be ineffective at improving body image in one review (Yager & O’Dea, 2008), while in a more recent review, psychoeducation was found to have benefits for body image (Alleva et al., 2015). The implementation phase provided additional support for the benefits of psychoeducation for improving body image. In study 3 (i.e., Bailey & Gammage, submitted), there is qualitative evidence that improved knowledge about body image contributed to participants’ improved perceptions and attitudes towards their bodies. On the contrary, some participants described ambivalence in what they understood about positive body image and what they actually desired. A few participants understood body acceptance and appreciation was the core of positive body image, nonetheless they were
unrelenting about wanting to lose weight to change their appearance. Therefore, although understanding of positive body image may be an important prerequisite for positive body image, knowledge alone is likely insufficient. Overall, this dissertation contributes to the existing positive body image literature by demonstrating that knowledge is an important characteristic of positive body image and therefore psychoeducation is a significant component of a positive body image program.

**Methodological Contributions**

This action research project is one of the few conducted within the research field of body image. In fact, body image participatory projects that have been conducted (e.g., McHugh & Kowalski, 2010; Piran, 2001; Shea, Poudrier, Thomas, Jeffery, & Kiskotagan, 2013) have never been included in systematic and meta-analytic reviews. This is because these projects do not follow the ‘gold standard’ of randomized controlled trial designs (i.e., exclusion criteria for meta-analyses). For example, in Alleva et al.’s (2015) meta-analytic review of stand-alone body image programs, their inclusion criteria were the following,

First, the intervention to improve body image had to be stand-alone…. The second criterion was that studies had to include a control group. Third, participants had to be randomly assigned to either the intervention or control group. Finally, at least one pretest and one posttest measure of body image had to be taken (p. 10).

This type of criteria automatically excludes any qualitative and action driven research on body image; while scoping and narrative reviews may include action research projects, these reviews also do not fall under the preferred ‘gold standard’ and are less frequently published. This privileges scientific control and ‘researcher knows best’ paradigms over participants being the experts of their own experiences and needs. Currently there are no
scoping or narrative reviews on body image programs and there are not enough action research body image projects conducted to warrant these types of reviews. Therefore, the current representation of effective body image program designs available is narrow in scope. This means body image researchers have fewer opportunities to learn about the success of body image action research projects. The impact of action research, which is usually much greater than just improvements in body image, is completely lost in the current state of the literature.

In McHugh and Kowalski’s (2010) action research study, the Indigenous girls not only experienced characteristics of positive body image such as body acceptance, but they also had nation-wide media exposure about Indigenous body image experiences. This type of national coverage is important in terms of social change for a marginalized population. Piran’s (2001) action research study about young girls’ body image in a competitive dance school led to changes in curriculum and overall acceptance of adolescent girls’ bodies, including acceptance of their own bodies and acceptance by others in the school. In the current action research project, not only did the BIAS program contribute to improvements in body image in participants, but also some stakeholders on the project became positive body image advocates, promoting positive body image to individuals beyond the study. Changes such as these cannot be captured by effect-sizes or mean differences. Action research, by design, addresses practical everyday problems that are participant-driven (Brydon-Miller, Greenwood, & Maguire, 2003). The benefits resulting from an action research study are beyond what the researcher needs for academic gains. Instead, collaboration between researchers and participants can lead to
positive community social change – an impact that cannot be quantified but that is incredibly valuable within the body image literature.

Action research is a methodology that is vastly under-utilized in psychology (Jacobs & Murray, 2010), and especially within body image research. Social psychologist Kathy Charmaz argued, “Conducting qualitative research in a discipline dominated by a quantitative paradigm may impose constraints but also poses opportunities” (2008, p. 15). Action research offers a paradigm shift from the traditional forms of body image research as it seeks the critical understanding and the active engagement of stakeholders (Brydon-Miller et al., 2003). Qualitative researchers who operate from worldviews outside the dominant post-positivist paradigm can help evolve the field of body image research. By exploring body image under different epistemological and ontological perspectives, new insights and avenues for future research are possible (see future directions).

In pursuit of evolving the research field of body image, Cash and Pruzinsky (2002) called for a paradigm shift in the research. This included a change in ways of understanding and conducting research. Our research approaches to ‘truth’ and ‘reality’ provides parameters around knowledge production. Post-positivist survey research contributed significantly to the understanding of causes and influences of body dissatisfaction (Grogan, 2017). Constructivist perspectives can contribute to the understanding of body image experiences, how body image is impacted by multiple social identities, as well as social surroundings and relationships. Through a critical theory lens, researchers can unpack the political structures that continuously oppress marginalized groups through the perpetuation of hegemonic beauty discourses.
It is through the diversity of worldviews, methodologies, and methods that the body image field can truly progress. For example, action research is a multidimensional strategy for social change (Greenwood & Levin, 2007). It can be used by people with varying worldviews, making action research versatile in its application and demonstrating its ability to advance body image scholarship. For example, study 3 (Bailey & Gammage, submitted) demonstrated the flexibility of action research as this evaluation phase of BIAS utilized mixed methods. A mixed methods evaluation strengthened the understanding of the effectiveness of BIAS, indicating both qualitative and statistical evidence of convergent and discordance of results.

The methods used in body image research have expanded, including the use of the interview method. Interview studies about positive body image revealed the construct to be much more complex and multifaceted (e.g., Tylka & Wood-Barcalow, 2015) than previously understood only a couple of decades ago. To truly understand this complexity and intervene appropriately, a multiplicity of worldviews, designs, methodologies, and methods must be accepted and explored. How can we understand body image completely when the same methods and approaches are repeated? For example, survey research revealed nation-wide levels of dissatisfaction in women, particularly when it comes to body weight (e.g., Cash & Henry, 1995). This research was repeated and the same questionnaires which were developed for women were used for men and led to the erroneous conclusion that men were free of body image concerns since they did not show high levels of dissatisfaction with body weight or a desire to be thinner (Grogan, 2017). Furthermore, much of the research surrounding body image related pathology (e.g., eating disorders) relied heavily on methods developed predominantly for women.
With the development of new research approaches, it was found that men are also dissatisfied with their bodies and are at risk for eating pathology (McCreary & Sasse, 2000; Stanford & Lemberg, 2012). Another assumption in earlier body image research was that older adults are not concerned with their appearance as they age. However, interview studies demonstrated this assumption to be untrue in several cases, with men and women voicing many concerns about their body image as they age, including dissatisfaction and preoccupation with appearance (e.g., Bailey, Cline, & Gammage, 2016; Hurd, 2000; Hurd Clarke, 2001).

As body image research advances, the acceptance of utilizing a variety of research approaches and theoretical frameworks must evolve. For example, in the current action research project one of the first important learnings was the discordance in people’s body image definitions. A randomized controlled trial design (as an example) would have missed this revelation - demonstrating the value of engaging with participants before implementation.

**Evidence of action, research, and participation.** The characteristics of action research differentiate it from other qualitative research methodologies and highlight its ability to advance research in body image. Greenwood and Levin (2007) state that “action research refers to the conjunction of three elements: action, research, and participation. Unless the three elements are present, the process may be useful but it is not action research” (p. 5). These authors continue to explain that action refers to change and how the projects works to alter the current situation or problem. Research refers to the power of knowledge, theories, models, methods and analysis. Action research is thought to be a powerful means to generate new knowledge. Participation refers to the process of having
everyone involved take some responsibility on the project. Participants are seen as the experts of their own experiences and needs and therefore know how to confront the issues they face (Bradbury Huang, 2010). It is these three elements that make action research fundamentally different than other research strategies (Greenwood & Levin, 2007). Therefore, it is important to discuss how these three components were present in this project.

The action piece began in my Master’s degree. The purpose of my Master’s thesis was to explore body image experiences in people with spinal cord injury. During this study, participants described a need to understand their own body image better and desired a positive body image (Bailey, Gammage, van Ingen, & Ditor, 2015). In another project during my Master’s, I conducted a study exploring body image experiences in older adult women (Bailey et al., 2016). Again, participants voiced a need to understand body image better and improve their experiences with their bodies. Since these requests stemmed from my participants, it seemed important they were part of the process of building a positive body image program.

When designing my doctoral research program, I decided to use action research, so I could work with participants at improving body image experiences. I created a stakeholder team, with whom I worked closely for a year in creating BIAS. These stakeholders were apprehensive about their involvement and credibility on the team, because they did not consider themselves body image experts, although they did believe in the importance of body image in their lives. As the project progressed, I observed a change in some stakeholders, particularly Debbie, who became a powerful positive body image advocate for other stakeholders and participants. Her trajectory of body image
knowledge and confidence from the first day on the project to the conclusion of the BIAS program implementation was from reserved and self-doubting to a confident body image expert. She and I facilitated the BIAS seminars together, encouraging dialogue and reflection from other participants. She became an influential role model for the other participants.

The next layer of action would be the promotion of positive body image within the community, beyond this immediate study. In the second and third phases of the project, stakeholders and participants described sharing the BIAS material with friends, family, colleagues, and acquaintances. This included sharing the BIAS content and website (exerciseandbodyimagelab.com), discussing what they learned with friends and family, and presenting the material at a weight loss program. This spread of positive body image information helped promote more positive perceptions and attitudes of the body with people outside this study. By teaching the material and talking about body image with others, this also reinforced their learning and understanding of the concept.

The next element of an action research project is research (Greenwood & Levin, 2007). This project was grounded in research and theory, which helped create the content of BIAS. Research on positive body image (Tylka & Wood-Barcalow, 2015) provided the pillars of BIAS, being acceptance, appreciation, and respect for the body. Through the stakeholder meetings in phase one, I presented body image literature to stakeholders, we discussed it in meetings, and decided together how the literature would inform the positive body image program. I interviewed the stakeholders and other members and students from the facility, gathering data to help inform the design of BIAS. I presented these findings back to the stakeholders, sharing the program outline and plan for
implementation. It was through this constant back and forth, reading the literature and collaborating with participants, collecting data, analyzing this data, and presenting this information again to stakeholders, that BIAS was created.

The final element of an action research project is participation (Greenwood & Levin, 2007). Action researchers believe in participation, placing a strong value on democracy and social change rooted in collaboration (Reason & Bradbury, 2001). On this project, I was a trained researcher who facilitated the process of creating BIAS. Stakeholders worked with me for over a year, creating this program and then promoting positive body image in members at the Brock-Niagara Centre, and in other people outside the facility and Niagara Region. They provided their knowledge and experience in body image, challenging my own thoughts and experiences on the topic, participated in the testing phase of BIAS, and helped recruit and facilitate the implementation of BIAS. Furthermore, in the third phase of the project the participants of the program were actively involved in open discussions about body image. This active participation through dialogue of personal experience and understanding of body image contributed significantly to the promotion of positive body image in the group.

Practical Contributions

In addition to the methodological gains in the field of body image, there are practical contributions as well. This three-phase project was conducted with a heterogeneous sample. There are several advantages to having a diversity of participants in program design and implementation because then the resulting program is versatile and can be more efficiently delivered to more people over a relatively short period of time. In post-positivist controlled-based paradigms, samples must be homogeneous. The benefits
of this approach would be that the program can be tested under controlled parameters to be sure the program itself, rather than extraneous variables, caused the effect in the desired outcomes. This is based on the post-positivist assumption that rigorous application of testing is devoid of human bias or misperception (Denzin & Lincoln, 2000). The advantage is that future practitioners using the program can be confident that desired outcomes (i.e., positive body image) will occur as a direct result of the program, in a similarly homogenous sample. The disadvantage is that the resulting program is narrow in its applicability and versatility across populations and contexts. In pursuit of promoting positive body image within the non-academic community to combat the propagation of negative body image in North America (Cash & Pruzinsky, 2002), the creation of a widely applicable program may more efficiently help educate individuals about positive body image. The BIAS program was intentionally designed to be flexible, meaning it can be implemented with heterogenous samples within different facilities.

Another advantage of creating a program outside a controlled-based paradigm is ecological validity. When interventions are created under narrowly defined and highly controlled parameters with homogenously characterized participants, the ability for such an intervention to be effective within more practical and less controlled settings is compromised. The overall goal of this large action research project was to promote positive body image at the Brock-Niagara Centre and beyond. Therefore, practicality and applicability were very important characteristics of the BIAS program. The BIAS program was created with the intent to implement it in various settings outside the university research laboratory. Moreover, positive body image has been demonstrated to have universal qualities. Participants from varying geographical locations, across
different ages, abilities, and ethnicities, have shown similar characteristics of positive body image (e.g., Bailey et al., 2015; Frisén & Holmqvist, 2010; Holmqvist & Frisén, 2012; McHugh, Coppola, & Sabiston, 2014; Pope, Corona, & Belgrave, 2014). Therefore, it is plausible that a positive body image program could be relevant to a variety of people within various settings.

The BIAS program was created to allow the material provided to resonate with most people. Topics, games, activities, and examples provided were intentionally chosen to appeal to a variety of individuals. This makes BIAS a viable program in most contexts, including therapist offices, retirement residences and community centres, and universities or other school contexts. On that note, as a constructivist it is important to challenge the ‘one size fits all approach’ (Lincoln, Lynham, & Guba, 2011). The BIAS program manual has been developed to evolve to have context and population specific chapters, with relevant material available to a variety of people including children, cancer survivors, or people with intellectual disabilities.

The action research methodology and the BIAS program both help bridge the knowledge translation gap within body image research. Knowledge translation is vital in the field of body image research because body image is a socially constructed phenomenon affecting all genders, of all ages, abilities, ethnicities, and health backgrounds (Grogan, 2017). Information about this construct must reach outside the academic community in order to improve body image experiences in more people. Action research is a methodology that has knowledge translation embedded within the research process. This is because the researcher is continuously going back and forth between reading the literature and discussing action and theory with participants. The researcher
must bridge gaps between the research literature and participants’ needs and knowledge (Reason, 2006). The BIAS program was designed, tested, and implemented with knowledge translation built into all three phases. When the program was being designed, stakeholders were provided information from the literature about positive body image to ensure the resulting program aligned with the tenets of positive body image. The development of BIAS was iterative. The initial creation of BIAS was brought back to participants to provide feedback before it was implemented and participant feedback was incorporated in all three phases. During the testing phase, stakeholders were informed of other positive body image programs that had been built and the effectiveness of certain strategies such as psychoeducation and reflection activities. During the implementation phase, participants were educated about body image, including its definition and how to develop a positive body image. Body image research that integrates knowledge translation within the project can help mitigate the knowledge translation gap in the field.

**Reflexivity**

An important component of action research is reflexivity. Reflexivity is a celebrated practice in qualitative research (Tracy, 2010) and challenges the conventional view that knowledge production is independent of the researcher producing it and that knowledge is objective (Berger, 2015). Glesne and Peshkin (1992, p. xiii) argue, “Learning to reflect on your behavior and thoughts, as well as on the phenomenon under study, creates a means for continuously becoming a better researcher.” According to Lincoln and colleagues (2011, p. 124) “Reflexivity is the process of reflecting critically on the self as researcher, the human as instrument.” Researchers themselves, particularly in action research, are an integral part of their research. Therefore, it is impossible for
them to be objectively distant (Bradbury Huang, 2010). The resulting dialogue of the perspectives and experiences of the researcher will make the research more meaningful, thereby making the research findings more credible (Liampittong, 2013). The credibility of research findings is enhanced by making personal and intellectual biases explicit (Mays & Pope, 2000) – a crucial strategy that is essential for the whole action research process.

Bradbury Huang (2010) explains that action researchers are, compared to conventional social scientists, more reflexive. She says reflexivity in action research helps contextualize claims and create transparency. A key characteristic of action research is that the researcher engages with cycles of action and reflection (Coghlan & Brydon-Miller, 2014). Within the cycling of action and reflection, Marshall (2001) insists that attention must be directed both inward and outward in action research. This is based on the idea that inquiry is never unintentional and action researchers are never neutral.

The decision to engage in action research reflects my belief that people have valuable knowledge and that by working collaboratively, positive change can happen. As a constructivist, I believe reality and knowledge production is co-constructed and quality is assessed through trustworthiness, authenticity, and action (Guba & Lincoln, 2005). My worldview aligns with action research, where positive change is developed through working together with people in their everyday lives (Bradbury Huang, 2010). Action research, by nature, is a timely process that involves relationship building and trust, continuous reflection, analysis, and action, along a nonlinear trajectory (Bradbury Huang, 2010). The scholarship demands of action research may veer researchers away from this approach as it is not conducive to many academic degree or grant timelines. Instead, pre-
post research designs using a researcher developed program can be appealing to scholars who do not want to face the demands of an action research project. Furthermore, post-positivist dominated journals may accept qualitative research, but within post-positivist parameters. This poses several challenges for action researchers when seeking to publish especially within the discipline of psychology. Quality criteria of internal and external validity, reliability, and objectivity achieved through distance, neutrality, and control (Guba & Lincoln, 2005) are incommensurable with an action research project. This may lead to rejection of action research publications and limits the space available for action researchers to disseminate their findings.

Despite these disadvantages, I decided to withstand my marginal status in psychology, and with tenacity I pursued action research because this approach was authentic to my belief system. I desire social change and trust this is possible through the collaboration of people. I believe people hold valuable knowledge and have the ‘answers’ to the problems confronting them. Kemmis and McTaggart (2000) argue that action researchers believe that people are knowledgeable and can take a ‘realistic’ approach in changing their lives. When researchers step outside the lab setting, working in the community, with people, research can be disseminated, translated, and evolve to something powerful, impacting the world in a positive way. Observing the immediate benefits of action research and how it impacted people’s lives, including my own, beyond the immediate study, was a reward much greater than any publication or grant.

Although there were many successes to this action research project, it is important to reflect on some of the pitfalls. For example, action research is a collaborative process; however, there was a moment in this project where collaboration was missing. In study 3,
the implementation phase of this dissertation, I had participants complete questionnaires to quantitatively assess their change in body image pre-post and follow-up from the BIAS program. The assessment of pre-post measures of body image is standard practice in the body image scholarship. However, it was clear that during the completion of the questionnaire packages that participants and stakeholders became disengaged in the process. Several questions arose about the relevance of the surveys and meaningfulness of the questions asked. Some participants found it difficult to answer the questionnaires and voiced they wanted to “get it over with”. I still feel guilty about these moments since it did not align with action research or my worldview. When describing a core belief of constructivists, Lincoln (2001) said, “if inquiry processes are sufficiently undemocratic, unshared, or trivial that research participants are unmoved by them, then the inquiry effort itself is adjudged to be a failure” (p. 126). An opportunity for open dialogue and deconstruction of the questionnaires would have more meaningfully engaged the participants and contributed to the current state of understanding and validity of these body image measures. This deconstructive tactic would have aligned more consistently with my paradigmatic principles and methodological approach. This highlights the type of tension that exists when operating from a marginalized worldview within the dominant post-positivist paradigm in the body image scholarship.

Part of my motivation to pursue action research was that I wanted to help people. Drawing from an early reflexive excerpt in my journal, I noticed an assumption I had about my role as a researcher on this action research project.

Reflection Thursday January 26, 2017
During recruitment on the second day of information sessions I saw Claudine talking to Debbie (the stakeholder) about the program. I could tell Claudine was apprehensive about joining so I walked over to talk to her. This moment was so
important for me because the whole reason I decided to do the program at the Centre was because of her. I met her from a separate study I conducted about a year ago. She was so influenced by her negative body image that her quality of life, mental health, and even physical health was impacted. Her story struck me in a powerful way. It would be a true full circle if she joined the program. I so badly want to help her by teaching her about body image and showing her some ways to have improved body image experiences. It was my goal for the rest of the day to demonstrate to her the importance of being in the program.

It is apparent in this note that I believed I could ‘help’ Claudine. This reflects the goals of emancipatory research, which has been described by Stone and Priestley (1996, p. 706) as “the ability to give voice to the personal” and for Oliver (1996, p. 36) the key features are “empowerment and reciprocity”. The terms ‘emancipation’ and ‘empowerment’ in research have been criticized by scholars as it perpetuates power differential between the researcher and participant where the researcher has the ability to empower through their research efforts (Bishop, 2005; Danieli & Woodhams, 2005; Gore, 1992). Emancipation is not a word that resonates with me; however, clearly I had a moment where I believed my research efforts could empower people. As stated by Gore (1992), to empower denotes to give authority or to enable. This requires an agent, someone or something ‘to give’. Power should not be viewed as property that can be given to participants. Bishop (2005) describes that participants must develop views of themselves as the agents of power and those who have the authoritative voice and that researchers facilitate this development. He further explained how the development of participants’ authoritative voice should not be the result of the researcher empowering the participants.

Instead of empowering, in this action research project I facilitated the process of learning about positive body image. I provided information from the literature about the construct and I provided interactive activities to help cement concepts and promote self-reflection, but I did not have the ability to emancipate participants from their negative
body image. I may have naively wanted to ‘liberate’ people from their negative perceptions and attitudes about their bodies (e.g., Claudine’s story mentioned above); however, it was up to the participants to decide what they would do with the material provided. I hoped they would meaningfully engage with the content and activities I presented. Some were ready and eager to change their body image while others were not; neither the BIAS program, nor I, had the power to change everyone’s body image. Positive body image was not something I could ‘give’ through the BIAS program. Positive body image is an active process that involves conscious effort to improve (Wood-Barcalow, Tylka, & Augustus-Horvath, 2010). Some participants embraced this process, while others were not ready. My role as the researcher was not to emancipate, but rather facilitate or provide direction for the active process of positive body image.

Within this action research project I have engaged with methodological reflexivity, which is the conscious awareness of my own prejudices, assumptions, and sources of bias (Lynch, 2000). An important reflection is about my social identities and how they relate or may have influenced interactions with participants in this project. Since most body image research focused on white, middle-class, average sized and non-disabled women’s weight problems and body image experiences (Grogan, 2017; Rice, 2009), I wanted to explore the experiences of a diversity of people, across genders, abilities, and health. This led me to the Brock-Niagara Centre for Health and Well-Being, the university affiliated exercise facility available to members of the community including older adults, people with physical disabilities, and those with cardiovascular disease or risk factors. As a white young woman who does not identify with having a physical disability, my interpretation of the stakeholders’ and participants’ experiences
are through the lens of my privileged identities and subjectivities. Furthermore, when conducting research on sensitive subjects such as body image, Burns (2006) advocates for embodied reflexivity, reflecting on when researchers’ and respondents’ embodiments may have affected research encounters. For example, I am a woman in my late 20s who fits certain ‘standards’ of attractiveness and enjoys the clothes, makeup, and other visual expressions of conventional femininity. Does this make me a ‘bad’ feminist? This question loomed over much of my doctoral work. Noted in the reflexive excerpt below, I doubted my ability to be a feminist within the scholarship of body image.

Reflection February 3, 2017
After seminar four Jacelyn came up to me and said she is amazed at how I can just discuss oppression and other feminist issues so ‘matter of factly’ and have it be well received by the group. When she was younger she found it difficult to discuss those issues. It was in this moment that I realized I am a feminist. Being a feminist was never part of my identity. This is because to me, I wasn’t ‘good enough’ to be a feminist because I still very much conform to some of the issues I raise (e.g., hegemonic femininity and the Western beauty ideal). However, what makes me a feminist is that I recognize and reflect on these political discourses.

I am considerably aware that I have cashed in on the benefits of my appearance and function, with relative ease in making friends, forming long term relationships, and finding love interests, as well as moments of taking for granted what my body can do, not thinking twice when walking up the stairs, hiking through difficult terrain, exercising at the gym, or teaching yoga. I spent over a year creating the BIAS program, teaching and educating about the importance of showing gratitude for the body and resisting societal pressures to conform to narrow beauty trends. Meanwhile, not only have I had moments where I bought into these beauty trends myself, but I have largely benefitted from these traditions as I was born with traits that are viewed as favourable within Western society.
In a previous study I conducted exploring body image in older adult women (Bailey et al., 2016), one finding was that some of the women felt uncomfortable when in the presence of a younger attractive female. In that article, I reflected on an encounter I had with a participant when she gestured towards me as being someone whose presence would make her feel uncomfortable with her own body. Since I had plans to develop a positive body image program with and for older adults, this suggestion by this woman was almost mortifying. It is problematic to pursue the facilitation of designing and implementing a positive body image program when my mere presence may make some older women feel uncomfortable. Navigating this paradox carefully was important.

To make matters more complicated, I experienced tension between my objectives of the BIAS program and my own body image practices. It was important to me that I ‘practiced what I preached’ but there were certainly moments I felt this was not the case. I too find myself preoccupied by thoughts of my own weight and shape and sometimes this dominates my decisions about what and when to eat and exercise. I fall into traps of wishing and wanting to lose weight, choosing foods based on caloric intake, and sneaking a peek at my weight on a scale. As a positive body image educator, one of the first lessons I would teach people is that positive and negative body images operate on separate continuums (Tylka & Wood-Barcalow, 2015). This means it is possible to have dissatisfaction with the body while also experiencing positive body image. However, as the BIAS facilitator I put a lot of pressure on myself to demonstrate I have an ‘absolute’ positive body image. On the contrary, showing my vulnerability, sharing that I too feel dissatisfied with my body, actually allowed me to connect with participants on a deeper level. For example, I am dissatisfied with the appearance of many areas of my body. I
was reluctant to reveal this fact to participants because it made me uncomfortable particularly within my role of being a positive body image educator. However, discussions were reciprocal and often my own transparency about my body image encouraged others to reflect and share their own.

Positive body image is a continuous active process and based on this notion I realized the best way to connect with stakeholders and participants was to share and be honest about my own body image struggles. I believed I could not be a feminist because I too had moments where I bought into fabricated notions of beauty and health perpetuated by Hollywood. What I realize now after considerable reflection is that feminism is more about having a critical awareness of dominant social powers. Maguire’s (2001) description of feminism resonates with me,

Women, despite differences, face some form of oppression, devaluation and exploitation as women. Differences such as race, ethnicity, class, culture, sexual orientation, physical abilities, age, religion and one’s nation’s place in the international order create conditions for a web of oppression… Feminism requires a commitment to expose and challenge the web of forces that cause and sustain all and any forms of oppression… (p. 60).

Being a feminist does not mean you are immune to these forms of social control. Honesty, critical awareness, and consistent questioning of my taken-for-granted beauty and gender practices allowed me to exercise my feminist qualities and I encouraged stakeholders and participants of BIAS to do the same. Sharlene Hesse-Biber (2007) and Naomi Wolf (1997) are two feminists who have had a powerful influence on my own critical awareness of the social, political, and economic pressures women face in a weight and appearance obsessed society. These women both dissect the multi-billion dollar beauty industry with a compelling analysis of how the cult of thinness and the beauty myth are used as political control strategies to maintain the status quo and prevent all
women from challenging a patriarchal society. These readings implicitly informed the creation of BIAS. The BIAS program was designed based on the notion that although we may not be able to eradicate the beauty industry, we (women and men) can become more informed consumers who consistently question what the industry has to ‘sell’ (both metaphorically and literally).

This reflexive dialogue illuminates the important subjective and reciprocal influences in a large action research project, contributing to my growth as a scholar and the credibility of this dissertation. Reflexivity is a crucial element of action research (Coghlan & Brydon-Miller, 2014). This is because it is impossible for action researchers to be neutral (Marshall, 2001) and therefore reflection is an on-going attention to the ways in which the research and the researcher are shaped by each other. The relationships I formed with the participants helped shape my identity as a researcher. For example, I am more confidently situated within feminism (although this will be an ever-evolving identity) and more critically understand my perspective of emancipation research. I also continually question the standard measurement systems (e.g., questionnaires) in body image that do not align with my worldview. Likewise, I have shaped my research. For example, my own body image influenced how participants engaged with the BIAS program. My experiences and perspectives influenced how others thought and acted towards their own bodies. It was through this dynamic relationship between researcher and research that the action research project unfolded. Therefore, reflexivity is not only important to enhance the credibility of the research findings (Mays & Pope, 2000), but for the researchers themselves to continuously become better researchers in their field (Glesne & Peshkin, 1992).
Limitations

There are several strengths to this action research project but it is important to mention its limitations. Traditional post-positivist research requires careful consideration of the specific limitations of a study. On the contrary, since action research does not operate under a controlled paradigm but is instead iterative and cyclical in its process (Coghlan & Brydon-Miller, 2014) the discussion of limitations tends to be more general (e.g., McHugh, 2008). One general limitation of action research, participatory action research, and feminist participatory action research methodologies would be the energy and time commitment needed (e.g., Frisby, Reid, Millar, & Hoeber, 2005). Relationship building, knowledge creation and action cycles take time and commitment of the researcher and participants. The time committed may be restricted by university and funding timelines, committee members’ expectations, and participants’ schedules. For instance, university guidelines are not conducive to the time demands of an action research project. This makes the approach difficult for academics especially those early in their careers, to embark upon an action research project. Although additional contribution by participants could have enhanced the level of action in this project, having the participants engaged in all the analysis and writing was something I felt was not feasible. This unfortunately limited the role of participation by stakeholders in the final stages of the project.

In line with the point above, another possible limitation of this action research project would be the disjointed nonlinear trajectory of this dissertation and how the overall project unfolded. Action research is iterative and decisions are made based on the needs of participants at a particular point in time. Therefore, where the project ends may
not be where the researcher intended or predicted. For example, at the proposal stage this project was going to be the combination of action research and implementation science methodologies. Due to the observed needs expressed by the participants and their active role, action research became the dominant approach, although implementation science did have some influence (e.g., the plan for a testing phase).

Learnings also happen iteratively and the researcher must be flexible in the conduction of action research. For example, I did not anticipate such a substantial gap in understanding body image between the participants in this action research project and body image researchers, including myself. This finding led to the first paper of this dissertation (study 1; Bailey et al., 2017) which described this apparent knowledge gap. The BIAS program was heavily informed by this unanticipated finding as psychoeducation became a very important component of BIAS. The second paper (i.e., study 2; Bailey, Gammage, & van Ingen, accepted) was written as an outline of the process of designing BIAS as many important lessons were developed during the designing and testing phases. Next, it was important to write about the effectiveness of BIAS to improve body image in participants, which led to the writing of the third mixed methods paper in this dissertation (i.e., study 3; Bailey & Gammage, revise resubmit).

The three articles presented here outline the three phases of the action research project but are written and formatted to appease the intended audience for publication. This included writing to both post-positivist and participatory paradigmatic audiences. The coherency between chapters and articles was challenging. The difficulty in writing a very large action research project as multiple research articles but also in one coherent
document (i.e., this doctoral dissertation) reflects a limitation experienced by many action researchers.

**Future Directions**

The BIAS program and its developed manual (see sample in the Appendix) is available for future researchers to implement. As noted earlier in this discussion, future research should include the utilization of a multiplicity of research paradigms, methodologies, and methods. An example of an important future avenue for the BIAS program would be for researchers to make school-based partnerships. Body image concerns have been found to be particularly problematic during the developing years for both girls and boys (Grogan, 2017). The BIAS program could complement health and physical education classes offered for young children and adolescents. In order for BIAS to be offered at elementary schools, the material will need to be tested with younger populations. Participatory designs could be used where students have an active role in developing relevant material applicable for children. For example, action research can be used to develop material that is meaningful for children. Using focus group discussions, activities, and games, researchers and children can work together to create material that is creative, understandable, and meaningful for this age group.

In addition to the application of BIAS within school settings, BIAS should be implemented within other broader contexts. For example, there is evidence that body image concerns are prevalent in athletes (e.g., Slater & Tiggemann, 2011; Smolak, Murnen, & Ruble, 2000), people with chronic disease (e.g., Ben-Tovim & Walker, 1995; Hurd Clarke & Griffin, 2008), and post-partum women (e.g., Rallis, Skouteris, Wertheim, & Paxton, 2007). These settings can be tested and the relevant content can be added to
the BIAS manual. Alongside the increased utilization of BIAS will be the need for fidelity evaluation. In other words, is BIAS being implemented the way it was intended to be implemented? For example, based on the current action research study, a body image expert was critical and necessary in the implementation of BIAS. This type of fidelity component will need to be tested in future iterations of BIAS.

Furthermore, future researchers should explore the long-term effects of the BIAS program on positive body image. A six-week follow-up assessment demonstrated sustainability of positive body image outcomes in participants (study 3); however, it is unknown how long these effects may last. Longitudinal research is needed to assess if and/or when program effects reduce over time. Positive body image is an active process that requires conscious effort to improve and maintain (Tylka, 2011). Sustainability of positive body image likely requires workshop ‘check-ins’ where participants are reminded of the concepts, tools, and important reflection activities needed for positive body image. Future researchers should develop BIAS workshops that incorporate a condensed version of the BIAS program designed to remind and encourage previous participants to continue their body image progress.

Lastly, in terms of future directions for the body image field more broadly, there is a need to decolonize the body image scholarship. Body image research is predominately about Caucasian experiences, thereby missing a wealth of other body understandings across races and ethnicities. For example, future researchers of BIAS should collaborate with a racially diverse team of stakeholders to evaluate the appropriateness of the material for nonwhite communities. The positive body image literature has expanded considerably including some racially diverse populations.
(McHugh et al., 2014; Pope et al., 2014; Swami, Kannan, & Furnham, 2012), however more work is needed to decolonize the field and focus beyond Caucasian body image experiences.

**Conclusion**

Overall, this dissertation contributed to the research, theory, methodology, and practical aspects of the body image literature. Study 1 not only demonstrated a knowledge gap between body image researchers and the non-academic community, but also revealed that knowledge about positive body image may be a characteristic of positive body image. Although knowledge alone may not be enough to fully embrace a positive body image, it was discussed as an important prerequisite. Study 2 delineates the advantages and disadvantages of using action research when studying the topic body image. Participant engagement was invaluable to the creation of BIAS while researcher expertise on positive body image was also crucial to the program development. The learnings that occurred during the unfolding of action research project may have been completely missed if traditional body image research designs were used instead. This study demonstrates the legitimacy of action research methodologies within the scholarship of body image. Study 3 builds on the methodological contributions of study 2 by establishing a place for mixed methods research within action research projects. Mixed methods allowed for a comprehensive evaluation of the BIAS program. This contributes to the practical literature as BIAS has been shown to be a promising positive body image program that was designed to be applicable across a multiplicity of settings.
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http://dx.doi.org/10.1016/b978-0-12-384925-0.00104-8


http://dx.doi.org/10.1093/heapro/dan004
Appendix

Study 1 Ethics Clearance

Certificate of Ethics Clearance for Human Participant Research

DATE: March 27, 2015
PRINCIPAL INVESTIGATOR: GAMMAGE, Kimberley - Kinesiology
FILE: 14-209 - GAMMAGE
TYPE: Ph.D. STUDENT: Aly Bailey
SUPERVISOR: Kimberley Gammage
TITLE: Exploring how to design and implement a positive body image program using action research

ETHICS CLEARANCE GRANTED

Type of Clearance: INW Expiry Date: March 31, 2016

The Brock University Social Science Research Ethics Board has reviewed the above named research proposal and considers the procedures, as described by the applicant, to conform to the University’s ethical standards and the Tri-Council Policy Statement. Clearance granted from March 27, 2015 to March 31, 2016.

The Tri-Council Policy Statement requires that ongoing research be monitored by, at a minimum, an annual report. Should your project extend beyond the expiry date, you are required to submit a Renewal form before . Continued clearance is contingent on timely submission of reports.

To comply with the Tri-Council Policy Statement, you must also submit a final report upon completion of your project. All report forms can be found on the Research Ethics web page at http://www.brocku.ca/research/policies-and-forms/research-forms.

In addition, throughout your research, you must report promptly to the REB.

a) Changes increasing the risk to the participant(s) and/or affecting significantly the conduct of the study;
b) All adverse and/or unanticipated experiences or events that may have real or potential unfavorable implications for participants;
c) New information that may adversely affect the safety of the participants or the conduct of the study;
d) Any changes in your source of funding or new funding to a previously unfunded project.

We wish you success with your research.

Approved:

[Signature]
Jan Friis, Chair
Social Science Research Ethics Board

Note: Brock University is accountable for the research carried out in its own jurisdiction or under its auspices and may refuse certain research even though the REB has found it ethically acceptable.

If research participants are in the care of a health facility, a school, or another institution or community organization, it is the responsibility of the Principal Investigator to ensure that the ethical guidelines and clearance of those facilities or institutions are obtained and filed with the REB prior to the initiation of research at that site.
Study 1 Materials

Demographic Form

Please complete the following information:

1. Age: _________

2. Gender: _________________________

3. Race(s): _____________________________

4. Occupation: __________________________

5. Please indicate your status at the Centre:

   Member  Student  Manager

6. A) If you are a member of the Centre, please identify your program affiliation: (please circle one)

   Power Cord – Spinal Cord program  Power Cord – Multiple Sclerosis program

   SeniorFit  T.E.A.M  Heart Strong

B) If you are a student of the Centre, please indicate the programs you have worked within: (please circle all that are applicable)

   Power Cord – Spinal Cord program  Power Cord – Multiple Sclerosis program

   SeniorFit  T.E.A.M  Heart Strong

C) If you are a manager of the Centre, please indicate how long you have worked there:

   ___________
Interview Guide
Exploring how to design and implement a positive body image program using action research

Thank you for participating in this study. Before we get started I just want to tell you a bit about myself and why I chose this research topic. I have a genuine interest in body image experiences, particularly positive body image in diverse populations. During my Master’s thesis, I learned about body image experiences in people with SCI. Particularly, I learned positive body image experiences can exist after a SCI, inspiring me to conduct a study for my PhD to promote and build positive body image in diverse samples. My intent is to gather information about how a positive body image program can be developed and implemented for members of the Brock-Niagara Centre for Health and Well-Being. This information will be used to inform a future study that will implement the program for members of the Centre.

Now I would like to start off with you telling me a little about yourself
- What made you become involved at the Centre?
- What made you decide to join this research study?
- What resonated with you about this project/what made you want to participate?

What do you think body image is?

What do you think having a positive body image means?
- What are the important components?

What do you think having a negative body image means?
- What are the components?

What are some strategies for improving positive body image experiences?

If there was to be a positive body image program developed at the Brock-Niagara Centre for Health and Well-Being, how would you imagine it being implemented?
- Lecture based? Workshop? Interactive?
- Should there be guest speakers? Led by a professional? A panel of professionals? Members?

What would be some important topics that you would hope get covered?
- What type of content is important to be covered?

What aspects would grab people’s attention?

What aspects would turn people away?

What components would make it a comfortable environment?

What components would make it an uncomfortable environment?
How would a positive body image program be beneficial to you?
- How could it be designed so that it helps your body image as well?
- What do you bring that would contribute to this program?

Would resources be useful for members of this program?
- Anything tangible (e.g., website, pamphlets, handouts?)

What are some ways the program could be made sustainable long term?
- What are some ways to make sure this program continues down the road?

Is there anything else you can think of that would be important for implementing a positive body image program for members of the Centre? Great, thank you!
Study 2 and 3 Ethics Clearance

Brock University
Research Ethics Office
Tel: 905 688 5500 ext. 3035
Email: reb@brocku.ca

Social Science Research Ethics Board

Certificate of Ethics Clearance for Human Participant Research

DATE: 10/25/2016

PRINCIPAL INVESTIGATOR: GAMMAGE, Kimberley - Kinesiology

FILE: IS-007 - GAMMAGE

TYPE: Ph. D. STUDENT: Aly Esley
SUPERVISOR: Kimberley Gammage

TITLE: Testing and Implementing BIAS (Body Image Awareness Seminars): A positive body image program

ETHICS CLEARANCE GRANTED

Type of Clearance: NEW Expiry Date: 10/31/2017

The Brock University Social Science Research Ethics Board has reviewed the above named research proposal and considers the procedures, as described by the applicant, to conform to the University’s ethical standards and the Tri-Council Policy Statement. Clearance granted from 10/25/2016 to 10/31/2017.

The Tri-Council Policy Statement requires that ongoing research be monitored by, at a minimum, an annual report. Should your project extend beyond the expiry date, you are required to submit a Renewal form before 10/31/2017. Continued clearance is contingent on timely submission of reports.

To comply with the Tri-Council Policy Statement, you must also submit a final report upon completion of your project. All report forms can be found on the Research Ethics web page at http://www.brocku.ca/research/policies-and-forms/research-forms.

In addition, throughout your research, you must report promptly to the REB:

a) Changes increasing the risk to the participant(s) and/or affecting significantly the conduct of the study;

b) All adverse and/or unanticipated experiences or events that may have real or potential unfavourable implications for participants;

c) New information that may adversely affect the safety of the participants or the conduct of the study;

d) Any changes in your source of funding or new funding to a previously unfunded project.

We wish you success with your research.

Approved:

Jan Frijters, Chair
Social Science Research Ethics Board

Note: Brock University is accountable for the research carried out in its own jurisdiction or under its auspice and may refuse certain research even though the REB has found it ethically acceptable.

If research participants are in the care of a health facility, at a school, or other institution or community organization, it is the responsibility of the Principal Investigator to ensure that the ethical guidelines and clearance of those facilities or institutions are obtained and filed with the REB prior to the initiation of research at that site.
Study 2 and 3 Materials

Demographic Form

Please complete the following information:

1. Age: __________

2. Gender: ______________________

3. Ethnicity/Background: ______________________________

4. Occupation: __________________________

5. Please identify your program affiliation below: (please circle one)

   Power Cord – Spinal Cord Injury program

   Power Cord – Multiple Sclerosis program

   SeniorFit

   T.E.A.M

   Heart Strong

6. How long have you been a member at the Centre?
   __________________________
**Body Appreciation Scale-2**

Please indicate whether the question is true about you never, seldom, sometimes, often, or always. Circle the appropriate answer.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>I respect my body</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I feel good about my body</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I feel that my body has at least some good qualities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I take a positive attitude towards my body.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I am attentive to my body’s needs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I feel love for my body.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I appreciate the different and unique characteristics of my body.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My behavior reveals my positive attitude toward my body; for example, I hold my head high and smile.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Statement</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>I am comfortable in my body.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel like I am beautiful even if I am different from media images of</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>attractive people (e.g., models, actresses/actors).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Intuitive Eating Scale-2

For each item, please circle the answer that best characterizes your attitudes or behaviors.

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I try to avoid certain foods high in fat, carbohydrates, or calories.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I find myself eating when I’m feeling emotional (e.g., anxious, depressed, sad), even when I’m not physically hungry.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>If I am craving a certain food, I allow myself to have it.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I get mad at myself for eating something unhealthy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I find myself eating when I am lonely, even when I’m not physically hungry</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>I trust my body to tell me when to eat.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I trust my body to tell me what to eat.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I trust my body to tell me how much to eat.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have forbidden foods that I don’t allow myself to eat.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I use food to help me soothe my negative emotions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I find myself eating when I am stressed out, even when I’m not physically hungry.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am able to cope with my negative emotions (e.g., anxiety, sadness) without turning to food for comfort.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When I am bored, I do NOT eat just for something to do</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statement</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>When I am lonely, I do NOT turn to food for comfort.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I find other ways to cope with stress and anxiety than by eating</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I allow myself to eat what food I desire at the moment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I do NOT follow eating rules or dieting plans that dictate what, when,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and/or how much to eat.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most of the time, I desire to eat nutritious foods.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I mostly eat foods that make my body perform efficiently (well).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I mostly eat foods that give my body energy and stamina</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I rely on my hunger signals to tell me when to eat</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I rely on my fullness (satiety) signals to tell me when to stop eating. | 1 | 2 | 3 | 4 | 5
---|---|---|---|---|---
I trust my body to tell me when to stop eating | 1 | 2 | 3 | 4 | 5
Body Satisfaction

Using the following rating scale, please indicate how satisfied you have been with each of the following over the past 6 weeks. Please write the appropriate number on the line next to each question.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>-3</td>
<td>Very Dissatisfied</td>
</tr>
<tr>
<td>-2</td>
<td>Somewhat Dissatisfied</td>
</tr>
<tr>
<td>-1</td>
<td>A little Dissatisfied</td>
</tr>
<tr>
<td>0</td>
<td>Neutral</td>
</tr>
<tr>
<td>1</td>
<td>A little Satisfied</td>
</tr>
<tr>
<td>2</td>
<td>Somewhat Satisfied</td>
</tr>
<tr>
<td>3</td>
<td>Very Satisfied</td>
</tr>
</tbody>
</table>

In the past 6 weeks, how satisfied have you been with...

1. Your overall level of fitness
   ________

2. The muscle strength in your legs
   ________

3. Your level of endurance or stamina
   ________

4. Your muscle tone
   ________

5. Your overall level of energy
   ________

6. Your physical ability to do what you want or need to do
   ________

7. Your weight
   ________

8. Your shape
   ________

9. Your overall physical appearance
   ________
### Appearance Evaluation

For each item, please indicate the extent to which each statement pertains to you personally by circling a number from 1 to 5.

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My body is sexually appealing</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I like my looks just the way they are</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Most people would consider me good-looking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I like the way I look without my clothes on</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I like the way my clothes fit me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I dislike my physique</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I am physically unattractive</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Feedback and Comments Form - Seminars

What did you enjoy the **most** about the seminar?

What did you enjoy the **least** about the seminar?

What is something you hope to see or learn next time?

What are your comments about the structure of the seminar?

What are your comments about the format of the seminar?

What are some recommendations for improvement?

Any other general comments?
Feedback and Comments Form - Program Conclusion

What did you enjoy the most about the program?

What did you enjoy the least about the program?

What are your comments about the structure of the program?

What are your comments about the format of the program?

What are some recommendations for improvement?

What would you expect to see in a future body image program?

Any other general comments?
Interview Guide

Testing and implementing BIAS (Body Image Awareness Seminars): A positive body image program

Returning Participants:
Thank you for your continued participation in this study. As you are already aware, I have a genuine interest in body image experiences, particularly positive body image in diverse populations. My intention now is to gather information about how a positive body image program can be refined, tested, and implemented with members of the Brock-Niagara Centre for Health and Well-Being.

Overall, this interview is intended to learn about your experiences with the program. It is important that you are honest and transparent about your true feelings and experiences with the program so that it can be improved for future projects down the road.

New Participants:
Thank you for participating in this study. Before we get started I just want to tell you a bit about myself and why I chose this research topic. I have a genuine interest in body image experiences, particularly positive body image in diverse populations. During my Master’s thesis, I learned about body image experiences in people with spinal cord injury. Particularly, I learned positive body image experiences can exist after a spinal cord injury, inspiring me to conduct a study for my PhD to promote and build positive body image in diverse samples. My intent is to gather information about how a positive body image program can be developed, tested, and implemented for members of the Brock-Niagara Centre for Health and Well-Being.

Overall, this interview is intended to learn about your experiences with the program. It is important that you are honest and transparent about your true feelings and experiences with the program so that it can be improved for future projects down the road.

Now I would like to start off with you telling me a little about yourself
- What made you become involved at the Centre?
  - Chronic conditions? Type of MS? Date of injury or diagnosis?
    - Years post-injury? Level of Injury? AIS classification?
- What made you decide to join this research study?
- What resonated with you about this project/what made you want to participate?

What do you think body image is?
- How do you define it?
What do you think having a positive body image is?
- How do you define it?
- What are the important components?

What do you think having a negative body image means?
- How do you define it?
- What are the components?

How would you describe your body image?
- How do you view your body?

Now let’s talk about your experiences with the BIAS program.
- Overall, what were your experiences with the positive body image program?

What did you learn from the program?
- What content stuck with you?

What did you enjoy? What did you not enjoy as much?
- Format? Structure? Content?

What are some of your recommendations for improving this program?

What would be some things you hope to see in another body image program run in the future?

Is there anything else you would like to share about your body image or your experiences with the program?
Body Image Awareness Seminars (BIAS) Manual

The BIAS manual is currently being developed. Found in this appendix is a sample of the manual including seminar 1 which is complete. This manual is being created for future facilitators of BIAS to use as a step-by-step guide to implement BIAS at different locations. It has been written with the goal of both body image experts and non-experts to understand and be able to successfully deliver the program.
Body Image Awareness Seminars

Reshaping the mind, not the body!

Aly Bailey
Kimberley L. Gammage
Brock-Niagara Centre for Health and Well-Being

© 2018
The BIAS Story
The BIAS program was developed using a research methodology called action research. Aly Bailey and Kimberley L. Gammage worked with members of the Brock-Niagara Centre for Health and Well-Being to develop a positive body image program that could be applicable to a variety of people including middle aged and older adults and people with physical disabilities. The creation of BIAS began in February 2016 where Aly worked closely with seven members of the Centre. Meetings were held every two weeks for three months where discussion lasted about an hour each. An outline of the program was put together by Aly and the clever name (BIAS) was created by a stakeholder on the team. Then in the Fall of 2016 the program was tested with five of the same stakeholders who remained on the project. Changes were made and then BIAS was fully implemented for the first time in February 2017. The BIAS team is excited for the program to grow, to develop new chapters, and to be implemented with new populations within new settings!

Acknowledgments
The authors are grateful for the efforts of the stakeholders, participants, and students at the Brock-Niagara Centre for Health and Well-Being who made the creation of BIAS possible! Thank you for your unwavering support, dedication, and passion.
**Table of Contents**

The BIAS Story .................................................................................................................. 2
Acknowledgments .............................................................................................................. 2
BIAS Program at a Glance ............................................................................................... 4
How to Use this Manual .................................................................................................. 5
Why BIAS Works ............................................................................................................. 6
Recommended Setting and Supplies ............................................................................... 7
Seminar 1: Introduction to Body Image ........................................................................... 8
## BIAS Program at a Glance

### Seminar #1: Introduction to body image
- **10 minutes** 1. Ground rules: Confidentiality and respect for others.  
- **20 minutes** 2. Go over seminar agenda. Introduction of everyone in the group.  
- **20 minutes** 3. Activity: What is body image?  
- **15 minutes** 4. Presentation about body image definition.  
- **10 minutes** 5. Tutorial for navigating the BIAS website and content.  

**Take home tasks:** What did you learn from this seminar?  
**Video:** TED Talks

### Seminar #2: Myths and truths about body image & introduction to positive body image
- **30 minutes** 1. Go over seminar agenda. Opportunity to share and discuss take home tasks.  
- **30 minutes** 2. Myths and truths game.  
- **20 minutes** 3. Presentation about positive body image.  

**Take home tasks:** Gratitude Activity and list of positive body image characteristics

### Seminar #3: Social influences on body image
- **20 minutes** 1. Go over seminar agenda. Opportunity to share take home task.  
- **10 minutes** 2. NEDIC blog reading.  
- **15 minutes** 3. Guidelines about discussing food and weight with children.  
- **15 minutes** 4. Myths and truths game about weight.  
- **10 minutes** 5. Presentation on how other people influence body image.  
- **10 minutes** 6. Reflection Activity: Coping styles used.  
- **10 minutes** 7. Presentation about body image coping.  

**Take home task:** Amy Cuddy Video

### Seminar #4: Individual differences in body image
- **20 minutes** 1. Go over seminar agenda. Opportunity to discuss video.  
- **20 minutes** 2. Media literacy activity.  
- **20 minutes** 3. Presentation of beauty ideals in history.  
- **20 minutes** 4. Broad concept of beauty activity.  

**Take home task:** Write down 5 things that make you unique

### Seminar #5: Respecting the body
- **20 minutes** 1. Go over seminar agenda. Opportunity to share take home task.  
- **15 minutes** 2. Introduction to intuitive eating.  
- **10 minutes** 3. Intuitive eating activity.  
- **15 minutes** 4. Video: Poodle science.  
- **10 minutes** 5. Presentation on embodied exercise.  
- **10 minutes** 6. Opportunity to discuss readings.  

**Take home task:** Write a letter to a loved one about what was learned.

### Seminar #6: Conclusion
- **20 minutes** 1. Go over agenda seminar. Guest speaker on body image.  
- **10 minutes** 2. Opportunity to discuss homework from seminar #5.  
- **10 minutes** 3. Activity Revisited: 10 positive things.  
- **10 minutes** 4. Activity Revisited: What is body image?  
- **10 minutes** 5. Final take home message.  
- **20 minutes** 6. Final promise or pledge with opportunity to share

Body Image Awareness Seminars
How to Use this Manual

The BIAS program is designed to educate and encourage personal reflection about body image. Read this manual from start to finish as a guide for facilitating the program. Teachers, allied health professionals, and researchers (to name a few) are examples of professionals who may recognize body image as a gap in their field. The manual will help guide the facilitation of the BIAS program to bridge gaps in conceptual understandings about body image as well as promote personal self-growth in positive body image. The BIAS program is designed to help both the facilitator and participants improve their body image. Potential facilitators include school teachers, psychologists, counsellors, facility managers, and researchers. This manual is designed so that people who are not necessarily body image experts can still facilitate the program successfully.
Why BIAS Works

The first reason BIAS works at improving body image is because it was created with a diversity of members from the community. Most body image programs currently available were not informed by the end-user. Instead, using literature and research expertise, body image scholars have designed and implemented body image programs hoping they would work. The BIAS program was created from evidence in the literature, research expertise, and perceptions and experiences of community members. This information provided a wealth and diversity of knowledge about what was needed and what would be effective.

The second reason BIAS works is because it was tested first before being implemented with new participants. Many researchers skip the testing phase and go straight from design to rolling out the program. Aly rolled out the 6-week program with the same people who helped create it and acquired feedback on the spot and made changes immediately as issues arose. This allowed the implementation of BIAS to run smoothly.

The third reason BIAS works is because it is based on theory of positive body image. There are several body image programs available that are geared towards preventing eating disorders or reducing negative body image. Although these programs are useful and important, people would leave the program feeling better but not necessarily with positive body image. Negative and positive body image operate on separate continuums, therefore both need to be targeted in order for improvements in both to occur. The BIAS program is one of the first to be designed to specifically teach about positive body image and encourage improvement in positive body image characteristics. Survey and interview data demonstrate that many people left BIAS with more positive body image and some reductions in negative body image.
Recommended Setting and Supplies

- Large private room
- Chairs placed in a circle or semi-circle (see website for photos)
- Small table in the center of the chairs
- Projector and screen
- Computer with HDMI cord
- BIAS PowerPoint slide deck (available on the website)
- Pens/pencils
- Name tags for everyone
- Notebook for everyone (used for activities)
- Beverages (water, tea, & coffee)
- Coffee machine
- Kettle
- Snacks (e.g., fruits and veggies)
- Cups
- Plates
- Forks
- Ping pong paddles (myths and truths game)
- Magazines and other sources of media (for the media literacy activity)
- White board or flip chart (e.g., for the broad concept of beauty activity)
Seminar 1: Introduction to Body Image

Seminar objective

The goal of this seminar is to have people define body image in their own words and then present the research definition to help bridge any conceptual misunderstandings.

Agenda

- Ground rules – confidentiality
- Introductions of everyone
- Activity: Defining body image
- Literature definition of body image
- Presentation: Why is body image important?
- First take home tasks

Go over the agenda to prepare everyone for what is to come during this seminar. This will help organize the seminar and prevent unintentional surprises.
Ground Rules

Body image is a sensitive topic that many people feel uncomfortable sharing. It’s important that an environment of trust and confidentiality in the group is established from the beginning of the program. This will help encourage people to share and be respectful about other’s stories, experiences, and perspectives.

Introductions

First, explain the purpose of the body image workbook. This is a notebook provided for everyone that can be used for general notes, group activities, and take home tasks. Then, using a round robin method, starting with the facilitator (and any other assistants), everyone introduces themselves, including their name and why they decided to participate in BIAS. The facilitator should share their personal connection with body image. The more open the facilitator is the more likely others will share.

<table>
<thead>
<tr>
<th>Ground rules</th>
<th>Introduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ This is a safe place!</td>
<td>➢ Body image workbook</td>
</tr>
<tr>
<td>➢ Confidentiality:</td>
<td>➢ Introduce yourself:</td>
</tr>
<tr>
<td>➢ It’s ok to share what you learned</td>
<td>➢ Your name</td>
</tr>
<tr>
<td>➢ It’s not ok to share other people’s</td>
<td>➢ Your program at the Centre</td>
</tr>
<tr>
<td>personal stories &amp; experiences</td>
<td>➢ Reason for joining the BIAS (Body</td>
</tr>
<tr>
<td>➢ Be respectful &amp; listen to others</td>
<td>Image Awareness Seminars) program?</td>
</tr>
<tr>
<td>➢ No right or wrong perspectives so</td>
<td>➢ Why body image may be important to</td>
</tr>
<tr>
<td>please share if you’re comfortable!</td>
<td>you or someone else?</td>
</tr>
<tr>
<td></td>
<td>➢ What you hope to get out of the</td>
</tr>
<tr>
<td></td>
<td>program?</td>
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</tbody>
</table>

Body Image Awareness Seminars
Activity: Defining Body Image

To begin this activity, have everyone write down what they think the definition of body image is in their own words. Then have them write down the definitions of positive, neutral, and negative body image. Once completed, everyone can have the opportunity to share their answers. This activity will be revisited again at seminar 6 to see if understandings have changed by the end of the program.

Once everyone has had the chance to share, then present the research definition. When presenting the research definition, be sure to go over it slowly. Many people are unfamiliar with the complexity of body image.
Body image has several components, including not only the perception of our appearance, but the thoughts, feelings, and behaviours towards our body’s appearance and function. Provide emphasis on the fact that body image is not only someone’s appearance - an assumption many people make about body image. The sooner we can focus on other aspects of the body other than appearance, the more likely we can experience positive body image.

**Perceptions of body image**

The first aspect of body image to discuss is the perceptual (i.e., how one sees the body). This component of body image is a good place to start because it is the most well understand part of body image. Be sure to provide visuals to cement the concept. This will be particularly important for the other less understood components (i.e., emotions and behaviours).
**Emotions of body image**

As mentioned earlier, body image is a sensitive topic and this is because we carry many emotions towards our body. These emotions are the result of what we see, think, and do to our bodies. This can include pride, happiness, sadness, and anger (to list a few). Again, provide visuals to help exemplify this concept.
Thoughts of body image

During a typical day, people have several thoughts about their body. These thoughts consist of what we think about our body’s appearance and/or function. The examples below are positive, however it is important to mention most people hold negative thoughts about their body (particularly about appearance) and this is where body image can go south pretty quickly. A restructuring of how we think about our body is important for improvement.
Behaviours of body image

Many people are not aware that they actually engage in certain actions (i.e., activities) or avoid certain behaviours in response to their body image. Common behaviours include eating (or not eating) and exercise (or sedentary tasks). For example, some people will avoid evaluative settings such as the gym because of their body image. Another example is our relationship with food which is also connected to our body image. This is because we are bombarded with messages from the media about what to eat, what NOT to eat, when to eat, and how much to eat. Many diet trends and quick fixes are promoted as ways to ‘fix’ our appearance. Unfortunately, rarely do these trends actually work and in most cases body image worsens.
Finish the presentation about the definition of body image with an opportunity for questions. The definition will be new to most people so be sure to have an opportunity for questions throughout. More information about what specifically negative, neutral, and positive body image is will be discussed in seminar 2.

**Why is body image important?**

Now that the definition of body image has been discussed, it is important to describe why body image is a worthy topic of conversation. There is lots of support to suggest that negative body image is related to unhealthy physical and psychological outcomes. With that being said, there is growing support that positive body image is related to healthy outcomes.

<table>
<thead>
<tr>
<th>Why is body image important?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Negative body image is associated with:</strong></td>
</tr>
<tr>
<td>➢ Unhealthy eating behaviours</td>
</tr>
<tr>
<td>➢ Depression &amp; anxiety</td>
</tr>
<tr>
<td>➢ Low self-esteem</td>
</tr>
<tr>
<td>➢ Unhealthy exercise (sedentary, excessive)</td>
</tr>
<tr>
<td>➢ Steroid use &amp; supplement use</td>
</tr>
<tr>
<td>➢ Suicidal thoughts</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Why is body image important?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Positive body image is associated with:</strong></td>
</tr>
<tr>
<td>➢ Less body image distress</td>
</tr>
<tr>
<td>➢ Fewer instances of yo-yo dieting &amp; weight cycling</td>
</tr>
<tr>
<td>➢ More adaptive coping</td>
</tr>
<tr>
<td><strong>Healthy behaviours:</strong></td>
</tr>
<tr>
<td>➢ Greater adherence to exercise</td>
</tr>
<tr>
<td>➢ Sunscreen use</td>
</tr>
<tr>
<td>➢ Screening &amp; seeking medical attention</td>
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Body Image Awareness Seminars
Take home tasks

Every seminar ends with a take home task. This is an opportunity for BIAS participants to reflect on the material they learned and how it applies to their own body image experiences. There will be an opportunity to discuss the take home tasks in the next seminar.

- **Take home task**
  - What did you learn this seminar?
  - Opportunity to share next seminar

- **Take home task**
  - "Looks aren’t everything, trust me I’m a model"
  - -Cameron Russell

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**Body Image Awareness Seminars**

"Healthy emotions come in all sizes. Healthy minds come in all sizes. And healthy bodies come in all sizes."
— Cheri K. Erdman
Visit our website: exerciseandbodyimagelab.com