Our Bodies:

A mixed methods study of an internet-based body image intervention using Feminist Theory to enhance Positive Body Image

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Portfolio submitted in fulfilment of the requirements for the Professional Doctorate in Psychology (DPsych)

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Table of Contents

List of Tables and Figures

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Preface

This DPsych portfolio comprises of three parts: 1) an empirical research project, 2) a case study and 3) a journal article. These sections have been completed as part of my Professional Doctorate in Counselling Psychology at City, University of London and as part of my training towards becoming a Counselling Psychologist. This preface will present a description of the three components of the portfolio, as well as present and discuss the common theme that binds them together.

All of the three parts of this DPsych portfolio are linked by the common theme of body image and the distress negative body image can elicit in clients. Moreover, the portfolio is also concerned with the methods used for the alleviation of the distress. Body image and, in particular, interventions to enhance positive body image have been an interest of mine since my undergraduate days. For my undergraduate thesis, I researched body image differences in women who work as fashion models versus women who are not models using quantitative research methods. I discovered that models, despite fitting the media's beauty standards, were very anxious about their bodies and in danger of developing an eating disorder. This made me realise how prevalent body dissatisfaction is and that adhering to the thin-ideal also puts pressure on women to maintain it. Either way women cannot seem to win and frequently suffer from negative body image.

Negative body image is a concept often discussed in the media but it has also been researched in the field of counselling psychology due to its links with low self-esteem, depression and eating disorders. Both men and women are impacted by body image concerns hence I have opted to portray these concerns for both men and women in my portfolio. The research study and the publishable paper discuss these concerns in women and offer a novel programme to enhance positive body image whilst the client study looks at a male client and his struggles with negative body image stemming from childhood. As counselling psychologists, it is essential to be aware of the variety of ways in which negative body image impacts clients' lives, and this is discussed in detail in the literature review of the research thesis. However, to make a difference to clients' well-being we not only require awareness of influences that shape body image, such as the media, but also tools to prevent body image issues as well as tools to help clients overcome them, such as interventions based on feminist theory and media literacy. All three parts of the portfolio reflect on influences that shape body image amongst women and men whilst the research thesis and publishable paper specifically discuss in detail strategies to enhance positive body image.

The research thesis presented in Section A is the main empirical study. The research aimed to create and evaluate an internet-based positive body image

intervention for women, which incorporated feminist theory and media literacy. It employed a mixed methods approach using both quantitative and qualitative methods. As the research is discussed in detail later a brief overview and summary is given here. The literature review of the research thesis introduces body image research, including the concept of positive body image and different approaches which have been used for interventions to improve body image. A particular focus is on Cognitive-Behavioural Therapy for Body Image (CBT-BI), which has been widely studied, and its limitations are discussed. In particular, the challenges of only focusing on negative body image are highlighted. As an alternative, positive body image has also been discussed within the literature and the first chapter of the thesis reviews the current relevant studies. Positive body image interventions focus on body functionality, healthy eating and active living, and have been shown to enhance body appreciation. Influences of media, the use of Photoshop and the unattainable beauty standards are also reflected upon and addressed by media literacy. Moreover, feminism is introduced as it has had a great influence on positive body image research and it is hypothesised that interventions using feminist psychoeducation could be particularly useful in enhancing positive body image. In addition, the internet as a medium for treatment delivery is also considered with its advantages and disadvantages.

The actual study is structured in three Phases, for Phase 1 the novel internet-based positive body image intervention which was developed for this research is described. Phase 1 further consists of quantitative pre-questionnaire, followed by Phase 2 which consists of the online intervention and the post-questionnaire of 80 female participants who completed the online intervention. Phase 3 is a qualitative exploration of a subset of participants (N=4) designed to evaluate the intervention's content, delivery and impact on their body image for feasibility purposes. Qualitative and quantitative analyses are then conducted in order to answer the research questions. Finally, the findings are discussed, implications for counselling psychology are offered, for example it is suggested that socialising clients to feminism and feminist theories of body image could result in increased sense of empowerment and serve as a protective factor against the media's skewed perspective of beauty ideal messages.

The second component of the portfolio, Section B, includes a client case study which illustrates both the origins of body image difficulties as well as the impact of negative body image on a male client. Moreover, I chose to discuss a male client to highlight that body image issues can also apply to men. Therefore, many of the concepts previously discussed in Section A are likely to be also relevant for male clients, as research shows that men are also experiencing negative effects of viewing the media's male *muscular ideal*. This particular case was not only selected as it

shows body image difficulties, but it also illustrates that body image concerns form part of wider difficulties. In this case body dissatisfaction was part of a challenging presentation, which included borderline personality traits, self-bullying and self-harming. The work was carried out using the Cognitive Analytic Therapy (CAT) model, as part of an NHS secondary psychotherapy service. The case study illustrates some of the difficulties experienced by clinicians when working with clients, particularly in recognising that body image can be an important part of the work. In this case, this was part of the punitive and self-punishing difficulties that were preventing this client from engaging in meaningful activities and forming healthy relationships with others. CAT therapy, which is a relational model, offered a good structure to address these issues.

The final component of the portfolio, Section C, is the publishable manuscript, which in content is similar to the research thesis. It aims to summarise the research and its main findings. The writing style and layout have been adjusted to meet the criteria for publishing this piece of work as a journal article for the *Body Image* journal. This international and peer-reviewed journal is seen as the best fit for any body image research and many papers used in the literature review originated from this journal. The *Body Image* journal has published many high-quality scientific articles in the past, including positive body image and media literacy interventions aimed at improving body image. It is hoped that publishing new research in this journal will be of use for clinicians and researchers, thereby enhancing Counselling Psychology practice and future positive body image research.

SECTION A: DOCTORAL RESEARCH

Our Bodies: A mixed methods study of an internet-based Body Image intervention using Feminist Theory to enhance Positive Body Image.

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Abstract

Aims: The aim of the current study is to investigate the usefulness of an internet based positive body image intervention for women which incorporates feminist ideas and media literacy. This novel study will be an initial trial with a non-clinical population of women looking to learn about body image in order to evaluate if it is feasible as an intervention to improve body image in this format.

Methods: The present study employed a sequential mixed-methods pre-post within groups online intervention outcomes study design, whereby quantitative and qualitative data collection and analysis were sequentially undertaken. Phase 1: collected baseline questionnaire data online to screen for eligible participants (N=95), and then measure their level of body dissatisfaction, body appreciation and body anxiety. After 24 hours, Phase 2 commenced: participants received a link to an online psycho-educational intervention (an educational programme of 60-minutes duration), after which they immediately completed (N=80, drop out rate 15.79%) post-intervention questionnaire measures. In Phase 3: semi-structured follow-up interviews were conducted with a subsample of the intervention participants (N=4) to gather their feedback on the strengths and limitations of the online intervention.

Results: Paired t-test results comparing pre and post scores on the three main measures showed a significant decrease in scores on a body dissatisfaction measure, PFRS ($t(79)=9.554$, $p<.001$); a significant increase on a body appreciation measure, BAS ($t(79)=-11.464$, $p<.001$); and a significant decrease on a body anxiety measure, SPAS ($t(79)= 8.833$, $p<.001$). The thematic analysis of the semi-structured interviews showed four

emergent themes: focus on girls and teenagers, media influence and literacy, positive impacts of the intervention, and recommendations. Overall feedback was positive and participants found the intervention insightful and empowering.

Conclusions: Collectively, the quantitative and qualitative findings supported each other regarding the development of a novel intervention. The 'Our Bodies' Programme appeared to have a positive impact on women's body image and it was acceptable in the format in which it was presented. However, the study did not include a control group or a follow-up, thus care needs to be taken when drawing conclusions from the results. Nevertheless, this research has the potential to contribute to the understanding of which population may be best suited for this programme, delivery format and dissemination strategies using the existing literature on media literacy, positive body image and feminist theories in order to ensure maximum impact. Future directions and implications for Counselling Psychology practice are discussed.

Chapter 1- INTRODUCTION

1.1 Introducing Body Image

"She wins who calls herself beautiful

and challenges the world to change to truly see her."

— Naomi Wolf, The Beauty Myth

Body image is understood as perceptions, thoughts and feelings about one's own body, which often encompasses body size estimation, emotions associated with body shape and size, as well as body's attractiveness evaluation (Grogan, 1999). Tylka (2012) highlights that body image is a multifaceted construct that affects feelings, thoughts and perceptions of one's body. Negative body image on the other hand is seen as body image disturbance, which can range from mild to extreme distress, body concern and body dissatisfaction. Positive body image is also multidimensional and is described as more than just having low body dissatisfaction, but instead a collection of factors: body satisfaction, self-esteem, positive gender identity, and resilience to societal body standards (Grogan, 2010). Moreover, positive body image is seen as protective, holistic, stable and adaptable, including aspects such as inner positivity, holding a broad concept of beauty, interpreting information in body-protective manner and adaptive investment in appearance (Tylka & Wood-Barcalow, 2015a).

Body image concerns among women have reached alarming highs with scholars referring to body dissatisfaction as normative (Grogan, 1999). This phenomenon is characterised by excessive worry and preoccupation with one's body. Grogan argues that women invest a great deal of time and efforts to follow unrealistic beauty ideals, leaving them dissatisfied. Researchers argue that media's beauty portrayal is not achievable for most women, causing body dissatisfaction (Thompson, Heinberg, Altabe, &Tantleff-Dunn, 1999). Body dissatisfaction is linked

to negative consequences such as social withdrawal, low self-esteem, anxieties, excessive use of beauty products, plastic surgery, extreme dieting and exercising (e.g. Harris & Carr, 2001; Rumsey & Harcourt, 2005). It has been argued that these in turn can lead to mental health issues. Foley Sypeck, Gray and Ahrens (2004) stated that increased body dissatisfaction has been followed by a growing eating disorders trend, higher rates of depression in women (Benas, Uhrlass, & Gibb, 2010) and adolescent girls (Stice, Hayward, Cameron, Killen, & Taylor, 2000). A number of studies have linked body dissatisfaction with eating disorders (e.g. Levine & Piran, 2004), smoking (e.g. King, Matacin, White, & Marcus, 2005) and increases in cosmetic surgery (e.g. Sarwer & Crerand, 2004) in women. Research has shown body image concerns to start in girls as young as five years old (Williamson & Delin, 2001), with researchers arguing that body dissatisfaction in women remains a problem across the lifespan (Tiggemann, 2004).

Several studies have demonstrated how body image issues start early in females over the lifespan. For instance, a recent study found that over a third of five-year-old girls engaged in some form of dietary restraint, and half of them showed some internalization of the thin-ideal (Damiano, Paxton, Wertheim, McLean, & Gregg, 2015). The researchers investigated 111 girls' dietary restraint, body image, appearance ideals, positive weight bias (attributing positive characteristics to thinner figures), and peer conversations. Child dietary restraint was measured using an adaptation of the Dutch Eating Behavior Questionnaire for Children (DEBQ-C; van Strien & Oosterveld, 2008). Researchers also asked 109 of their mothers about their daughters' media exposure and interest in peer appearance. They found that dietary restraint was positively correlated with media exposure, appearance conversations with peers and greater internalization of the thin-ideal. In addition, dietary restraint was also negatively correlated with positive weight bias, indicating that greater restraint was associated with higher positive qualities attributed to being thin. This study demonstrates that the socio-cultural environment plays a great role in early shaping of girls' body image and unhealthy dieting tendencies (Damiano *et al.,* 2015). Similarly, a study by Clark and Tiggemann (2006) examined sociocultural

factors and their relationship with pre-adolescent (9-12 years old) girls' body dissatisfaction development. They found that almost half of the girls wanted to be thinner, and exposure to appearance-focused media was not directly linked with body dissatisfaction, but instead indirectly linked through peer conversations about appearance. This suggests that sociocultural discourses about appearance have a significant impact on girls' body image.

Another recent study by Trekels and Eggermont (2017) investigated the link between appearance-focused magazine exposure and social appearance anxiety of a large sample of early adolescent girls (N = 1,591; mean age 11.69) using a questionnaire-based research design over a six month period. Researchers found that appearance-focused magazine exposure was correlated with the internalization of appearance ideals and the attribution of social rewards to attractiveness, which were then related to social appearance anxiety. Moreover, researchers argued that once adolescents internalized the thin-ideal they would also associate positive things with appearance ideals and the perception of awards would increase their inclination to internalize the thin-ideal further, in other words internalization and attribution reinforced one another. This in turn, however, increases their fear of negative evaluation of their appearance (Trekels & Eggermont, 2017).

A longitudinal study by Stice *et al.* (2000) investigated a sample of 1,124 adolescent females (mean age 14.7) over four years to see whether there was a relationship between an increase in major depression, body image and eating disturbances among adolescent girls. They found that higher levels of body dissatisfaction, dietary restraint and bulimic symptoms predicted depression onset among the non-depressed sample of females. Researchers concluded that those three measures were risk factors for depression, highlighting the implications for prevention, such as programmes that reduce body dissatisfaction and disordered eating. Furthermore, another five-year longitudinal study of 1,386 females and 1,130 males (age range 12.8 – 15.8 years at Time 1 and 17.2 – 20.4 years at Time 2) showed that females lower body satisfaction predicted lower levels of physical

activity, fruit and vegetable intake, and higher levels of dieting, binge eating, unhealthy and very unhealthy weight control behaviours (e.g. skipping meals, diet pills, smoking, use of laxatives, etc.) (Neumark-Sztainer, Paxton, Hannan, Haines & Story, 2006). This means that lower body satisfaction does not motivate females to engage in healthy weight management behaviours such as exercising, but instead health damaging behaviours such as vomiting. This points at the significant influence of body satisfaction on overall health and wellbeing of young women.

A review by Tiggemann (2004) highlighted that body dissatisfaction can remain stable across the lifespan. However, a later study by Tiggemann and McCourt (2013) showed that there was a positive linear relationship between age and body appreciation using a questionnaire, with older women having higher levels of body appreciation than their younger counterparts. This suggests that it is possible that body satisfaction can improve with age. In addition, Webster and Tiggemann (2003) studied women's body satisfaction across lifespan and found that both body satisfaction and body importance did not differ across women's age groups. However, they did find that with increasing age the relationship between body dissatisfaction and self-concept and self-esteem weakened, followed by increased perceptions of cognitive control. Researchers concluded that older women used cognitive strategies that shielded their self-esteem and self-concept from any negative impact of body dissatisfaction (Webster & Tiggemann, 2003).

A recent literature review by Kilpela, Becker, Wesley and Stewart (2015) argued that age-related changes of the female body move women further away from the thin-young-ideal, i.e. western society's standard of beauty. In line with this review was a study by McLaren and Kuh (2004) who studied a sample of 1,026 54-year-old women and concluded that women had higher levels of body dissatisfaction at this age relative to their younger counterparts. Moreover, a cross-temporal meta-analysis by Karazsia, Murnen and Tylka (2017) has shown that it is likely that sociocultural shifts in body acceptance may have led to reductions in thinness-related drivers for girls and women. They noted that across a 30-year period thinness-oriented body

dissatisfaction had decreased for women. They argued that this could be explained by increased diversity in the media portrayals of beauty.

Grogan (1999) argued that the preoccupation with appearance is moving women's attention away from more important qualities such as education or career. Bordo (2003) and other feminist writers highlight that today's beauty culture shifts women's focus to superficial and only temporary characteristics. As such this problem cannot be ignored and more research focusing on prevention and treatment of body image issues is of great importance. This literature review will examine in detail current research and theories of the following: Cognitive-Behavioural Therapy for Body Image, positive body image, feminist theories of body image, media literacy, and internet as the platform for treatment delivery. The target population of the review will be adult women. However, on occasion evidence related to adolescent girls will be discussed as experiences in adolescence are known to shape the views women hold about themselves, especially as the literature suggests that body dissatisfaction continues throughout women's lifespan (Tiggemann, 2004). This chapter will also present study aims and its importance to counselling psychology, and finally present researcher's personal reflexivity.

1.2 Cognitive-Behavioural Therapy for Body Image

Counselling psychologists have been researching the area of body dissatisfaction in order to develop an effective treatment method. Cognitive-Behavioural Therapy for Body Image (CBT-BI) uses the very principles, which Cognitive-Behavioural Therapy (CBT) uses, in that the core focus is on adaptive and maladaptive behaviours and beliefs that an individual has learned throughout his or her development (Jarry, 2012). CBT interventions are aimed at altering dysfunctional cognitions and maladaptive behaviours, which in turn alleviate emotional and physical distress. In CBT-BI the interventions focus specifically on the development of the client's body image and environmental influences (Jarry, 2012). CBT-BI

unpicks the origins and maintenance of negative thoughts and unhelpful behaviours surrounding one's appearance.

In addition, Jarry (2012) points at empirical data that have found that the most important influences on the development of body image are messages from the media, peers, parents, and romantic partners. These are both social and cultural factors, which influence body image, and therefore Jarry (2012) has argued that sociocultural theory forms the theoretical basis of CBT-BI. This means that the theory also guides the interventions that CBT-BI uses to treat body image disturbances.

Those body image disturbances are understood as excessive preoccupation and dissatisfaction with one's appearance, over-reliance on appearance, and unreasonable engagement in activities such as checking and grooming, as well as avoiding situations in which one's body could be exposed. For example, individuals who constantly check their appearance in mirrors, might only leave the house in full make-up, might avoid going to the beach, might never show bare arms or legs, etc. (Butters & Cash, 1987). Jarry and Berardi (2004) argue that body image disturbance can be reduced using CBT-BI. This therapy operates by identifying, challenging and replacing individual's dysfunctional thoughts and behaviours concerning the client's body. The success of CBT-BI is measured by the reduction of the negative thoughts and behaviours that constitute the client's body image (Cash & Hrabosky, 2003; Jarry & Berardi, 2004).

In general, CBT consists of various tools that can be used in both individual and group therapy. For example, psychoeducation, behavioural activation, cognitive restructuring, desensitisation, and homework assignments (Jarry & Cash, 2011). In CBT-BI those have been adapted for body image related thoughts and behaviours. In this approach psychoeducation focuses on educating the client about the interpersonal and social roots of body image issues. To do so therapy often looks in detail at the client's developmental history, investigating any appearance related influences. CBT-BI also uses various tools such as thought records and diaries, that monitor negative thoughts, feelings and maladaptive behaviours surrounding body

image, e.g. excessive dieting, body surveillance, or concealing body shape. The objective is to link those together in a formulation which will provide the client with an insight into the difficulties experienced and an understanding of how those variables interact. Cognitive restructuring can then challenge and replace negative beliefs surrounding the client's appearance and the importance the client attaches to it. For instance, the belief that one is only lovable or important when physically attractive (Jarry & Cash, 2011).

In addition to cognitive techniques, behavioural techniques also form an important part of CBT. Exposure and Response Prevention (ERP) is an effective desensitisation technique often used in phobias and Obsessive Compulsive Disorder (OCD) treatment (Westbrook, Kennerley, & Kirk, 2011). Similarly, in CBT-BI a hierarchy of anxiety provoking scenarios involving the client's concerns about her body is created (Jarry, 2012). For instance, this could involve gradual mirror exposure and scenarios of showing a certain body part in public that was previously covered up. As clients progress through the scenarios, they become less anxious and more in control over the negative thoughts. CBT-BI also focuses on direct behaviour activation by scheduling various activities and behavioural experiments (Jarry, 2012). The aim is to reduce avoidance and checking behaviours by introducing pleasurable activities which will also give a sense of achievement. Activities that are encouraged focus on body's strength and senses, rather than looks. Homework assignments are introduced in CBT-BI in order to accelerate and track progress. Finally, problem-solving and assertiveness training are used for relapse prevention. More recently the so-called Third Wave Therapies, such as Mindfulness Based Cognitive Therapy (MBCT), Acceptance and Commitment Therapy (ACT), and Compassion Focussed Therapy (CFT) have had an influence on therapies for improving body image. For instance, they have added expressive writing tasks that are used to explore the roots of body image difficulties. Mindfulness and acceptance tasks are taught to help with experiencing negative body image and instead taking a non-judgemental stance (Jarry, 2012).

CBT-BI has been shown to be an effective treatment modality, for instance a literature review by Jarry and Berardi (2004) concluded that CBT-BI not only improved body image but also psychological wellbeing, e.g. self-esteem and anxiety. This was found to be effective for both clinical and non-clinical samples. A meta-analysis by Jarry and Ip (2005) corroborated these results and looked at the effects of body image treatment on different variables. The meta-analysis also looked at the effects of body image interventions on psychological variables, such as self-esteem and psychological distress. Some studies found significant improvement of self-esteem and a reduction of distress in the treatment groups which was also maintained at follow-up for most studies (Rosen, Orosan & Reiter, 1995; Rosen, Reiter & Orosan, 1995). For instance, Rosen, Orosan, *et al.* (1995) used a sample of 51 obese females, who either received CBT-BI or no treatment. In the treatment condition women received 8 weekly 2-hour small group sessions, which included psychoeducation, challenging obesity stereotypes and appearance over-importance, cognitive restructuring, exposure/desensitization techniques, and homework assignments. However, no dietary or exercise guidelines were included in the treatment sessions. The treatment sample showed significant improvement ($p < .001$) compared to the control group on measures of body image, as well as self-esteem, less eating guilt, eating preoccupation and binge-eating. However, no changes were found in the actual weight of the participants. The positive changes were maintained at 4.5 month follow-up, giving a solid foundation to build on in the treatment of body image disturbances. However, the study did not have a placebo condition that could control for the effect of the improvement expectation on the self-reported measures.

A number of studies have developed CBT-BI protocols for treating body image disturbances since the 1980s. For example, a pioneering treatment study by Butters and Cash (1987) consisted of 6 individual CBT intervention sessions for women with body dissatisfaction that included relaxation training, psychoeducation, cognitive restructuring, desensitization (including in vivo guided mirror desensitization), and relapse prevention. They found a significant improvement on

measures of social self-esteem, depression, anxiety, and measures of body image with improvements largely maintained at 7-week follow-up. Moreover, participants rated the programme favourably on a 4-point scale with mean 3.5 (SD = 0.5), which was maintained at follow-up. Researchers concluded that applying CBT procedures to challenge and change dysfunctional thoughts and behaviours related to body image is of great efficacy and should be researched further. This was later followed by more research, including the first comprehensive self-help CBT-BI developed in a form of bibliotherapy and audiocassettes (Cash, 1991), succeeded by an 8 step CBT-BI programme in a form of a self-help workbook (Cash, 1997). More recently Cash (2008) published a revised version of his original self-help CBT-BI that also included mindfulness and expressive writing tasks. Although Cash's CBT-BI interventions reportedly had a positive impact on participants, these studies were based on small sample sizes of mainly non-clinical participants without wait list control. Thus, the results need to be treated with caution and a larger controlled study is required to verify these findings.

More recently, Jarry (2012) argued that CBT-BI works by increasing self-esteem and reducing anxiety and depression, and can be delivered both as therapist-assisted or as self-directed treatment. However, there are challenges as few studies used reliable instruments to measure change and thus it is not possible to assess clinical significance. In addition, the studies included in Jarry and Berardi's (2004) literature review did not have waiting list controls or other control groups. The meta-analysis (Jarry & Ip, 2005) only included 18 studies where the majority used a non-clinical sample, and therefore it cannot be certain that the findings would apply to a clinical population. The studies varied in quality, in particular sample sizes were generally very small, with the largest sample size being 38.

In addition, another study of CBT-BI found improvement on an eating attitudes scale (Cash & Hrabosky, 2003) despite a previous study showing no improvement on the same scale (Strachan & Cash, 2002). The former study involved brief therapist contact whilst the latter was a self-directed treatment. It is therefore

possible that some therapist contact is beneficial in changing eating attitudes. In Cash and Hrabosky's (2003) study a sample of college students dissatisfied with their bodies were enrolled in a 3-week programme which included two elements from Cash's (1997) original self-administered body image programme: self-monitoring and psychoeducation. Participants were given various materials and self-monitoring forms; which the completed and handed in during the one-to-one weekly sessions with the therapist. They were also given an opportunity to ask questions and received email and phone reminders in the week about their homework. Indeed, researchers found improvements on body image specific measures: reduced situational body image dysphoria, weight related concern, and investment in appearance for self-evaluation; as well as psychological variables, such as increased self-esteem, decreased social anxiety, and improved eating attitudes. However, the college students sample used was very small (22 women and three men) and did not include a control group or a follow-up, which creates a problem when trying to generalise these findings. The self-directed treatment study by Strachan and Cash (2002) used a larger sample of 89 body-dissatisfied participants (86 women and three men), who responded to an advertisement in local media and at the university building. The two 6-week self-help treatment conditions were psychoeducation plus self-monitoring, and as previous plus cognitive interventions aimed at the dysfunctional body image cognitions. For both conditions there was no therapist contact and all materials were send via mail. Similarly to the previous study researchers found both treatment conditions had improvements on body image measures as well as psychosocial functioning. However, the limitation of this study is a lack of a control condition, thereby reducing its internal validity and making the findings not generalizable.

1.3 Positive Body Image

Although CBT-BI has been shown to be an effective treatment in numerous studies (e.g. Jarry & Ip, 2005), an argument in the literature has been made criticising its excessive pathology focus, i.e. body dissatisfaction (Tylka, 2011; Wood-Barcalow, Tylka & Augustus-Horvath, 2010). Body image and CBT research seem

to have a great interest in what eliminates negative characteristics, thereby leaving out what could build resilience and contribute to a more positive body image (PBI). Cash and Pruzinsky (2002) call out for a paradigm shift as they view studying positive body image as imperative, because body image concerns can lead to a number of negative consequences, such as unhealthy eating behaviours, avoidance, and cosmetic surgery. Studying positive body image will help identify factors promoting a positive view of the client's body, thereby creating effective interventions that are strength based. In such interventions the focus is on building on the client's existing resources in order to affect positive change.

A new interest and need for positive body image research has been endorsed by the special edition of the *Body Image* journal titled, "Positive Body Image: Avenues for Assessment, Application, and Advancement" (Tylka & Wood-Barcalow, 2015c). The editorial highlighted the need for the special series focusing on positive body image with the aim to educate and interest researchers and clinicians on the topic. The special edition focused on six themes surrounding positive body image: the definition/concept, assessment, prevention programmes, treatment of eating disorders, expression among various populations, and future investigation. As the editorial explained the special series can be seen as a 'positive complement' for this body of research, helping to restore the balance in the body image literature, which in the past mainly focused on negative body image. Some of the research papers from the special edition have been included in the following paragraphs.

Tylka and Wood-Barcalow (2015a) argue that positive body image is a multifaceted construct that goes beyond body satisfaction or appearance evaluation, and that its components should be interpreted together, in a holistic manner. Similarly, Grogan (2010) explains that positive body image is often understood as low body dissatisfaction, i.e. a lack of negative thoughts and feelings about one's body. However, she argues that positive body image is more complex as it consists of body satisfaction, positive gender identity, self-esteem, resilience to societal body

standards and body comparisons. She argues that positive body image cannot be reduced to 'just' a low negative body image, since there are many characteristics that contribute to positive body image and she asserts that those need to be investigated further.

In her paper, Grogan (2010) explores psychological factors that have been linked with positive body image, such as self-esteem, social comparison, internalization of the thin/muscular ideal, gender roles and social identity. For instance, high self-esteem has been found to be correlated with better evaluations of one's body and body satisfaction (e.g. Furnham, Badmin & Sneade, 2002; Tiggemann, 2005). In her study Tiggemann (2005) found a correlational relationship between adolescent girls' self-esteem and body dissatisfaction. Moreover, Paxton, Einsenberg and Neumark-Sztaine (2006) five-year longitudinal study of adolescent girls found self-esteem to be an inverse predictor of body dissatisfaction, which means that girls high on self-esteem are likely to have low body dissatisfaction. Researchers highlighted that this psychological construct is very complex as low self-esteem may influence adolescent girls' vulnerability to societal pressure to be thin and engage in body comparisons, exposing them to greater body dissatisfaction. Some of these studies used adolescent samples and care is needed when drawing conclusions for adult women. Another factor Grogan (2010) presents as relevant is the rejection of mainstream appearance ideals, as females and males who do so are less sensitive to the thin or muscular ideal presented by the media, hence less likely to have a self-ideal body image discrepancy, which lie at the root of body dissatisfaction. Grogan calls for researchers to explore and transform the concept of positive body image as much more than the definition of low negative body image, instead encompassing all its dimensions.

In a paper on Positive Psychology perspectives on body image, Tylka (2012) also argues for a more complex nature of positive body image and described its core features along with characteristics that promote and maintain those core features. The core features are body appreciation, body acceptance and love, broad

conceptualisation of beauty, inner positivity, and filtering information in a body-protective manner. Whereas, characteristics that promote and maintain them are unconditional acceptance by others, media literacy, and spirituality. For instance, body appreciation being at the core of positive body image refers to the individual's capacity to appreciate his or her body's health, function and unique features. Therefore, unlike someone with a negative body image they do not spend time criticising their bodies, but on the contrary praising their bodies for what they can do. Body acceptance and love refers to those people who love and accept their bodies despite their flaws. They understand that no one is perfect and instead embrace the imperfections that make them human. The broad conceptualisation of beauty is understood in that a person is more open-minded, encompassing all beauty types and body shapes, rather than only the narrow Western view of beauty. Such a person would see people as beautiful in different ways.

Not surprisingly, feeling unconditional acceptance by others would help maintain all those core features. Such individuals receive acceptance from their loved ones as opposed to criticism. The focus is on what is inside and their actions rather than looks. According to Tylka (2012) this means that the message of love and being special is conveyed to them. Inner positivity is another key feature of positive body image, whereby positive feelings of happiness enables a person to hold a positive affect and cognitions, which in turn allows them to see situations more clearly and their body more favourably. Another core element to positive body image is the body-protective filter against information from the media or peers about the beauty standards. Such individuals reject negative information about the body ideals, and instead accept positive ones and focus on more important life goals. Understandably media literacy would help strengthen this feature and will be discussed in more detail later.

In her paper Tylka (2012) also lists further positive body image characteristics that emerge from having positive body image, those are confident and prosocial behaviour, self-care, and befriending others with positive body image.

The self-care characteristic simply refers to self-love and acceptance. Such individuals listen and attend to their bodies' needs, by eating healthy and enjoyable foods, exercise and stress relief, promoting their health as opposed to appearance. For individuals who have a positive body image, befriending others who feel the same out their body helps maintain that, as opposed to surrounding themselves with people who engage in 'fat talk'. Finally, Tylka (2012) looks even closer at positive body image identifying three processes: reciprocity, protective filtering, and fluidity. She explains that a person who has a positive body image interprets and internalizes information about his or her body through these processes, therefore maintaining positive body image. Reciprocity refers to proactively seeking friends and partners that would give them unconditional love and body acceptance. In addition, reciprocity also means encouraging other people to appreciate and love their bodies and not to engage in 'fat talk'. Protective filtering is a conscious transition, which takes all the core features described above as new ways of filtering body image information. For instance, not comparing own body to the media ideals. Finally, fluidity is a process of positive body image where some negative information may not be filtered and instead internalized. Hence, body satisfaction and investment in appearance can be fluid, i.e. vary at times. Fluctuations are normal and can be neutralised using all positive body image assets. For instance, by rejecting an internalized societal beauty standard, reducing investment in appearance and focusing on health, body image can return to positive.

The notion of positive features of body image is supported by many researchers, for instance Avalos, Tylka and Wood-Barcalow (2005) who studied positive body image not as the absence of body dissatisfaction but rather as a more complex set of unique properties. The researchers divided positive body image into four areas: rejection of societal beauty ideals, acceptance, respect and favourable opinions about own body; and argued that the concept of body image and its assessment has been seen in negative dimensions. Instead they developed a positive take on body image, i.e. body appreciation and successfully tested its psychometric properties in four studies. A limitation of this study was that the sample

consisted of college women mostly of same age, ethnic and social class group. This of course calls out for caution when thinking about generalisability of this assessment tool. Nevertheless, Avalos and colleagues (2005) explored positive body image and its variables and thus contributed to the excessive pathology focus argument. A more holistic model of body image that would incorporate its positive characteristics, for instance a body-protective filter for the negative media messages, appreciation of unique beauty, and seeing one's body in functional terms has been called for (Cash & Pruzinsky, 2002; Wood-Barcalow *et al.,* 2010). However, the above studies use a qualitative approach and they have not been adequately substantiated by quantitative research. The challenge with more qualitative research into positive body image has been the lack of a comprehensive measure, hence more research is needed in this area. More recently Tylka and Wood-Barcalow (2015b) developed The Body Appreciation Scale-2 (BAS-2). In this revised version of their original BAS, researchers took into account new research in positive body image that was published since their original study. The revised version included five original items, and five new items derived from the growing evidence base. They did so by introducing items that relate to loving one's body, unique beauty, body confidence and the rejection of media beauty ideals. The researchers concluded that BAS is a psychometrically strong measurement for body appreciation, however BAS-2 is more representative of the current positive body image knowledge and is also generalizable to both women and men.

It is important to note that across the literature various instruments have been used to measure positive body image. It is a very complex and multifaceted construct, hence many different scales or questionnaires were used to measure its elements, however this means that researchers may be looking at similar but not exactly the same constructs. Because positive body image is a broad construct it may be necessary to use more than one measure, as there is no single measure that captures all the dimensions of positive body image. For example, for body dissatisfaction measurement, Webb, Wood-Barcalow and Tylka (2015) argued that

multiple dimensions need to be considered. The same may be true for positive body image.

The early understanding and measurement of positive body image had used tools such as the Body Esteem Scale (BES; Franzoi & Shields, 1984) and the Body Esteem Scale for Adolescents and Adults (BESAA; Mendelson, Mendelson, & White, 2001). However, these measured positive body image as simply the opposite to negative body image (Webb *et al.,* 2015). In their recent literature review on assessments of positive body image they listed scales that measured various constructs such as body appreciation, body image flexibility, body functionality, attunement, positive body talk, body sanctification, body pride, and broad conceptualization of beauty. For instance, body appreciation has been widely measured using the Body Appreciation Scale (BAS; Avalos *et al.*, 2004) and its successor the Body Appreciation Scale-2 (BAS-2; Tylka & Wood-Barcalow, 2015b), with items such as "*I respect my body*" and "*I appreciate the different and unique characteristics of my body*". The BAS-2 has high internal consistency reliability (αs = .93–.96) and stability over a 3-week period (r = .90) (Tylka & Wood-Barcalow, 2015b).

Other concepts reviewed included body image flexibility, which is seen as having a compassionate reaction to aversive body image thoughts and feelings and has been measured using the Body Image-Acceptance and Action Questionnaire (BI-AAQ; Sandoz, Wilson, Merwin, & Kellum, 2013). Body functionality understood as the ability to recognize and appreciate body's function, has been assessed via the Surveillance subscale of the Objectified Body Consciousness Scale (McKinley & Hyde, 1996) with items such as '*I am more concerned with what my body can do than how it looks*.' More recently body functionality has been measured by a new tool called the Functionality Appreciation Scale (FAS; Alleva, Tylka, & Van Diest, 2017) with items such as "*I acknowledge and appreciate when my body feels good and/or relaxed*" and "*I am grateful that my body enables me to engage in activities that I enjoy or find important*". The FAS has high internal consistency (αs = .58–.74)

and stability over a 3-week period (Alleva *et al.*, 2017). In addition, Alleva and colleagues reported that it also demonstrated criterion-related and construct-validity making it a psychometrically sound measure of body functionality.

Another important concept related to positive body image is attunement, which relates to a person's ability to know and appropriately respond to body's needs. This has been assessed using the Body Responsiveness Scale (BRS; Daubenmier, 2005) e.g. "*I listen to my body to advise me about what to do*" or the Mindful Self-Care Scale (MSCS; Cook-Cottone, 2015) e.g. "*I exercised at least 30 to 60 minutes"* and "*I made time for people who sustain and support me*", which focus on behavioural strategies that have been linked with facilitation and maintenance of positive body image (Wood-Barcalow, *et al.,* 2010). Finally, the concept of holding a broad concept of beauty has been measured using the Broad Conceptualization of Beauty Scale (BCBS; Tylka & Iannantuono, 2015), which includes items such as *'I think that a wide variety of body shapes are beautiful for women*' and '*Woman's confidence level can change my perception of her physical beauty'*. The above only look at a few measures of some of the concepts related to positive body image demonstrating the complexity of it, therefore the need to develop and test more positive body image measures.

There is a great need to develop new body image interventions which aim to enhance positive body image (Tylka, 2012). A number of studies using positive body image interventions have focused on the prevention of body image disturbances in non-clinical samples. For example, one study looked at the impact of an intervention programme promoting positive body image for a sample of 37 (31 female and six male) university students (McVey, Kirsh, Maker, Walker, Mullane, et al, 2010). In their intervention they used media literacy, self-esteem strategies, acceptance of individuality and unique beauty, strategies for healthy eating and active living, stress management and problem solving, review of healthy and unhealthy relationships. The programme was delivered in two 3-hour group face-to-

face sessions, that included interactive activities, discussions and video presentations. The results showed a significant improvement on body satisfaction and reduction of the media thin-ideal internalization with large effect size η^2=.32. The measures included open-ended programme satisfaction questions, which provided more feedback from participants. For example, students enjoyed the face-to-face contact, interactive tasks and video presentations, as well as the relevancy of the life skills taught e.g. stress management and assertiveness in relationships. The study has some limitations in that it used a small sample of university students and did not have a control group, which weakens its design and makes the results not generalizable to a wider population. Moreover, there was no follow-up to see whether the impact of the intervention was stable over time. Nevertheless, researchers concluded that the findings draw a picture of how to reach out to young people in order to prevent eating disorder symptoms by promoting resilience through life skills and media literacy.

A meta-analysis by Stice, Shaw and Marti (2007) looked at 66 controlled eating disorders prevention intervention studies, which had small but significant effect sizes. The meta-analysis highlighted that significantly larger effects on body dissatisfaction reduction were found in studies on samples over 15 years old. Moreover, they also found that participants' body dissatisfaction reduced significantly more when the intervention was interactive, administered by the interventionist, with dissonance content but without psychoeducational content. Similar findings applied to follow-ups, with the additional larger effect on programmes that were selected, as opposed to universal; using validated measures and given to female-only samples. As researchers conclude this evidence should be considered when designing future interventions to increase their effectiveness (Stice *et al.,* 2007).

Moreover, more recent systematic reviews and meta-analysis have also suggested the efficacy of several prevention programmes for reducing risk for eating disorders (Watson, Joyce, French, Willan, Kane, *et al.,* 2016 & Le, Barendregt, Hay & Mihalopoulos, 2017). The best evidence for preventative interventions was for

cognitive dissonance, CBT and media literacy. In particular, both reviews highlighted media literacy to be most supported for universal populations whilst cognitive dissonance interventions were superior to control in selective prevention programmes. CBT also has some evidence for indicated prevention with effects being maintained at follow-up.

Another meta-analysis by Stice, Shaw and Marti (2006) focused on 64 obesity prevention programmes for children and adolescents. They found that larger weight gain prevention effects were applicable for programmes for children as opposed to adolescents, female participants, as well as participants who self-selected to take part in the intervention. Moreover, programmes that were brief, targeted weight control and were tested in a pilot stage produced better effects. The quality of the evidence for prevention studies for positive body image varies greatly. For example, a review by Le *et al.* (2017) showed that 58% of trials included a high risk of bias. Prevention studies also range from controlled trials with medium samples to meta-analyses such as Stice *et al.* (2007). Moreover, presentation has been targeted at different levels, some researchers choosing treatment with others choosing dissonance.

Positive body image interventions have been designed using various approaches, such as prevention through treatment or dissonance-based education. The following study is an example of prevention through treatment. Richardson, Paxton and Thompson (2009) sought to evaluate the efficacy of a programme called BodyThink using a large secondary school sample (N = 277) in the treatment and control conditions. BodyThink is a body image and self-esteem programme for young people, developed by the UK Eating Disorders Association and Dove Self-Esteem Fund (Eating Disorders Association and Lever Faberge Limited, 2006). BodyThink is an interactive group program, which uses videos, power-point presentations, magazines, class discussion and worksheets. The content is appropriate for both girls and boys and includes topics such as body image, self-esteem, body satisfaction, positive body image, media literacy, peer communication, as well as

looking for other qualities in people and ways to increase body satisfaction and self-esteem. The researchers found that BodyThink improved media literacy and reduced thin-ideal internalization for girls (with moderate to large effect sizes .053-.160) and improved media literacy and body satisfaction for boys (with small to moderate effect sizes .013-.064). The study had a large sample size with control group and 3-month follow-up, which enhances its design. Naturally prevention programmes have focused on non-clinical samples that have vulnerability to developing body image disturbances. The above studies used samples of western students still in education meaning that caution needs to be taken when thinking about applying the results for a wider population.

In addition to studies looking into the prevention of body image disturbances a number of studies have incorporated positive body image interventions to prevent eating disorders pathology. For example, a study using dissonance-based education was conducted by Sanderson and Holloway (2003). In their study on eating disorders prevention researchers found that participants responded better to a healthy eating presentation as opposed to a disordered eating one. Also at follow-up, women in the healthy eating condition were more likely to report exercising for health concerns than were those in the disordered eating condition, however the effect size was small η^2=.05. The healthy presentation consisted of healthy eating habits information and the dangers of media's negative messages, whereas the disordered eating presentation focused on eating disorders signs and symptoms. This highlights the great potential for future treatment fostering positive body image characteristics. Furthermore, in a literature review of prevention programmes Yager and O'Dea (2008) concluded that information-based CBT is less effective in improving body image issues and disordered eating than media literacy, self-esteem, and dissonance-based education.

Another study used a brief dissonance intervention around the thin-ideal with a female student sample and a control group (Green, Scott, Diyankova & Gasser,

2005). Researchers found a reduction in eating disorder pathology following a high level of dissonance intervention and reported large effect sizes .57 to 1.27. also at four week follow-up .51 to 1.39. Unfortunately, this study was limited by the absence of baseline measurements as this means that there may be a bias in the accuracy of data analysis and the subsequent findings. Nevertheless, this supports the notion that more focus on positive aspects of body image is needed in the treatment research. Similarly, Becker, Smith and Ciao (2005) showed that dissonance approach to media literacy reducing the thin-ideal internalisation was successful in achieving behavioural change. In their intervention condition researchers had two groups: 1) highly interactive and 2) more passive, which consisted of two 2-hour weekly group sessions. The highly interactive cognitive dissonance group consisted of group discussion about the thin-ideal, individual writing task, mirror exercise and role-play. Whereas, the more passive media psychoeducation group consisted of group discussions about the media ideal, a video about the media influence on body image, a video on eating disorders, and a final discussion. Both interventions reduced body dissatisfaction and eating disorders pathology. Interestingly however, only the highly interactive intervention reduced the internalization of the thin-ideal. Researchers concluded that due to the active elements the cognitive dissonance intervention was stronger than the media psychoeducation. This study had a large sample of 161 and included a follow-up as well as a wait list control group thus enhancing its design. The sample was only American female sorority members, because researchers wanted to investigate this particular population, which was found by previous research to be at an elevated risk of eating disorders (Becker *et al.,* 2005). However, this means that the findings are not generalizable to all women.

A further study by Stice and colleagues gave a dissonance based preventive intervention to a sample of 30 female undergraduate students (Stice, Mazotti, Weibel, & Agras, 2000). The three 1-hour weekly small group sessions consisted of critical discussion of the thin-ideal, how it is maintained, costs of pursuing the thin-ideal, peer pressures, interactive role plays, and homework writing assignment. The researchers found a significant reduction on measures of negative affect, body

dissatisfaction, thin-ideal internalization, dieting and bulimic symptomatology, with majority maintained at 1-month follow-up. Although this study had a small student sample, it included a follow-up and delayed intervention control group, thus enhancing its design.

There are however, some limitations of the reviewed studies, which have used prevention through treatment approach. Care needs to be taken when critiquing the above studies that did not include a generalisable sample, as well as lacking a control group or a follow-up. For interventional studies the gold standard is a randomised controlled trial (RCT; Craig, Dieppe, Macintyre, Michie, Nazareth & Petticrew, 2008), which has not been used for many of body image studies cited in this literature review. Nevertheless, those studies can still be used as an indicator of the direction of the research and provide a general understanding of the various concepts related to improving body image, informing future RCTs.

1.4 Feminist Theories

Feminism has had a huge impact on the field of positive body image and has shaped the development of new interventions. Feminism in psychology has focused on the impact of societal structures and gender roles on the lives of men and women (Murnen & Seabrook, 2012). They argue that statistics show the increasing preoccupation of women with their appearance, whereby they are spending considerable amounts of time, energy and money to conform to beauty standards set by society. Murnen and Seabrook (2012) further argue that current women's appearance expectations are linked to their subordination and explain how feminist perspectives could increase women's empowerment.

In her popular book The Beauty Myth: How Images of Beauty Are Used Against Women, Naomi Wolf (1991) called the idealized body expectations and beauty practices a backlash against newly acquired women rights. Similarly, Sheila Jeffreys (2005) in Beauty and Misogyny: Harmful cultural practices in the West,

disputed against Western beauty ideals practices (e.g. make-up, cosmetic surgery, sexualised clothing), calling them harmful and damaging to women's health, simultaneously creating gendered-stereotyped roles which benefit men. Jeffreys sees Western practices as very similar to other cultures' detrimental beauty practices such as foot binding and female genital mutilation. She explains how today's practices evolved to give women a seeming 'choice', therefore silencing their feminist consciousness and normalizing harmful beauty practices.

Naomi Wolf (1991) further argued that "the more legal and material hindrances women have broken through, the more strictly and heavily and cruelly images of female beauty have come to weigh upon us." (p. 10). Women focus on exhausting and expensive attempts to fit society's unrealistic standards of beauty. Those attempts often fail, their financial and emotional resources are drained, and their self-confidence undermined. Such influences, both social and cultural, which promote body dissatisfaction and eating disorders have been viewed by feminists as oppressing women, thereby strengthening patriarchal social structures. These ideas thus became deeply embedded in women's thoughts and interactions with the world, leading to appearance overreliance and body dissatisfaction (Murnen & Seabrook, 2012).

One important theory that has been put forward to understand sexism is the ambivalent sexism theory by Glick and Fiske (1996, 2001). In their theory, they recognized hostile and benevolent sexism. The hostile sexism, devalues women imposing restrictions on their roles and justifying patriarchy. Whereas, the benevolent sexism, is more complex and subtle, because it recognizes, often idealizing or romanticizing, traditional women's roles and men's dependency on them. It also gives protection and some privileges to women, particularly in those traditional roles. For instance, legislation that privileges women in property settlements or protecting them from physically demanding employment. Benevolent sexism can therefore give a superficial appearance of benevolence toward women,

however it originates from perceptions that women are inadequate, inferior, and subordinate to men (Glick & Fiske, 1996, 2001).

Forbes and colleagues investigated the link between sexism and hostility towards women and the endorsement of Western beauty ideals and practices (Forbes, Collinsworth, Jobe, Braun & Wise, 2007). They tested men (159) and women (194) and found significant correlations between endorsement of Western beauty ideals and practices; and measures of hostility towards women, traditional sexism, hostile sexism, and to a lesser degree benevolent sexism. They also found great gender differences, in that men scored significantly higher than women on measures of sexism, particularly the highest on the measure of unsophisticated blatant sexism. They also scored higher on three factors of beauty ideals endorsement, the highest difference on the measure of importance of beauty. Researchers explained that those gender differences were expected because men gain far more from such oppressive beauty ideals than women. Despite a large sample size the study used university students mainly in their first year, meaning that care needs to be taken when generalising the results. Nevertheless, researchers concluded that these findings, despite limitations, support the feminist argument against oppressive Western beauty practices.

One feminist theory argues that by rejecting traditional gender relationships of power, feminist women are at a lesser risk of internalization of the thin-ideal and body image disturbances (Dionne, Davis, Fox, & Gurevich, 1995). This theory has been supported by a recent study, which looked at the relationships between feminist identity and a measure of body image: body satisfaction; and measures of disordered eating: binge eating, dieting, unhealthy weight control behaviours (Borowsky, Eisenberg, Bucchianeri, Piran, & Neumark-Sztainer, 2016). In their study researchers had three groups: feminist-identified women, women who did not identify as feminists but hold feminist beliefs, and non-feminist women. The results showed that feminist-identified women had significantly higher body satisfaction than the other two groups who did not differ between themselves. In terms of disordered

eating correlations there were no significant differences. This study used a large (1241) community based female sample enhancing its design. There is however some mixed evidence regarding the influence of feminism on body satisfaction. For example, Dionne and colleagues (1995) as well as Snyder and Hasbrouck (1996) found that feminist values correlated positively with body satisfaction. On the other hand, Cash, Ancis and Strachan (1997) found that there were no differences in body image based on the level of participants' feminist identity. However, Peterson *et al.* (2006) argue that despite the inconclusive evidence, feminist beliefs and values have the potential to lead to decreases in body image disturbances due to a reduced investment in attaining societal beauty standards.

A further important argument regarding the stigmatised "feminist" label has been present in the literature. For instance, in her paper, Zucker (2004) postulates that despite wide acknowledgment of discrimination against women, there still exists a negative reputation associated with this label. Feminists are often portrayed, mainly in the media, as man-hating and radical, and feminist ideas as somehow threatening to heterosexuality. She explains: "Many women, even as they embrace feminist principles, are loath to be labelled as feminists." (p.423). This reluctance to be labelled a feminist can be explained using social psychology theories, since members of stigmatized groups are subjected to psychological marginality and therefore will disavow the stigmatised group to avoid the adverse reactions to them (Smart & Wegner, 1999). Indeed, one study found that 75% of college women endorsed the majority or all of feminist movement goals, yet only 11% self-identified as feminist (Liss, Crawford & Popp 2004).

Hurt, Nelson, Turner, Haines, Ramsey, *et al.* (2007) also acknowledge today's stigma associated with the "feminist" label. They further argue that women who despite of the stigma associated with the endorsement of this label, still choose to self-identify as feminists, are more likely to be better equipped to reject societal standards and stereotypes. In other words, in order to self-identify as feminist, women are standing up against the socially stigmatised label, making it more

possible to also reject other social norms, such as norms about women's appearance. In their research, Hurt and colleagues studied 282 female college participants on measures of feminist self-identification, objectified body consciousness, conformity to feminine norms, eating attitudes, depression, and self-esteem. Results showed that women who self-identified as feminists rejected the feminine norms of appearance and thinness, and the importance given to romantic relationships. The endorsement of those norms on the other hand was associated with greater body surveillance and body shame, whereas objectification was related to negative psychological outcomes: negative eating attitudes, depression and low self-esteem. Despite the study having a large sample, the responses were collected online meaning that there may be a problem associated with self-reported answers and social desirability. Nevertheless, researchers concluded that the results point at feminist identity indirectly affecting psychological variables (depression, self-esteem, and negative eating attitudes), through intervening variables of conformity to feminine norms and self-objectification.

Since the 1990s the focus of many feminists has been on the presentation of the thin body ideal in western cultures (Bordo, 2003). The media plays particularly great role in shaping women's ideas about beauty. Feminists have argued that women are vulnerable due to the lack of economic power and their sexually objectified role (Fredrickson & Roberts, 1997). In their Objectification Theory, Fredrickson and Roberts argue that women's bodies became an object that is socially constructed to be watched and evaluated and that sexual objectification is at the centre of their theory. In their view, Western culture values and judges women and girls for their appearance, rather than internal qualities. A woman who is sexually objectified is seen as less human, whereby her sexual functions or instruments for the pleasure of others are separate from her as a person. The Objectification Theory further holds that self-objectification occurs when women get used to the objectified views of their bodies, start to internalise the sexually objectified observer's gaze and see their own bodies as such. Fredrickson and Roberts explain that sexual objectification of women causes them to see their bodies as aesthetic objects, which

teaches them that they must focus on their appearance. Women get praised throughout their lives for investing in their appearance in various social situations and through media messages. Self-objectification is reinforced through attention given for wearing revealing clothing, praises for losing weight, or media's positive representation of thin attractive women. However, when women cannot meet the unrealistic standards of beauty they experience body shame and anxiety, which can further lead to sexual dysfunction, depression and eating disorders (Fredrickson & Roberts, 1997).

The Objectification Theory has been empirically tested, for instance Tiggemann and Williams (2011) researched a sample of undergraduate females (116) on various measures including self-objectification, self-surveillance, appearance anxiety, body shame, depressed mood, sexual functioning, and disordered eating. They found most variables to be correlated providing evidence for The Objectification Theory. Researchers also concluded that self-objectification has a great role in developing psychological issues in women and should therefore be targeted as part of psychoeducational interventions (Tiggemann & Williams, 2011). The Objectification Theory has been further empirically tested and data reviewed in a paper by Moradi and Huang (2008), who concluded that the theory and a decade of research have given a strong framework of understanding women's body image and mental health. However, they also note that some aspects, such as group-specific manifestations of body surveillance will need more research and use more diverse samples of women. They highlight that objectification theory and feminist concepts point at two areas for change: 1) the societal level, meaning reducing the sexual objectification of women in society; and 2) the individual level, meaning reducing self-objectification. By encouraging and advancing these social and individual changes, women's mental health and well-being can be improved (Moradi & Huang, 2008).

The concept of body functionality refers to what body can do, those are body functions, health, self-care, senses, creative endeavours (e.g. dance), and

communication with others (Alleva, Martjin, Jansen & Nederkoorn, 2014). Body functionality, i.e. 'body as a process', 'what is it capable of?'; is in contrast to body appearance, i.e. 'body as an object', 'what does it look like?' (Franzoi, 1995). Alleva and colleagues (2014) researched body functionality and Objectification Theory and its relation to body image. Their first study included male (N=53) and female (N=57) university students. There were three conditions: 1) functionality, 2) appearance and 3) control. Participants were given a written assignment which for the functionality condition asked them to write about what their body can do, e.g. walking, sleeping, hugging, etc. In the appearance condition, participants were asked to focus on what their bodies looked like, e.g. height, hair texture, hands, etc. This was compared to the control group, who was asked to describe their route to university. They found that in the functionality condition men experienced an increase in body functionality satisfaction, whilst women did not experience any significant change. The researchers concluded that this could have been due to the brief nature of the short writing task giving insufficient time to reflect on their bodies' functionality. Moreover, the sample used were mainly Dutch and German undergraduate students creating a cultural bias. In a further study, researchers examined whether body satisfaction could be increased by focusing on body functionality in a sample of 118 community women aged 30-50. The procedure was similar to that in the first study. They found significant improvements in functionality satisfaction between baseline and follow-up. The researchers stated that improvements were therefore gradual yet longer lasting. This study concluded that this component has a great potential for body image treatment and should be investigated further.

Alleva and colleagues subsequently designed a programme to improve body image and reduce self-objectification, which they called Expand Your Horizon (Alleva, Martijn, Van Breukelen, Jansen & Karos, 2015). In this study, the researchers aimed to explore whether teaching women to focus on body functionality can increase body satisfaction, functionality satisfaction and body appreciation; and reduce self-objectification. Their sample consisted of 81 women, aged 18-30, with body dissatisfaction. They used a randomised controlled design with functionality

condition and a control group. Again, writing assignments formed the core of the programme also including a brief introduction to body functionality with examples. Indeed, the results showed significant improvements on measures of appearance satisfaction, functionality satisfaction and body appreciation; as well as significantly lower levels of self-objectification. The researchers concluded that there is a positive impact on women's body image when they view their bodies in functionality terms, therefore supporting the idea of introducing body functionality tasks in body image programmes.

Various studies looking at the positive impact of feminist ideologies found that cognitive restructuring normalizes and re-labels women's thoughts and experiences, provides counterarguments and adaptive interpretations (Srebnik & Saltzberg, 1994). For instance, Peterson, Tantleff-Dunn and Bedwell (2006) looked at the effects of a 15 minute feminist psychoeducation intervention and found that exposure to feminist identity had positive impact on females' body image. In this brief intervention researchers used an audiotape which included a definition of feminism, feminist theories of body image and disordered eating, and corresponding research findings. They also enclosed visual materials such as feminist movement art and photography. Taking part in this intervention resulted in higher feminist identification, higher body satisfaction and lower appearance importance. This provides evidence of feminism being protective and acting as a 'buffer' against societal constructs of beauty and gender roles. This study used a large sample (297) and a control group, although this was based on university students receiving credits for participating. Moreover, the feminist intervention did not lead to changes in body image disturbance, but nevertheless it is promising to see changes after only a brief intervention.

Similarly, a recent study found that feminist ideology endorsement predicted positive body image perceptions (Kinsaul, Curtin, Bazzini, & Martz, 2014). Researchers concluded that feminist views which question traditional gender roles could empower women giving them confidence to deal with societal pressures, thus

protecting them from disordered eating and body image issues. However, again this study used a student sample creating a generalisability issue. Despite being based on a non-clinical sample, researchers made assumptions for eating disorders which would need to be investigated with an appropriate sample. Moreover, the study looked at correlations and therefore no cause and effect conclusions can be made.

Feminist therapy aims to enable women to question the unattainable beauty ideals, by giving them a new lens to view their bodies, sexual roles and societal structures (Murnen & Seabrook, 2012). Judith Worrell (2001), a feminist therapist, writes about four principles of feminist therapy. Those are: 'personal is political' (psychological problems for women come from cultural and societal factors); personal and social identities are interdependent (experiences of women are shaped not only by gender but also by intersecting identities such as race, age, class and sexual orientation); establishing egalitarian relationships; and the value of communal perspectives. Feminist interventions have five levels: prevention, education, remediation, empowerment, and community change. Those levels often overlap in therapy. Based on the main principles of feminist therapy, feminist interventions aim to enable critical thinking and questioning of media messages of the beauty ideal, establish egalitarian relationships in women's lives, as well as in the therapy, encourage social activism, and finally acknowledge and appreciate traditional feminine characteristics, e.g. being caring and relational. There are ten goals for feminist interventions: positive self-evaluation, comfort-distress, gender/culture awareness, personal control, self-nurturance, problem-solving, flexibility, assertiveness, resource access, and social activism. Meaning that a woman with positive mental health would be self-aware, confident and assertive within the cultural constrains. She would be aware of the limitations put on women in society, including her other intersecting identities. She would use problem-solving and positive coping strategies when faced with stressors and barriers (internal or external), avoiding negative patterns of thinking and behaving. She would also be

aware of her personal and community resources. On the whole, making her strong, competent and connected to others (Worrell, 2001).

In their paper Kashubeck-West and Tagger (2012) reviewed various theories of feminist therapy, and identified its central tenets: awareness, empowerment, and egalitarian therapeutic relationship. Increasing awareness for women in feminist therapy relates to educating them about the impact of societal norms and expectations placed on them, such as appearance expectations. This enables them to make sense of their experiences, not blame themselves for developing damaging coping strategies such as disordered eating, and know that they are not alone in the struggles with body image and self-esteem (Brown, Weber, & Ali, 2008; Israeli & Santor, 2000). Another central tenet of feminist therapy is empowerment, in that feminist therapy will strive to develop a new belief system, viewing self-worth beyond own appearance, and developing better life management skills (Hutchinson, 1994). Hutchinson (1994) argued that one can only truly heal when the relationship between the self and the body image is addressed. Empowerment can reduce self-objectification and extend self-worth beyond appearance, hence have a positive impact on body image and eating attitudes (Peterson *et al*., 2008). Finally, the therapeutic relationship is another central tenet of feminist therapy. It aims to avoid an unequal hierarchy between the client and the therapist, and instead fostering a therapeutic relationship in which women are valued and equal (Israeli & Santor, 2000). Worrell and Remer (2003) highlight that feminist therapy explicitly encourages egalitarian relationships, starting with that between the therapist and the client, thereby increasing client's empowerment.

1.5 Media Literacy

Feminism is greatly concerned with the media and its impact on women's body image. The aims of media literacy interventions are in line with feminist therapy goals in that they both question unrealistic and restricted images of women in the media. Media literacy promotes critical thinking so that the viewer becomes an active

and conscious recipient, as opposed to being passive and obedient to media messages (Potter, 2004). Exposure to the thin-ideal in the media has been linked to body dissatisfaction and disordered eating in numerous studies. For example, a meta-analysis of 25 studies concluded that the exposure to the thin-ideal in the media significantly increased body dissatisfaction, particularly in participants who had high internalization of thinness (Groesz, Levine & Murnen, 2002). Internalization of the thin-ideal, as opposed to just being aware of it, has been shown to have a negative effect on body dissatisfaction (Cusumano & Thompson, 1997) and to have a mediating effect on media exposure and body dissatisfaction (Keery, van den Berg & Thompson, 2004).

Fernandez and Pritchard (2012) examined a sample of 294 college students and found a relationship between drive for thinness and media influence, and for women they found media models to be the primary predictor for drive for thinness, and social pressures to be the secondary predictor. Another study focused on the impact of internet media images, due to internet's growing popularity among young people and the instant access it gives to a high volume of potentially damaging images (Bair, Kelly, Serdar, & Mazzeo, 2012). Researchers tested a sample of 421 female undergraduate students and consistent with previous research, found exposure to internet media's images to be correlated with body dissatisfaction and disordered eating, as well as thin-ideal internalization mediating the relationship between media, internet use and body dissatisfaction.

On the other hand, Owen and Spencer (2013) looked at the effects of viewing images of healthy weight models on a sample of 44 female college students. They used a within-subject design and measured women's body ideals through participants' own computer manipulation of an ideal body size. The participants were presented with a slideshow of 20 images 2 weeks apart, which contained either very skinny models (BMI <18) or healthy weight models (BMI 18.5-24.9). The results showed that viewing the healthy weight models presentation increased participants' ideal body size model to a healthier range. Despite a small sample size, researchers

concluded that it would be beneficial for women's mental health if the media moved towards using heathier size models like The Dove Campaign for Real Beauty (Owen & Spencer, 2013). Media literacy has been found to be an important factor associated with positive body image.

A recent study by Andrew, Tiggemann and Clark (2015) investigated the impact of positive body image on media-induced body dissatisfaction. This study measured a sample of female university students (N = 68) on body appreciation and body dissatisfaction, and exposed them to eleven advertisement images representing the thin-ideal. Results have shown that body appreciation reduced the impact of the exposure on body image, meaning that participants with low body appreciation experienced greater body dissatisfaction, whereas participants with high body appreciation have shown no change. The study concluded that body appreciation is protective against the negative effect associated with viewing beauty images in the media (Andrew, Tiggemann & Clark, 2015).

A study by McLean, Paxton and Wertheim (2013) of 469 female, Grade 7 students examined the links between body dissatisfaction and media influences. They showed that media literacy and media exposure had an indirect influence on body dissatisfaction and that this was mediated by appearance comparisons and internalisation. The researchers concluded that it is likely that media literacy interventions included in eating disorders prevention programmes have positive outcomes as media literacy impacts on factors that are also risk factors for eating disorders, e.g. internalization. Results from previous research (e.g. Keery, van den Berg & Thompson, 2004) have also highlighted that media exposure, which leads to subsequent negative evaluation of appearance, is likely a result of appearance comparisons to media images as well as the internalization of unattainable standards for thinness. These studies support the tripartite influence model (Thompson, Heinberg, Altabe & Tantleff-Dunn, 1999), which has linked sociocultural influences to body dissatisfaction. Thompson *et al.* (1999) argued that two variables mediate

this relationship, namely appearance comparisons and internalization of the thin-ideal.

Media literacy has also been studied as a stand-alone intervention. One study found that a brief media literacy intervention resulted in preventing adverse effects of the exposure to various thin-and-beautiful media's images for 123 college women (Yamamiya, Cash, Melnyk, & Posavac, 2005). Their media literacy intervention comprised of facts about "Artificial Beauty" (media images are unattainable because of make-up and airbrushing) and "Genetic Realities" (most women are genetically predisposed to have greater weight than bodies presented in the media). Similarly, another study of a two-session media literacy intervention found positive outcomes for females that were at high-risk for eating disorders by reducing body dissatisfaction, drive for thinness, and the internalization of beauty ideals (Coughlin & Kalodner, 2006). Their media literacy intervention called Acknowledging and Rejecting the Media's influence on Eating and body image Disturbance (ARMED) consisted of two interactive 90-minute sessions, in the form of group discussions, videos, and intervention manual presented by the group facilitator. Topics included history of standards of beauty, linking media images with body dissatisfaction, airbrushing, cognitive strategies to challenge the unreal media images, harm of social comparisons, and enhancing body appreciation through seeing body in functionality terms. The researchers suggest media literacy as secondary prevention for eating disorders, however this study was conducted on college women therefore not allowing generalisability of the findings.

In a recent study two universal prevention programmes were tested on an adolescent female sample (Wade, Wilksch, Paxton, Byrne & Austin, 2017). They found that a media literacy intervention (*Media Smart*) led to lower levels of media internalizations after the intervention than a healthy lifestyle programme (*Life Smart*). The researchers noted that there were also fewer weight and shape concerns in the *Media Smart* group. The study concluded that media literacy programmes have the

potential to benefit eating disorders treatment through the reduction of media internalizations (Wade *et al.,* 2017).

Another study designed and delivered an intervention programme to alleviate body image and eating problems in adolescent girls (Heinicke, Paxton, McLean & Wertheim, 2007). Researchers decided to target their intervention as previous research had shown that universal and selective interventions have less success in reducing disordered eating in this population (e.g. Stice & Shaw, 2004). Their *My Body, My Life: Body Image Program for Adolescent Girls* consisted of six 90 minute weekly small group synchronous online sessions, which were facilitated by a trained therapist and a manual. 73 girls were included who had self-diagnosed eating or body image problems. The programme was internet delivered and included a range of different areas using CBT principles. The study had a quantitative part comparing measures of body image and eating pathology pre and post intervention, as well as a qualitative part in which 28 participants provided feedback on the delivery of the programme. The Heinicke *et al.* (2007) study is very similar in design to the present 'Our Bodies' study, which will be discussed later.

1.6 Internet-Based Interventions

In recent years, there has been an emphasis on developing internet delivered psychological interventions to overcome problems such as depression (Hedman, Ljótsson, Kaldo, Hesser, El Alaoui, *et at*., 2014), social anxiety disorder (Andersson, Carlbring & Furmark, 2014; Hedman, Andersson, Ljótsson, Andersson, Schalling, *et al*., 2012), panic disorder (Hedman, Ljótsson, Rück, Bergström, Andersson, *et al.,* 2013), body dysmorphic disorder (Enander, Ivanov, Andersson, Mataix-Cols, Ljótsson, *et al.,* 2014), and eating disorders (Aardoom, Dingemans, Spinhoven, & Van Furth, 2013; Myers, Swan‐Kremeier, Wonderlich, Lancaster, & Mitchell, 2004). These were shown to be an effective alternative to face-to-face interventions.

Due to the sensitive nature of eating disorders and body image issues, there is a great rationale for devising internet-based interventions to aid individuals who would not seek treatment otherwise (Myers *et al.,* 2004). A recent systematic review highlighted the advantages of anonymity and ease of access in treating eating disorders, concluding that it is an important vehicle of treatment delivery (Aardoom *et al.,* 2013). More internet-based interventions have been created and researched in recent years and a meta-analysis which compared the two treatment delivery methods found that guided iCBT (i.e. internet CBT) produced the same effects as face-to-face CBT (Andersson, Cuijpers, Carlbring & Hedman, 2014). This unveils a promising new focus for psychological counselling research. Benefits of iCBT include great accessibility, high fidelity, reduced cost and overall convenience.

iCBT is usually a sequence of psychoeducation sessions which can involve tasks and homework assignments, with various levels of therapist involvement, e.g. brief interactions via email or phone. However, there are limitations to internet delivered therapy such as technical difficulties, lack of non-verbal cues and miscommunication, and the virtual world feeling artificial and cold (Paxton, McLean, Gollings, Faulkner & Wertheim, 2007). Researchers found that although body satisfaction improved both for face-to-face and internet-based intervention for body image and eating difficulties, those were only maintained at follow-up in the first condition. Paxton and colleagues note that internet delivery for such a sensitive topic is eased thanks to anonymity which can remove shame and stigma, however the lack of personal contact can result in lower motivation to change. They concluded nevertheless that internet therapy is effective and carries a great potential that needs to be explored further.

Bauer and Moessner (2013) highlighted many advantages of internet-based delivery as a prevention and early intervention tool, such as the ability to reach a large group of diverse people from various locations. Moreover, delivering such programmes could cut down costs as those can be delivered without trained staff and without the need for facilities for face-to-face sessions. They argued that by

having standardised internet intervention programmes at a lower cost chances of fidelity are improved, moreover the online interactive features and intensity can be tailored for the individual or group allowing greater flexibility. Finally, for the users themselves a great advantage is the anonymity and the ability to access the programme when and where it suits them (Bauer & Moessner, 2013).

On the other hand, the downsides of internet-based interventions include miscommunication due to the lack of non-verbal cues as well as possible technical difficulties. Moreover, due to the digital nature of such interventions certain populations have been found less likely to access them, such as elderly, males, African-Americans, and Hispanics (Winzelberg, Weisman, Aspen & Taylor, 2012). In addition, those with lower income or education levels might have less experience and resources and therefore be less likely to access online interventions. Finally, Winzelberg and colleagues (2012) highlight that because of the vast amount of different online programmes it is hard for individuals, without knowledge in healthcare and media, to determine which are valuable, effective, evidence-based programmes and which are not. This also points at potential danger of accessing programmes that could cause harm because of confusing or misleading information. For instance, 'thinspiration' and 'fitspiration' messages that could promote unhealthy eating and exercising under the premise of 'happy', 'fit' and 'beautiful' inspirational messages.

Recently, body image researchers have also started to make use of the internet as a platform to deliver programmes to promote positive body image. For example, Winzelberg and colleagues, developed and tested an 8-week internet-delivered Computer-Assisted Health Education (CAHE) intervention delivered to 60 university women to reduce risk factors of eating disorders (Winzelberg, Eppstein, Eldredge, Wilfley, Dasmahapatra*, et al*., 2000). CAHE intervention consisted of text, audio, video, behaviour change exercises, and self-monitoring journals. Topics included cultural determinants of beauty, media's role, cognitive-behavioural strategies to improve body satisfaction, healthy eating and exercising. Participants

received email prompts to complete the assignments and posted thoughts and questions on an online discussion forum. The results showed significant improvements on measures of body image and disordered eating between baseline and follow-up, giving encouragement for developing internet delivered body image interventions for reducing risks of eating disorders (Winzelberg *et al.,* 2000).

Similarly, a more recent study by Franko, Cousineau, Rodgers and Roehrig (2013) designed an online body image intervention for adolescents, which they called *BodiMojo*. They tested 178 high school students (113 girls, mean age 15.2 years) on measures of body image. The *BodiMojo* intervention was delivered as 4-weekly 45 minute online sessions, and comprised of body image and related content (e.g. nutrition), health behaviour, social engagement, goal-setting, videos, and interactive games and quizzes tailored to this age group. The results showed that girls who took part in the intervention had improved on appearance satisfaction and decreased on body dissatisfaction and physical appearance comparison compared to the control group, although those effects were not maintained at follow-up. Satisfaction survey showed favourable opinions regarding the program's content and features, particularly physical activities, quizzes and games. Despite limitations of this study, such as small sample size, researchers concluded that online intervention programmes are a promising vehicle to deliver positive body image resources to adolescent girls (Franko *et al.,* 2013).

Student Bodies is another eating disorders prevention programme delivered through the internet (Taylor, Bryson, Luce, Cunning, Doyle, Abascal, *et al.,* 2006). *Student Bodies* is an 8-week structured programme that follows CBT principles and is in the form of an online discussion group with a moderator. Topic focus on eating disorder attitudes and behaviours in women who are at risk of developing eating disorders. Researchers concluded that *Student Bodies* intervention significantly reduced weight and shape concerns in their sample for up to 2 years and decreased the risk for the onset of eating disorders (Taylor *et al.,* 2006). However, the efficacy of this programme could not be demonstrated in a randomised controlled trial of 480

college-age women, but decreases in the onset of clinical and subclinical eating disorders were shown in two subgroups. Moreover, an adapted version of *Student Bodies* (SB+) showed further positive effects on eating disorders symptoms in these with subthreshold of eating disorders (Jacobi, Völker, Trockel & Taylor, 2012). However, a limitation of the study is the college-age sample used, meaning that care needs to be taken when interpreting the results.

Finally, another internet-based intervention programme called *ProYouth* has been developed as part of the European Union's Health Programme for adolescents and young adults, which targets four key areas: education (about mental health and eating disorders), detection (of problematic attitudes and behaviours), support (peer and professional), and ease access to regular care (e.g. counselling). The platform is accessible via computers and mobile phones, and uses various tools such as information materials, online screening questionnaires, moderated online forums, chat rooms with peers and counsellors, and access to further help (Bauer, Papezova, Chereches, Caselli, McLoughlin, Szumska, *et al.,* 2013). The *ProYouth* programme was based on Es[s]prit (Lindenberg, Moessner, Harney, McLaughlin, & Bauer, 2011) and YoungEs[s]prit (Lindenberg & Kordy, 2015), also eating disorders prevention programmes. It has been shown that ProYouth is intensively used by people with higher risk or more severe symptoms (Kindermann, Moessner, Ozer & Bauer, 2017). A positive aspect of the ProYouth programme is that it targets a wider as well as more heterogenous population than previous programmes (Bauer *et al.,* 2013). Despite the promising outlook for this programme more research is needed to test whether this individualized approach works, and more importantly if it would be more beneficial for those with elevated eating disorders symptomatology (Kindermann *et al.,* 2017).

1.7 Importance to Counselling Psychology

The present drive to research the concept of positive body image and to develop interventions to promote positive body image is rooted in positive

psychology, a strength-based discipline which has had a great influence on counselling psychology. In positive psychology the focus is on the strengths of individuals and it is argued that teaching positive and adaptive strategies is just as important as talking away negative or dysfunctional strategies. Similarly, the field of counselling psychology has always recognised the need to consider strengths alongside weaknesses. For example, it has been shown that improvements in positive affect are more therapeutically useful than reducing just negative affect (Fredrickson & Losada, 2005; Seligman & Csikszentmihalyi, 2000). Therefore, it is clear that interventions delivered by counselling psychologists that just focus on reducing negative body image will be insufficient without the knowledge of how to promote positive body image. Thus positive body image research can be seen as a strength-based approach.

As it has been shown that appearance concerns (including minor ones) have a big impact on clients' mental health and their behaviours (e.g. unhealthy eating behaviours, cosmetic surgery, etc.), it is essential for counselling psychologists to be aware of both negative body image as well as ways of enhancing positive body image. Research into body image treatment is very important for the field of counselling psychology since so many women suffer from body image issues and eating pathology. This can be incredibly debilitating since research has found links with depression, anxiety and eating disorders not only for adult but also adolescent females. Psychologists' work with their clients could be facilitated by research aimed to increase the knowledge of specific characteristics that promote positive body image. This would mean that they could assess more accurately both body image concerns as well as clients' positive body attitudes, thereby balancing the assessment process (Lopez, Snyder & Rasmussen, 2003). Furthermore, the identification of factors predicting positive body image may be able to help produce effective interventions for clients who present with body dissatisfaction or anxiety about their bodies, thus improving their health and well-being (Grogan, 2010). More widely, counselling psychology could also develop preventative measures that promote positive body image among all individuals (Tylka, 2012).

Studying positive body image has huge practical value for counselling psychology. The present study has the potential to further inform counselling psychology practice and enrich the existing literature by researching an intervention focused on enhancing positive body image. If successful, this intervention can be expanded upon and potentially used as a prevention programme that could boost females' resilience by providing knowledge about feminism, media literacy as well as skills and techniques around body appreciation. This is seen as especially important in cultures that continually critique the body and tie self-worth to appearance (Tylka, 2012). Ultimately, both positive feelings about the self and body would thereby be gained alongside prevention and treatment of body and eating disturbances and improvements in depressive symptoms and self-esteem.

1.8 Study Aims

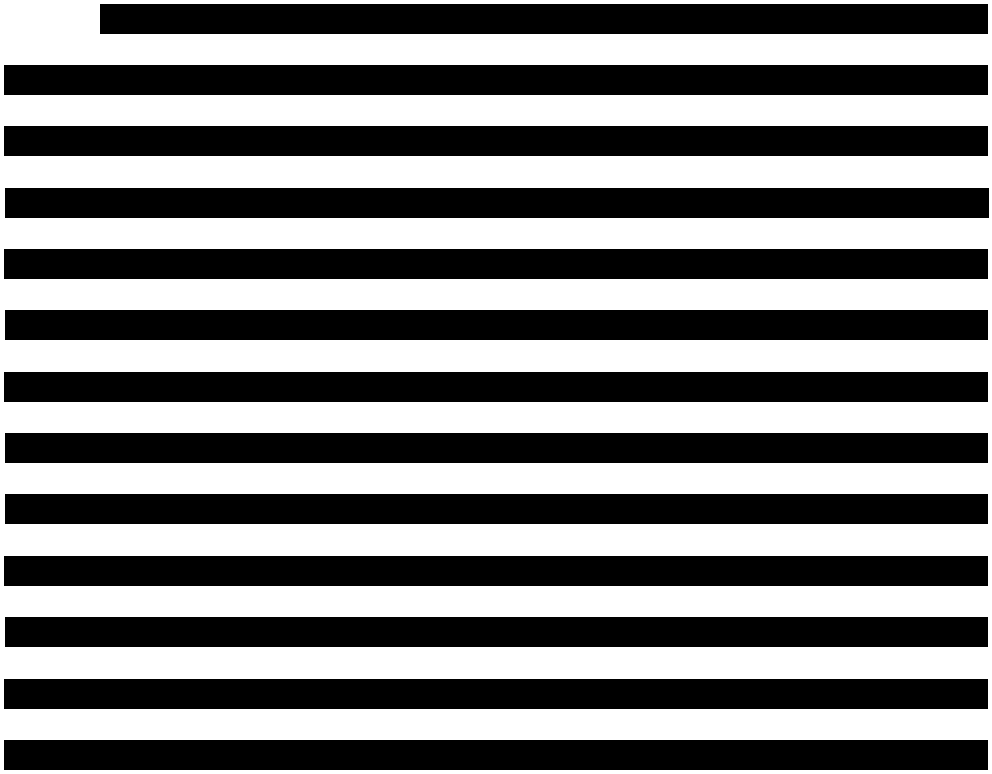
The aim of the current study is to investigate the usefulness of an internet-based positive body image intervention for women which incorporates feminist ideas and media literacy. This novel study will be an initial trial with a non-clinical population of women who want to enhance their body image in order to evaluate if it is feasible as an intervention in this format. This study will measure the effectiveness of a 60-minute online session that will incorporate feminist ideas to promote positive body image. It is hypothesised that given the supporting evidence for each of the elements of this intervention, there will be a positive impact on participants' body image.

The present study will inform counselling practice and address a gap in the literature, which has overlooked the importance of promoting a healthier positive body image. If effective, this intervention could be upscaled and tested as an online prevention programme that could boost females' resilience against damaging images in the media and self-objectification by providing and enhancing skills and techniques around body appreciation. Structured questionnaires will be used to

evaluate the impact of the intervention on three body image variables, i.e. reducing body dissatisfaction, reducing body anxiety, and increasing body appreciation. Additionally, acceptability of the intervention will be evaluated using semi-structured interviews.

Given the high prevalence of body dissatisfaction in numerous clinical populations such as those with eating disorders and depression, this intervention could potentially have a wider range of applications, such as being integrated into existing prevention or treatment programmes for specific mental health problems. It is also expected that thanks to the mixed methods design a rich input can be made into the fields of counselling psychology, body image, feminism and future larger scale clinical trials. The present intervention, if effective, will provide a way to incorporate feminism, positive body image, and media literacy into existing treatment protocols and thus it is hoped that outcomes for clients are improved.

1.9 Personal Reflexivity



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Chapter 2 - METHODS

2.1 Introduction

This chapter describes the methodology and approach undertaken for the present study, followed by the research methods used to address the study aims and meet its objectives. For clarity, this chapter is organized into six parts. Part 1 and Part 2 explain the research paradigm and the rationale for choosing mixed methods approach. Part 3 and Part 4 describe the research methods used in each sequential phase of the study, starting with the baseline questionnaire, online experimental intervention, and post-interventions interviews. Part 5 looks at ethical considerations for both quantitative and qualitative phases of the study. Finally, in Part 6 the research is explored reflectively.

2.1.1 Research Aims

The main aim of this research is to develop and investigate the usefulness of an internet based positive body image intervention for women, which incorporates feminist ideas and media literacy. A gap in the literature, which has overlooked the importance of positive body image has been highlighted. Thus, interventions targeted at enhancing and promoting positive body image are deemed to be potentially useful to reduce body dissatisfaction, body anxiety, and to increase body appreciation. The development of the intervention was based on existing protocols to enhance positive body image but it also focused specifically on feminist theories and media literacy as those have shown promising results in previous studies (e.g. McVey *et al.* 2010; Peterson *et al.* 2006; Yamamiya *et al.* 2005).

2.1.2 Research Stages

This study included ten successive stages, which are summarised as follows:

1. Desk research, planning and design of the intervention

2. Ethical approval
3. Piloting
4. Quantitative measures: Phase 1 screening questionnaire and Phase 2 online intervention post questionnaires
5. Quantitative analysis to determine impact of online intervention; followed by selection of four participants for semi-structured interviews
6. Qualitative measures: Phase 3 semi-structured audio-recorded interviews
7. Transcription and thematic analysis of interview transcripts
8. Mixing of the data, to integrate quantitative and qualitative findings
9. Discussion of findings, limitations, implications, suggestions for future research
10. Development of evidence-based recommendations for theory, policy and practice.

2.1.3 Research Hypotheses

The following hypotheses were developed to evaluate effectiveness of the pre-post intervention on study outcomes, based on previous theories and research findings:

1. 'Our Bodies' intervention would decrease body dissatisfaction, relative to baseline.
2. 'Our Bodies' intervention would increase body appreciation, relative to baseline.
3. 'Our Bodies' intervention would decrease body anxiety, relative to baseline.

2.1.4 Research Questions

To address gaps in the literature identified in chapter 1, four research questions were formulated:

1. Does the incorporation of feminist ideas and elements of positive body image in an internet-based intervention change levels of body image dissatisfaction, anxiety and body appreciation in a non-clinical sample of women?
2. Will participants find this intervention helpful and user-friendly?
3. Will participants report any changes to their body image?
4. Will participants recommend the intervention for other women?

2.2 Consideration for the development of the intervention

The Medical Research Council (MRC) published a framework for developing and evaluating complex interventions (Craig *et al.,* 2008). It postulates that the development of interventions should be systematic, evidence based and follow four key elements. Firstly, the development stage needs to focus on finding an evidence base and identifying or developing theories, followed by modelling of the process and possible outcomes. In the second feasibility/piloting stage researchers need to consider testing procedures, estimate recruitment, and determine sample size. In the evaluation stage they must assess effectiveness and cost-effectiveness of the intervention, along with understanding the change process. Finally, the implementation stage involves dissemination, surveillance/monitoring and long term follow-up (Craig *et al.,* 2008). It is beneficial to follow a model for the development of intervention as this enhances the study design and makes the study more rigorous. Hence the present intervention has been developed following the MRC framework.

More recently Bleijenberg and colleagues have developed a more comprehensive approach based on the MRC framework to enhance the development phase by combining it with elements from other existing models (Bleijenberg, Janneke, Trappenburg, Ettema, Sino, *et al.,* 2018). They argue that this would help intervention developers to produce an intervention that is effective and applicable in the context. They further note that using an intervention development framework helps to reduce 'research waste', which is estimated to be 85% of

research activity, which includes not paying attention to previous research results, selecting poor questions, insufficient reporting and poor descriptions of interventions (Ioannidis, Greenland, Hlatky, Khoury, Macleod, *et al.,* 2014). Bleijenberg *et al. (*2018) incorporated guidance such as the International Classification of Functioning framework (WHO, 2001), the Normalization Process Theory (May, Mair, Finch, MacFarlane, Dowrick, *et al.,* 2009), and a logic model to synthesize and describe the complex pathways within the intervention (Baxter, Blank, Woods, Payne, Rimmer, & Goyder, 2014). The benefits of them using a number of different approaches to enhance the MRC framework is that it makes it more comprehensive and it strengthens the internal and external validity of the methodology, which further minimises 'research waste'.

In addition to the MRC there are number of different frameworks for intervention planning, design and evaluation, some of which are based on the MRC framework. For example, the Theoretical Domains Framework (TDF; Michie, Johnston, Abraham, Lawton, Parker, & Walker, 2005) draws on guidance from the MRC framework and builds on other published methods for theory informed intervention development. French and colleagues argue that the TDF enhances the MRC framework because it gives a more detailed guidance about designing an implementation intervention (French, Green, O'Connor, McKenzie, Francis, *et al.,* 2012). The TDF uses a four-step approach to design the most appropriate intervention. The steps are identification of the problem, assessment of the problem, formulation of possible solutions, and finally evaluation of the selected intervention, including how the behavioural change will be measured. French *et al.* (2012) argued that their approach offers a comprehensive framework from design to implementation of interventions because it covers a broad range of potential change pathways. However, there is an element of subjectivity in the way interventions are designed, because research evidence and feasibility information have to be combined by the researchers. They argued that further empirical work is required to test the TDF.

Unlike the TDF framework the NICE guidance to research design is much simpler, as the guidance incorporates three phases: planning, delivery and evaluation (NICE, 2007). However, Aro and Absetz (2009) argued that this system is overly simple as it is not split into recommendations that are distinct to the phases. They highlight two other frameworks which are more detailed to help with intervention planning, namely intervention mapping (IM; Bartholomew, Parcel, Kok, & Gottlieb, 2001) and the Reach, Efficacy/Adoption, Implementation, Maintenance (RE-AIM) framework (Glasgow, McKay, Piette, & Reynolds, 2001). Both of these provide detailed guidance for a number of different phases. IM has six phases and Re-AIM has four. Both of these frameworks have empirical evidence of their applicability and these can therefore enhance the NICE guidance as well as the MRC framework.

2.3 Methodological and epistemological considerations of the study

Mixed methods have become increasingly popular in social sciences and medical sciences, and involves combining (mixing) of both quantitative and qualitative research techniques (either sequentially or concurrently) in a single study to gain a more comprehensive understanding of the phenomenon under investigation, including greater breadth (via quantitative data) and depth (via qualitative data). Triangulation (mixing of data from multiple sources) also helps to validate the study findings by providing multiple sources of evidence (Creswell, Shope, Plano Clark, & Green, 2006, Foss & Ellefsen, 2002; Johnson, Onwuegbuzie & Turner, 2007; Sandelowski, 2000). Traditionally, intervention studies in psychology have been quantitative pre-post experimental designs (e.g. clinical trials) following the positivist natural sciences paradigm. However, researchers have become aware that quantitative data cannot always 'explain' the findings or reasons for success or failure of an intervention and its phenomenological impact upon the participants. Therefore, qualitative research has increasingly been incorporated into the design of

pre-post interventions to gather additional baseline background context and/or follow-up feedback on the intervention (Nastasi & Schensul, 2005).

Qualitative research is part of the interpretivist/constructivist paradigm, which is traditionally considered to be diametrically opposed to positivist quantitative research. More recently, researchers have developed the paradigm of 'Pragmatism' (Creswell, 2013; Creswell, Fetters, & Ivankova, 2004; Creswell, Plano Clark, Gutmann, & Hanson, 2003). The current pragmatic view is that the appropriate approach is the one that best answers the research question; and that researchers who align strictly with one research paradigm, over another, such as positivism or interpretivism, introduce researcher bias, which can limit what knowledge is created, and what is defined as valid knowledge, i.e. epistemology (Creswell, 2013; Creswell *et al.*, 2006; Driscoll, Appiah-Yeboah, Salib, & Rupert, 2007; Onwuegbuzie & Collins, 2007; Onwuegbuzie & Johnson, 2006; Onwuegbuzie & Leech, 2004). Pragmatists argue that researchers should not rigidly adhere to one methodology (e.g. positivism) over another (e.g. interpretivism), but acknowledge the advantages and disadvantages of both approaches. For example, positivist research which tends to be quantitative is perceived as more 'objective' and deductive (i.e. it tests existing theory, by developing hypotheses and testing them through collecting empirical data).

Positivist research emphasizes power imbalance between the 'expert' researcher and the passive 'subject' (participant), and aims to control all aspects of data collection, including confounding variables (of the context). Positivist research also aims to generate universal laws that can explain some phenomenon, regardless of individual or cultural differences among people. A strength of positivist quantitative research is that it tends to collect larger samples, than qualitative research, which increases generalisability of the results to the target population. Moreover, the data also tends to be analysed objectively using numerical calculations and statistical analysis, which is perceived as producing more 'scientific' evidence (Gelo, Braakmann, & Benetka, 2008).

In contrast, the qualitative interpretivist/constructionist approaches tend to believe that knowledge does not exist universally, but is subject to bias, and to time and situational constraints. Interpretivists endorse the importance of providing participants with a voice in research, and argue that all knowledge created through research is subjective, and at all times influenced by the assumptions and bias of the researcher. Social constructionists further believe that all knowledge is socially constructed, so there is no such thing as universal laws (Bryman, 1988). Qualitative research favours analysis of non-numerical data, including texts, interview transcripts, images, behaviour and analyses them using a variety of analytic methods, such as thematic analysis, grounded theory etc. (Gelo *et al.,* 2008). Qualitative approaches should not be considered similar to each other, as they are increasingly diverse, with complex analytic procedures and underlying assumptions and theory. For example, phenomenology, grounded theory, discourse analysis and narrative inquiry all differ significantly from each other.

In addition, qualitative research has strengths of producing large volumes of very detailed data, rich descriptions of people openly discussed views, beliefs, thoughts, feelings, attitudes, motivations, experiences, identification of barriers and facilitators, suggestions for improvements, etc. and provides valuable background context to any situation or research problem. The participants (if interviewed) have an active voice in the research, data tends to be collected in naturalistic settings (as opposed to an experimental laboratory), and is a very useful technique for exploring under-researched topics and groups, hence, it uses an inductive approach, whereby novel findings can be developed into an explanatory framework, i.e. theory (Creswell, 2013; Creswell *et al.,* 2003, 2004).

Notable limitations of qualitative research are its subjectivity. The researcher typically analyses the data, which can be biased depending on the researchers aims and assumptions (Creswell, 2013; Creswell *et al.,* 2003, 2004). Qualitative research is also restricted to smaller sample sizes, typically 1-30 participants for interviews, or 8-12 participants per focus group. This is because qualitative research produces

so much data, that it is extremely time-consuming to analyse it using computerised or manual techniques (Creswell, 2013). As qualitative findings are based on small, often non-random self-selected or purposive samples, the validity of qualitative findings can be questioned by policy makers (Creswell, 2013). Despite these limitations, a major strength of qualitative research is its ability to unearth novel findings, that the researcher/previous literature had not considered; and its ability to answer the 'how' and 'why' of some phenomenon. Therefore, it can be essential to developing theory (an explanatory framework for some phenomenon).

Pragmatists aim to combine the noted strengths of both qualitative and quantitative research techniques in one study, whilst acknowledging the limitations of both approaches (Creswell, 2013). Further the mixing of qualitative and quantitative data produces additional complexities. For example, qualitative and quantitative findings can be complementary or contradict one another. Qualitative findings can be used to inform the design of quantitative research and vice versa, and qualitative research can provide a useful feedback mechanism (e.g. participant feedback), which increases validity of the findings (Creswell, 2013). As a result of these benefits, the use of mixed methods research has increased in the mental health field recently, especially because there has been a drive for service users' involvement in research studies (Benoit, Westfall, Treloar, Phillips, & Jansson, 2007; Creswell *et al.,* 2004).

Table 2.1 (below) summarises when a mixed methods approach is appropriate for a study (Greene, Caracelli & Graham, 1989). For example, when researchers seek to expand a study's scope; to triangulate findings (i.e. to present or integrate evidence from multiple sources to increase validity of the findings); use qualitative or quantitative methods as formative research to inform subsequent phases of a study (in sequential designs). Discover novel findings, paradoxes and contradictions, which lead to new or reframed research questions, as participants reveal insights not considered by the researcher or previous theory or research, which can usefully inform theory and practice.

Table 2.1 *Purposes of a mixed-methods research*

Purposes	Rationales
1) Triangulation	Seeking convergence and corroboration of the findings from different methods
2) Complimentarity	Seeking elaboration, enhancement, illustration, and clarification of the findings from one method with those of the other method
3) Initiation	Discovering paradox and contradictions that lead to a re-framing of the research questions
4) Development	Using the findings from one method to help inform or develop the other method
5) Expansion	Seeking to expand the breadth and range of research by using different methods for different inquiry components

Note: From Greene et al. (1989, p. 259)

There are now variety of mixed methods designs for a researcher to choose from, including sequential designs (i.e., where one technique or stage follows another) and concurrent designs (where both techniques or stages are employed simultaneously) as shown in Table 2.2 (Creswell *et al.,* 2003). Sequential designs are far more common in published mixed methods research, due to the complexities of implementing concurrent mixed methods in practice. For this reason, the researcher chose to employ a sequential mixed methods design, specifically quantitative pre-post intervention questionnaire followed by qualitative interview feedback stage. The mixed methods approach chosen is thus dominant quantitative/minor qualitative.

Table 2.2 *Types of mixed-methods research*

Design type	Implementation	Priority	Stage of Integration	Theoretical perspectives
Sequential explanatory	Quantitative followed by qualitative	Usually quantitative; can be qualitative or equal	Interpretation phase	May be present
Sequential exploratory	Qualitative followed by quantitative	Usually qualitative; can be quantitative or equal	Interpretation phase	May be present
Sequential transformative	Quantitative followed by qualitative or vice versa	Quantitative, qualitative	Interpretation phase	Definitely present
Concurrent triangulation	Concurrent collection of quantitative and qualitative data	Preferably equal; can be quantitative or qualitative	Interpretation phase or analysis phase	May be present
Concurrent nested	Concurrent collection of quantitative and qualitative data	Quantitative or qualitative	Analysis phase	May be present
Concurrent transformative	Concurrent collection of quantitative and qualitative data	Quantitative, qualitative, or equal	Usually analysis phase; can be during interpretation phase	Definitely present

Note: Creswell et al. (2003, p. 179)

2.4 Rationale for combining quantitative and qualitative approaches

Having provided an overview of the strengths of qualitative, quantitative research and mixed methods, in general, this section justifies why a mixed methods approach was the most appropriate research approach for the present study. First, while the experimental pre-post intervention approach is considered the gold

standard research technique for evaluating the impact of interventions, whilst it can identify significant pre-post-intervention changes, it cannot always explain why those changes have occurred or how the intervention might be improved (Creswell *et al.,* 2003). The researcher can only make educated assumptions about these, unless they actually speak to the participants. To overcome this potential limitation of the online intervention, the researcher decided to interview a small sample of the intervention participants post-intervention, to gather feedback on what they perceived to be the strengths and weaknesses of the intervention for them, and their suggestions for improving the intervention for future clinical trials and practice.

Secondly, feminist researchers are keen to consider the voice of participants as active co-informants in the research, to overcome a traditional power-imbalance of 'passive subjects' – 'expert investigator' (e.g. DeVault, 1990; Fonow & Cook, 1991; Olsen, 1994; Wolf, 1996). Feminist researchers do not consider participants to be passive subjects, as they (particularly females and other marginalised/stigmatised groups) are experts in their experience and the phenomena that is being investigated (Fonow & Cook, 1991). Moreover, the present study is underpinned by feminist theory and research, hence it is appropriate to provide some of the participants with an active voice to discuss what aspects of the online study worked for them, and what might therefore work for other women, as well as what did not work and could be improved.

Body image disturbances are not only common but also very complex issues for women, and therefore giving four participants the means to express their individual experiences was essential. To interview selected women concerning their observations and impressions of this intervention allowed for a more varied picture to be drawn and additional inferences made for future developments. Experimental interventions alone do not represent individual experiences but rather generalize and summarise outcomes of a group. The mixed methods design has been postulated to offer both clinically salient statistical evidence and an interpretive inquiry, mutually complementing each other.

The philosophy underpinning the current study is pragmatic, considering mixed methods the most appropriate approach to test a new internet-based body image intervention for women with self-reported body image issues/dissatisfaction, which is considered normative (not necessarily pathological) for women today. This investigation is being conducted to determine what can help women to feel better about their bodies. The epistemological stance is focused on contributing an evidence-based intervention to this problem. The ontology of this research is to explore various factors of positive body image and feminism, and how those interact with body appreciation, body image anxiety and dissatisfaction, what being an objectified woman is like in today's beauty-obsessed and appearance-shaming society, and how to help women rise above these warped norms.

2.5 The Mixed Research Design

The present study employed a sequential mixed-methods pre-post within groups online intervention outcomes study design, whereby quantitative and qualitative data collection and analysis were chronologically undertaken and the findings integrated (mixed) to develop recommendations for policy and practice (Driscoll *et al.,* 2007; Sale, Lohfeld & Brazil, 2002). The sequential design involved three consecutive phases: Phase 1: collected baseline questionnaire data online to screen for eligible participants, and then measure their level of body dissatisfaction, body appreciation and body anxiety (dependent variables). After 24 hours, Phase 2 commenced: Participants received a link to an online psycho-educational intervention (an educational programme of 60-minutes duration), after which they immediately completed post-intervention questionnaire measures of body dissatisfaction, body appreciation and body anxiety to compare with baseline data. In Phase 3 four weeks later, follow-up semi-structured interviews were conducted with a sub-sample of the intervention participants to gather their feedback on the strengths and limitations of the online intervention.

The study design was within-groups only, as this is an initial trial of a newly designed intervention and further research would be needed to develop a more comprehensive study design, such as an RCT. There was no further follow-up for the quantitative sample, due to financial and time constrains of the current research project. A follow-up would have been useful to see if the changes measured are maintained over time. If they were it would point at the long term effectiveness of the 'Our Bodies' intervention. Usually a follow-up is conducted at 1 or 3-month post intervention, however this can also increase the attraction rate. Moreover, it is also possible that only participants that did well in the long term would agree to take part in such follow-up. Nevertheless, without a follow-up researchers cannot be certain of the maintenance of positive impact of an intervention. Therefore, it is important to note that both the lack of a control group and the lack of follow-up reduces the strength of the results of the present study. With this in mind, this study found promising trends allowing future research to expand upon this project and research it in a more rigorous way.

2.6 Rationale for Intervention Methods

In summary, the development of the current 'Our Bodies' intervention was informed by the MRC framework for complex interventions (Craig et al., 2008). In the development phase of the study relevant literature was identified and a number of studies were highlighted, which showed a gap in the evidence base on positive body image in that there was not much research with a focus on positive aspects of body image. In particular, a study by Heinicke *et al.* (2007) had a mixed methods design, which appeared feasible for the present study. Their design included a targeted internet delivered intervention with pre and post measures, as well as a qualitative assessment of the programme. The internet was chosen as mode of delivery due to its advantages in terms of recruitment as well as reducing shame and stigma surrounding the topic of women's body image. By reaching out to women online it was hoped that ease of access and anonymity would aid recruitment and reduce the

dropout rate. In addition, several previous studies in this area have shown that the internet is an acceptable mode of delivery for women (e.g. Taylor *et al.,* 2006).

The content, images and videos used in 'Our Bodies' intervention were chosen according to the descriptions of materials used in previous studies, e.g. feminism: Peterson *et al.,* (2006), media literacy: Coughlin and Kalodner (2006), and positive body image: Sanderson and Holloway (2003). Materials that most closely and adequately matched the materials described in these studies were chosen. No actual examples of previous materials used were seen as they were not included in the publications of the previous studies. It was decided that all images should be recent and clearly illustrate the items of the intervention (See 2.6.2 Quantitative Materials). After the materials were chosen they were piloted and tested for feasibility. The intervention was designed to be delivered as only one session in order to reduce the drop out rate. Moreover, researcher also considered previous studies that showed significant improvements after just one session (e.g. Peterson *et al.,* 2006). The three outcome measures were chosen to best capture different dimensions of body image, namely body dissatisfaction, body appreciation, and body dissatisfaction. The scales chosen were those used in the literature most commonly (See 2.6.2 Quantitative Materials). Recruitment methods were identified, and the sample size required was calculated (See 2.6.1 Participants and recruitment). The evaluation and implementation phases followed on from there.

2.6 Quantitative Research Methods

2.6.1 Participants and recruitment

Inclusion and Exclusion Criteria

The target population for this study is a non-clinical sample of women aged 18 years and above, who responded to a recruitment advert aimed at improving body image (Appendix A: Study Advert). Participants of any ethnicity, nationality, religious affiliation, educational level, and marital status could take part, as long as they were

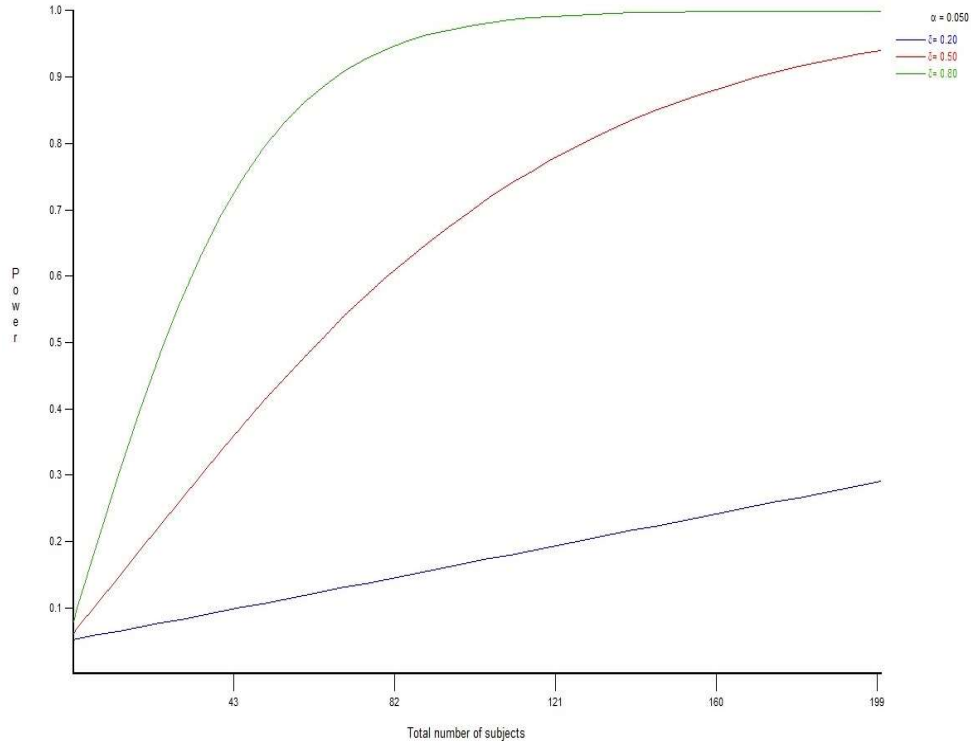
proficient in the English language as the intervention and all data collected was conducted in English.

The exclusion criteria were self-reported current treatment for depression, eating disorders or body dysmorphic disorder. The study aimed to recruit a non-clinical sample, because it is considered an initial trial to test the new intervention. Moreover, recruiting a clinical population would require additional ethical considerations and more safeguards would need to be in place to ensure no confounding variables were present. In order to exclude participants with depression, eating disorders or body dysmorphic disorder, screening questions were asked to identify those not suitable for the study.

Sample Size

The target sample size for the quantitative study was 80. G*Power 3 (Faul, Erdfelder, Lang, & Buchner, 2007) power analysis was conducted and it was calculated that with alpha=.05, 80 participants achieved 80% power (d = 0.8), meaning that the research would have an 80% chance of detecting a statistically significant result, if it exists in the intervention data. In addition, Optimal Design software (Raudenbush, Spybrook, Congdon, Liu, Martinez, *et al.*, 2011) was used to produce a graph to best determine the optimal sample size calculation (Figure 2.1). The assumptions made to produce the graph were alpha=.05, effect sizes small (.10), moderate (.30) and large (.50), power =.8. The graph shows that including only 50 people, we could detect a large effect, and 126 could detect a moderate one. There is evidence supporting the large effect of this type of intervention, therefore the final sample N=80 was considered the most appropriate.

Figure 2.1 *Optimal Design - Power vs Total number of subjects*



The initial recruited sample size was 98 females, of whom 95 were eligible to take part. Of these, a further 15 eligible participants did not complete the whole study, leaving 80 participants who had completed the intervention as well as pre- and post- measures giving totalling 84.21% response rate (Appendix B: Participant Flow Chart).

Recruitment

Participants were selected through completing the screening questionnaire (Appendix C: Questionnaire), to which an online link was emailed to those who responded to the Research Advert. Those eligible to take part in the study (i.e. female participants without current clinical diagnosis and/or treatment) were then sent the link to the study and screening questionnaire.

Sampling Strategy

This study used an opportunistic sample of women who had responded to the study advertisement, for which ethical approval had been obtained. The researcher liaised with the psychology department at London University and reached participants via posters placed both near the psychology research office as well as in the student cafeteria. Moreover, the researcher also registered the study on the SONA system that sends out new study alerts to its undergraduate students. In addition to London University, other online resources were also used such as local council forum sites (Dulwich and Waltham Forest) and Facebook groups for women (Gateway Women UK & Women Freebies UK).

2.6.2 Quantitative Materials

The intervention

The researcher developed a 60-minute psychoeducation session, which consisted of three sections: 1) feminist theory, 2) media literacy, 3) positive body image, and was set up on a new online platform with the domain 'ourbodies.org' (Appendix D: The Intervention). The 'Our Bodies' session was clearly outlined and presented using simple language, written tasks, images and videos in an attempt to make it interesting and interactive. In terms of the content, this intervention has been designed by combining structures and elements from studies presented in the literature review, which have been shown to be effective. One part of the intervention introduced the term feminism and feminist theories of body image, along with relevant research findings. Feminism section highlighted the harmful effects of beauty practices, both today and in the past, (e.g. foot binding, corsets, dangerous dieting) and argued against the societal standards women face, instead fostering the empowerment of women. The media literacy section encompassed the negative view of the media's beauty ideal presentation pointing at the unrealistic effect of airbrushing, and finally presenting more positive images, such as plus size models

and older models. Finally, the positive body image section included tips and strategies for healthy eating and active living. It also incorporated elements of seeing one's body in functionality terms as well as identifying individual beauty. Table 2.3 below presents the intervention outline.

Table 2.3 *'Our Bodies' Intervention Outline*

SECTION	TOPICS
Section 1: Feminism	• Definition of Feminism • Feminist theories of body image • Research findings • Video • Women's movement images and poem
Section 2: Media Literacy	• Media and Body Image relationship • History of women in the media • Images – Before and after • There is another way – Positive Images
Section 3: Positive Body Image	• What is Positive Body Image? • 'Your Body' Exercise • Strategies for Healthy Eating and Active Living • Stress Management Techniques

Measures:

Three standardized measurement scales were used to measure changes to body image concerns including 1) body dissatisfaction – measured by Photographic Figure Rating Scale (PFRS; Swami, Salem, Furnham, & Tovee, 2008); 2) body anxiety – measured by Social Physique Anxiety Scale (SPAS; Hart, Leary, & Rejeski,

1989); and 3) body appreciation – measured by Body Appreciation Scale (BAS; Avalos, Tylka, & Wood-Barcalow, 2005).

The Photographic Figure Rating Scale (PFRS; Swami, Salem, Furnham, & Tovee, 2008) consists of 10 photographs showing women's full clothed bodies in front-view presented in black and white. Photographed women's body sizes range from emaciated and underweight to overweight and obese, in a way that photo corresponding number 1 had the lowest BMI and photo corresponding number 10 had the highest BMI. Participants are asked to choose a number corresponding to the figure they consider (1) most physically attractive, (2) thinnest physically attractive, (3) largest physically attractive, and that (4) men of the same age would find most attractive. Body dissatisfaction is measured through discrepancy between (5) current body size and (6) ideal body size. The advantage of this scale is the visual aspect, and Swami *et al.* (2008) demonstrated this scale has high construct validity and test-retest reliability, when testing female participants after a three-week interval.

The 12-item Social Physique Anxiety Scale (SPAS; Hart, Leary, & Rejeski, 1989) is rated on a 5-point Likert type scale, where 1 = Not at all like me, 5 = Like me a lot, and measures how anxious participants feel when others observe or evaluate her/his body. An overall score is computed by taking the mean of all items and high scores indicate greater social-physique-anxiety. Example items include: "I wish I wasn't so uptight about my physique/figure", "When I look in the mirror I feel good about my physique/figure", as well as "When in a bathing suit, I often feel nervous about the shape of my body". Hart and colleagues (1989) have shown a high internal consistency (.90) of this scale.

The Body Appreciation Scale (BAS; Avalos, Tylka, & Wood-Barcalow, 2005) consists of 13 items measuring how much the respondents like, accept, respect and care for their own body. Responses are rated on a 5-point Likert type scale, where 1 = Never, 5 = Always. An overall score is computed by taking the mean of all items and high scores represent greater body appreciation. Example statements are: "I respect my body", "My self-worth is independent of my body shape or weight", and

"I do not allow unrealistically thin images of women presented in the media to affect my attitudes toward my body". This scale has demonstrated good test-retest reliability (.94) after a three-week interval, and unidimensional structure with a Western female sample (Avalos *et al.,* 2005).

The Demographic Data Questionnaire was developed by the researcher. It was designed to collect data about participants' age, gender, ethnicity, educational qualification/level, marital status, as well as screening questions on self-reported current treatment/diagnosis of depression, eating disorder, and body dysmorphic disorder.

2.6.3 Pilot Testing

The importance of conducting pilot studies has been highlighted by Van Teijlingen and Hundley (2002), to ensure the study design is feasible and sound, that the researcher and potential participants will understand all of the materials and procedures involved, and that there is an opportunity for the researcher to revise and refine any data collection materials, based on pilot feedback, to increase internal validity of the research. Pilot studies also help the researcher to assess the time required for participants to complete all aspects of the data collection.

To test the functionality and ease of use of the online intervention in this study, the researcher included a pilot stage. Three females (similar to potential participant's profile) were asked to take part in a trial of the online intervention, to provide feedback informing of any further changes needed to the recruitment materials, pre-post questionnaire, online intervention materials and follow-up schedule of interview questions, before the main participant recruitment and study phase. These three females represented a purposive sample of different educational backgrounds. They provided feedback that the intervention worked well, and only one phrase was noted as needing change from American English to British English. Pilot participants were also asked about the length of the study and the 24-hour delay between screening questionnaire and the intervention, followed by the post-questionnaire. The pilot participants reported that the time needed to complete the

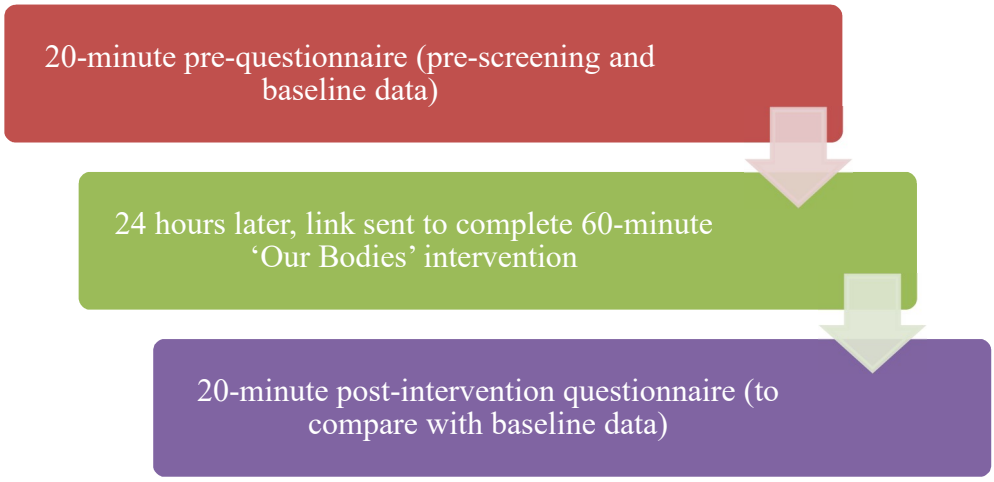
study was reasonable and favoured the 24-hour delay (to break up the data collection period, allowing breaks, and hopefully reduce the participant attrition rate). They also did not report any technical difficulties and importantly, they favoured the online delivery. This confirmed the research procedure and no further changes were made.

2.6.4 Quantitative Procedure

Participants interested in participating received an email with website link to the Survey Monkey online survey, including participant information sheet (Appendix E: Participant Information Sheet 1) electronically provide informed consent (Appendix F: Consent Form 1). The participants were asked to complete the pre-intervention questionnaire on Survey Monkey. Participants who did not meet the inclusion criteria were thanked for wanting to take part in the study and also given resources if they required more information or support (Appendix G: Information for excluded participants). Participants who met the inclusion criteria were emailed a link within 24 hours for the online intervention, presented on a newly online platform 'ourbodies.org', which they were asked to complete along with the post-questionnaire (link to Survey Monkey).

The online questionnaire took approximately 20 minutes to complete. The timescale of taking part in the study is represented in Figure 2.2 below. The online platform did not use timing measures, as this was not feasible due to the cost of advanced programming needed to follow individual participant online. However, participants could only proceed to the next page after they answered questions, which were saved on the server. In addition, participants also needed to get to the last page in order to enter their email address to take part in the raffle prize. After completing the study participants were emailed debrief information (Appendix H: Debrief Information 1). Participants who completed the quantitative part of the study were also entered into a raffle for three £50 Amazon vouchers and those prizes were then randomly selected from the entries.

Figure 2.2 *Study completion timescale*



Despite email invites and further email reminders 15 participants did not complete the intervention and the post-questionnaire. Meaning a total drop out of 15.79%. The non-responders did not differ significantly to the responders. Some did not respond to emails, others responded saying they were very busy and would complete the intervention at a later date. Finally, one participant responded that she felt it was too much to read and therefore she could not complete the intervention.

2.6.5 Quantitative Data Analysis

The intervention outcomes were evaluated using a parametric paired samples t-test, subject to the data being normally distributed for each of the three outcome measures. Normality testing was carried out prior to fulfil the assumptions of t-test. Statistical significance was defined as p <.05. The paired samples t-test tells us whether there has been a significant increase/decrease in each outcome measure, from Time 1 (baseline) to Time 2 (post-intervention). Effect scores will be manually calculated to determine the actual size of the pre-post change, using Cohen's (1988) classification of small, medium and large effect sizes as 0.2, 0.5, and

0.8, respectively. In clinical studies, often only a large effect size is deemed to show clinically significant improvements (Field, 2009). IBM SPSS version 23.0 (IBM, Released 2015) was used in this study to carry out all statistical analyses.

2.7 Qualitative Research Methods

The semi-structured interviews were carried out to determine if the intervention was helpful and user-friendly for the participants.

2.7.1 Participants and recruitment

Four intervention participants were selected from a sample of 20 participants who had agreed to be contacted for this part of the study to take part in subsequent semi-structured interviews, which were scheduled to take maximum a 45-minutes each. The researcher purposively chose to interview four participants who were of different academic backgrounds (similarly as the pilot stage), because it was deemed that these women would be able to give a more varied insight into what they found useful and indicate areas for improvement. This was to ensure that the intervention is accessible for different levels of education as was assumed during the piloting, where participants were also purposively chosen based on their education.

Semi-structured interviews were chosen to allow the participants to expand on their answers and to help the researcher explore themes as they arose during interview. The aim of the interviews was to gain a good understanding of participant's experience of 'Our Bodies' programme, hence the interview questions focused on the intervention and its elements. The participants were asked to reflect back on the intervention they received by answering questions about what they found most helpful and least helpful, and whether they would change anything (Appendix I: Interview Questions). Other questions asked about how clear the content was and how acceptable the online method of delivery was. The researcher was also interested in the participant's own view of what they found had changed about their

body image as a result, and finally whether they would recommend it to a friend. Appropriate probes were also used to prompt further information, e.g. “Can you tell me more?”, “Why did you like/dislike this section?”. The interviews were audio-recorded with participants’ permission and transcribed for further analysis, and a separate written interview consent form was sought before recording (Appendix F: Consent Form 2).

2.7.2 Qualitative Materials

For the qualitative stage the researcher prepared 8 interview questions with follow-up questions (Appendix I: Interview Questions). They were chosen to allow a non-leading discovery of participants’ experience of the ‘Our Bodies’ intervention. Moreover, two audio recorders were used along with a printed version of the online intervention. This prompt was in place to help participants to remember in more detail the elements of the intervention.

2.7.3 Setting

The qualitative part of the study took place in a rented counselling room in Hackney, London, so that comfort, accessibility, safety and confidentiality could be ensured for both the participant and the researcher. East London Counselling Rooms provide rooms to the highest standards, sound proof walls, and alarms.

2.7.4 Qualitative Procedure

At the end of the online study participants were asked if they would give consent to be contacted regarding taking part in an interview about their experience of the online intervention (Appendix A: Study Advert 2). They were informed that participation in the interview is voluntary and that it would not impact their likelihood of winning the raffle prize. Additionally, they would be reimbursed (£10 Amazon voucher each) for their travel and interview time. From the total number of participants who completed the intervention and the post-questionnaire, 20 agreed to be interviewed about their experience of the intervention. The researcher selected four participants using purposive sampling to include all four levels of education:

Secondary school, High school/college, Undergraduate degree, and Postgraduate degree.

The four chosen participants were subsequently contacted by email and invited to arrange an interview date and time. They also received a study information sheet, which included detailed information about the format of this stage of the study and the reimbursement for their time (Appendix E: Participant Information Sheet 2). All four participants responded agreeing to take part in the interview which took place within the next two weeks. After meeting the researcher for the interview participants received a consent form to sign agreeing to take part and to have their interviews recorded (Appendix F: Consent Form 2). The interviews lasted approximately 30min and the interview questions consisted of both open and closed questions as well as a rating scale. Afterwards participants were debriefed and given the debrief information sheet to take with them (Appendix H: Debrief Information 2).

2.7.5 Qualitative Data Analysis

Thematic Analysis (TA) was used to analyse the interview transcripts. Braun and Clarke (2006) call thematic analysis a foundational method for qualitative research analysis, and as such a method that can identify, analyse and report themes within data. The aim of such analysis is to organize and describe qualitative data in rich detail. Moreover, thematic analysis enables an interpretation of various aspects of the research topic. Thematic analysis can be applied across a range of theoretical and epistemological approaches, because its steps are essentially independent of theory and epistemology. Braun and Clarke (2006) list the benefits of thematic analysis as flexibility and theoretical freedom, and therefore lending itself being a useful research tool. This approach positions participants as collaborators, and can therefore be a great tool when producing qualitative data to inform policy development. With the right in-depth analysis detailed and complex set of data can be produced.

The researcher transcribed the interviews within two weeks, which helped to facilitate familiarisation with the material. Furthermore, the researcher re-read

each transcript twice, generating some ideas about points which were raised by the participants. At this stage of analysis, the researcher followed six steps described in detail by Miles and Huberman (1994). Those are: (1) coding from notes/observations/interviews; (2) insights of recordings and reflections on the data; (3) data sorting by identifying patterns and themes; (4) identifying commonalities as well as differences; (5) deciding on generalizations that would be rue for all data; (6) examining those alongside existing knowledge. Finally, before deeming the qualitative analysis complete the researcher followed the 15-point checklist listed as criteria for good thematic analysis (Braun & Clarke, 2006) to ensure all necessary steps were taken to achieve high quality qualitative data. The most important points were: transcribing with appropriate level of detail; themes are coherent and consistent; researcher in an active position in the research process.

2.8 Ethical Considerations

Ethical approval was sought and given by City University's Ethics Committee (Appendix J: Ethics Form). Participants read the online consent form before participating in the study and selected a tick box that they agreed to take part (Appendix F: Consent Form 1). Whereas, the participants selected to take part in the interview stage of the study signed their consent form in person before the interview (Appendix F: Consent Form 2).

In case of any concerns participants were able to contact the researcher and supervisor via the email address provided. In such instances the participant would have been signposted to university counselling or other counselling service for further help. The debriefing sheet included contact details for various services including student counselling, Mind and Women's Services (Appendix H: Debrief Information 1& 2). The same contacts were given to potential participants that did not meet the inclusion criteria to ensure they are given information and support in

case the screening questionnaire or the rejection to take part in the study had upset them (Appendix G: Information for excluded participants).

No deception was used and participants were informed about what would happen with their data including their right to withdraw at any time. Both qualitative and quantitative participants were given the participant information sheet (Appendix E: Participant Information Sheet 1 & 2), which explained the purpose and plan of the study, and they were also given informed consent forms (Appendix F: Consent Form 1 & 2).

There was a low risk for the participants regarding the sensitive nature of the topic of body image. However, the anonymity (only email address given) of the online intervention was expected to ease the participation in this study. Moreover, the data was being kept safe and any identifying information was kept separate. In order to address these a full risk assessment (Appendix K: Risk Assessment Form) has been conducted according to BPS research ethics (British Psychological Society, 2006). There were no expected health and safety risks for the researcher in the first phase of the study, since the study was conducted online. In terms of the second stage of the study, the interviews were conducted in a rented counselling room in Hackney, London and a full risk assessment was conducted in order to ensure safety of both the researcher and the participants.

2.9 The Reflexive Researcher

[redacted]

[redacted]

[redacted]

Chapter 3 - RESULTS

3.1 Analysis for the Quantitative Strand

3.1.1 Participants characteristics

A total number of 95 female participants initially participated in the online intervention and of the total 80 of them completed post-intervention measures. Participants' average age was 28 years (*M*=28.51, *SD*=7.21), which ranged from 18 to 47 years. In terms of ethnicity, the majority (71.3%) were White European, 12.5%

were Asian, 3.8% were African Caribbean, and 12.5% were of other ethnic backgrounds. The highest education level attained varied, with 5% of participants having completed secondary school, 30% completed high school/college, 32.5% completed an undergraduate degree, and 27.5% completed a postgraduate degree, and 5% of other education. The majority (51.2%) of participants were single, 28.7% were in a relationship, 16.3% were married, and 3.8% were separated or divorced. Table 3.1 shows demographic characteristics and of the study sample. There was not enough data to compare the 80 completers to the 15 non-completers due to missing data. It is also unclear why those participants did not complete the pre-measures or the online intervention. Possible reasons include lack of time, the intervention not seeming relevant, or perhaps technical difficulties.

Table 3.1 *Demographic Characteristics of the Study Sample (N = 80)*

Variable	Category	N	%
Age Group	18-19 years (Adult teens)	14	17.5
	20-29 years (20s)	31	38.8
	30-39 years (30s)	30	37.5
	40-49 years (40s)	5	6.3
Ethnicity	European White	57	71.3
	Asian	10	12.5
	African Caribbean	3	3.8
	Other	10	12.5
Education	Secondary school	4	5
	High school/college	24	30
	Undergraduate degree	26	32.5
	Postgraduate degree	22	27.5
	Other	4	5
Marital Status	Single	41	51.2
	In a relationship	23	28.7
	Married	13	16.3
	Separated/Divorced	3	3.8

3.1.2 Assumptions

Normal Distribution

A key assumption of the paired samples t-test is that continuous variables are normally distributed. With sample sizes of 30+, violation of this assumption is unlikely to cause any serious problems (Pallant, 2005). If the assumption of normality is violated, a Wilcoxon signed ranks test is the non-parametric alternative, which could be performed on the data to assess pre-post change. It is assumed that the target population from which the sample is recruited is normally distributed (Pallant, 2005). In much social science research, scores on the dependent variable are not normally distributed. With sample sizes ≥30, the violation of normality should not be problematic (Gravetter & Wallnau, 2000; Stevens, 1996).

The distribution of the study groups was checked using frequency histograms (Tabachnick & Fidell, 2001), as well as skewness and kurtosis calculations. If skewness values are ≤ 1, and kurtosis values are ≤ 3, this indicates that the assumption of normal distribution has not been violated. Additionally, a rigorous Shapiro-Wilk's test of normality was performed. A normal distribution exists if the result is non-significant (i.e., $p>0.05$).

Within Subjects Groups

Each participant must provide both sets of scores at pre and post-test (Pallant, 2005).

Continuous Dependent Variable

The dependent variable data must be at the interval or ratio level, using a continuous scale measured at pre and post-test (Pallant, 2005).

Random Sample

Scores should be collected from a random sample of the target population. However, random sampling is rarely conducted in real-world research (Pallant, 2005) due to difficulty in gaining equal access to the whole study population, and therefore an equal chance of random selection.

Independence of Observations

Participants should be independent of one another, i.e., their behaviour during the intervention should not influence one another (Stevens, 1996). In this study, participants took part in the online intervention independently, so they could not influence each other (as in a group). Hence, all observations were independent (Pallant, 2005).

3.1.2.1 Outliers

Boxplots were produced for the pre and post-intervention continuous variables (see Figure 3.1 to Figure 3.4). Visual examination of boxplots for each continuous variable revealed that four of the six variables showed two to four outliers. The researcher decided to retain participants' original raw scores, and not replace them with mean values for each distribution, as these are participants' real responses pre and post-intervention. Moreover, the few outliers present are not technically extreme scores, as they are still within the scale ranges, i.e. 0-4 for PFRS Body Dissatisfaction and 1-5 for Body Appreciation Scale.

Figure 3.1 *Box plot showing pre-intervention PFRS Body Dissatisfaction scores*

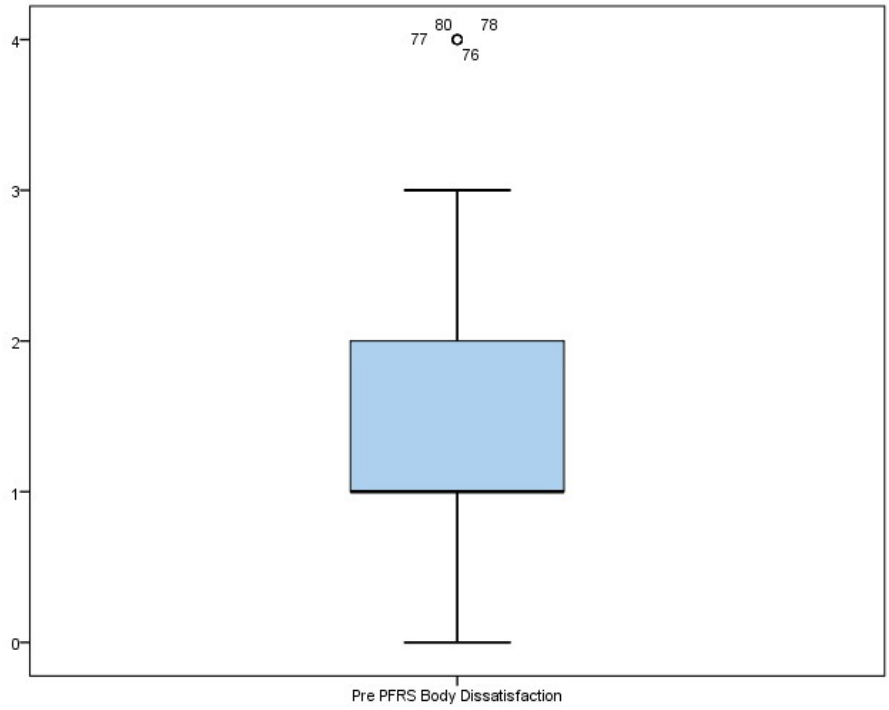


Figure 3.2 *Box plot showing post-intervention PFRS Body Dissatisfaction scores*

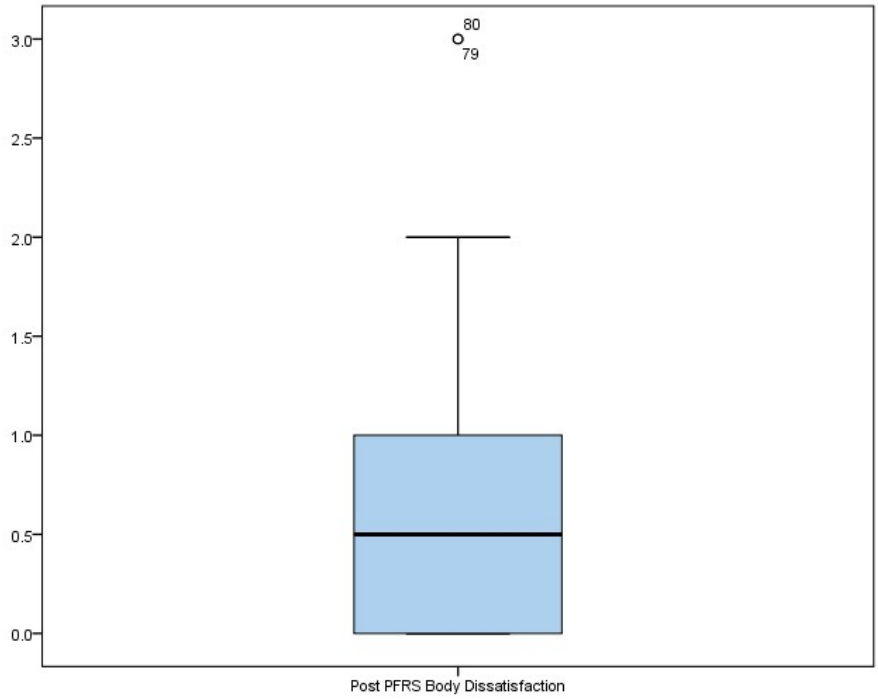


Figure 3.3 *Box plot showing pre-intervention Body Appreciation Scale scores*

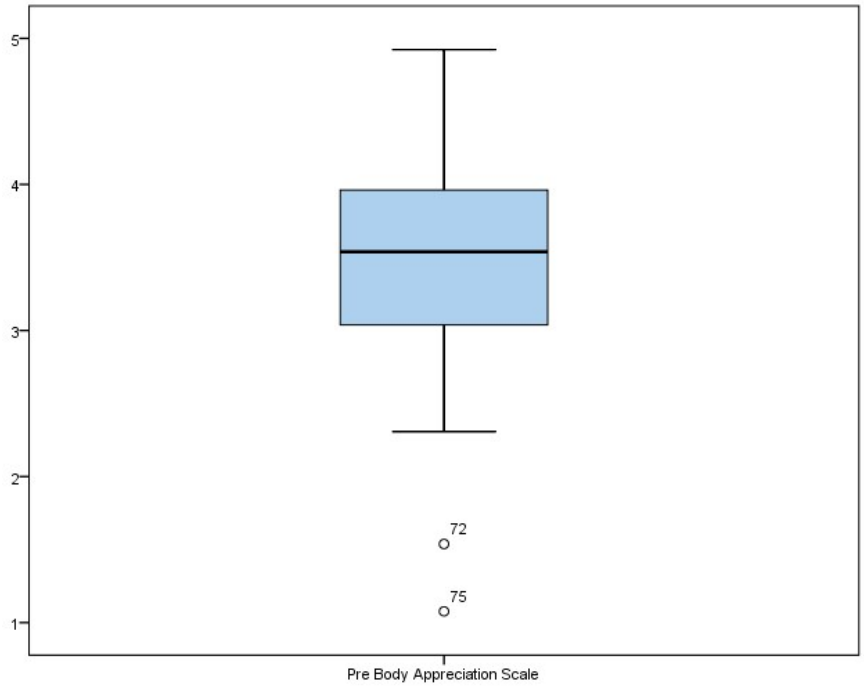
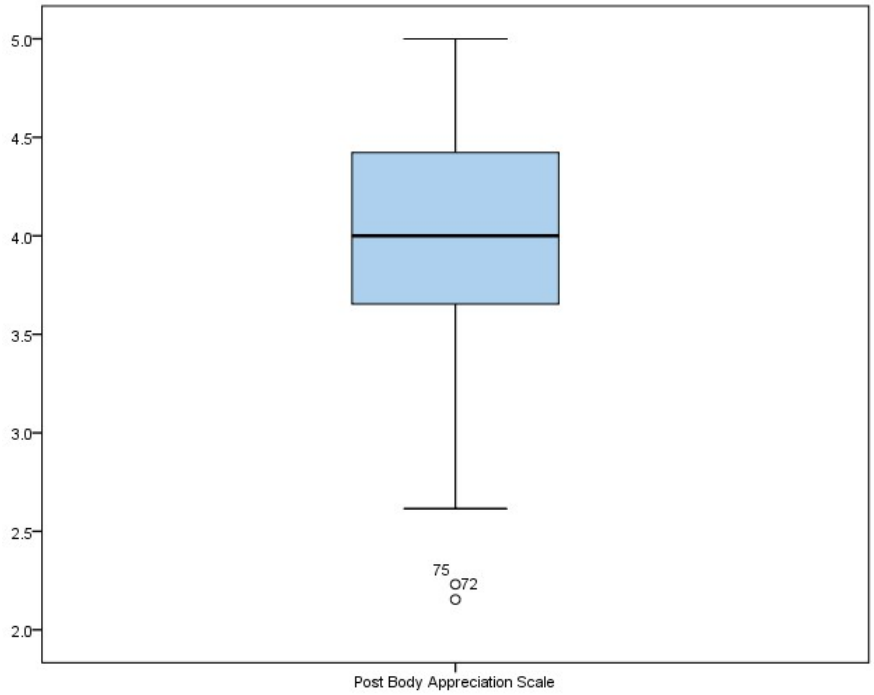


Figure 3.4 *Box plot showing post-intervention Body Appreciation Scale scores*



3.1.2.2 The Assumption of Normality

Skewness and kurtosis statistics for each pre-intervention and post-intervention continuous variable were below 1 and below 3, respectively, which meets the assumption for normal distribution (see Table 3.2). The Shapiro Wilks tests of normality (see Table 3.3) revealed that the PFRS Body Dissatisfaction pre-intervention ($p < 0.05$) and post-intervention ($p < 0.05$) data were significant, indicating non-normal distributions. The pre-Body Appreciation Scale data were normally distributed (non-significant). However, the post- Body Appreciation Scale data violated the normal distribution ($p < 0.05$). The pre and post-intervention Social Physique Anxiety Scale data were non-significant, indicating normal distributions. Hence, three of the six variables were normally distributed and three violated this assumption. Visual examination of the six histograms shows varying degrees of positive and negative skewness (see Figure 3.5 to Figure 3.10). As different tests of normality produce conflicting normality test results, the researcher used the skewness and kurtosis criteria to determine that the data are reasonably normally distributed, and therefore appropriate to use a parametric paired samples t-test (Field, 2009).

Table 3.2 *Univariate skewness and kurtosis scores for all continuous variables*

	N	Skewness		Kurtosis	
Variables	Statistic	Statistic	Std. Error	Statistic	Std. Error
Pre PFRS Body Dissatisfaction	80	**.955**	.269	**.968**	.532
Post PFRS Body Dissatisfaction	80	**.895**	.269	**-.058**	.532
Pre Body Appreciation	80	**-.576**	.269	**.978**	.532
Post Body Appreciation	80	**-.732**	.269	**.638**	.532
Pre Social Physique Anxiety	80	**.163**	.269	**-.909**	.532
Post Social Physique Anxiety	80	**.317**	.269	**-.446**	.532

Table 3.3 *The Shapiro Wilk test of normality*

	Shapiro-Wilk		
	Statistic	df	Sig.
Pre PFRS Body Dissatisfaction	.838	80	.000
Post PFRS Body Dissatisfaction	.776	80	.000
Pre Body Appreciation Scale	.975	80	.123
Post Body Appreciation Scale	.960	80	.013
Pre Social Physique Anxiety Scale	.971	80	.070
Post Social Physique Anxiety Scale	.976	80	.131

Figure 3.5 *Frequency distribution of pre-intervention PFRS Body Dissatisfaction scores*

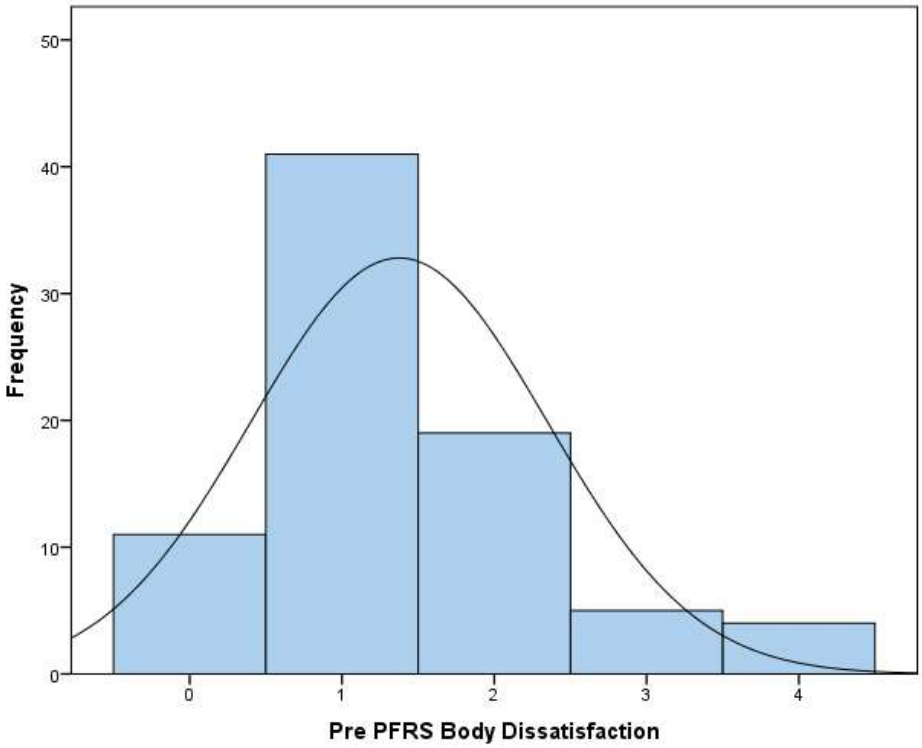


Figure 3.6 *Frequency distribution of post-intervention PFRS Body Dissatisfaction scores*

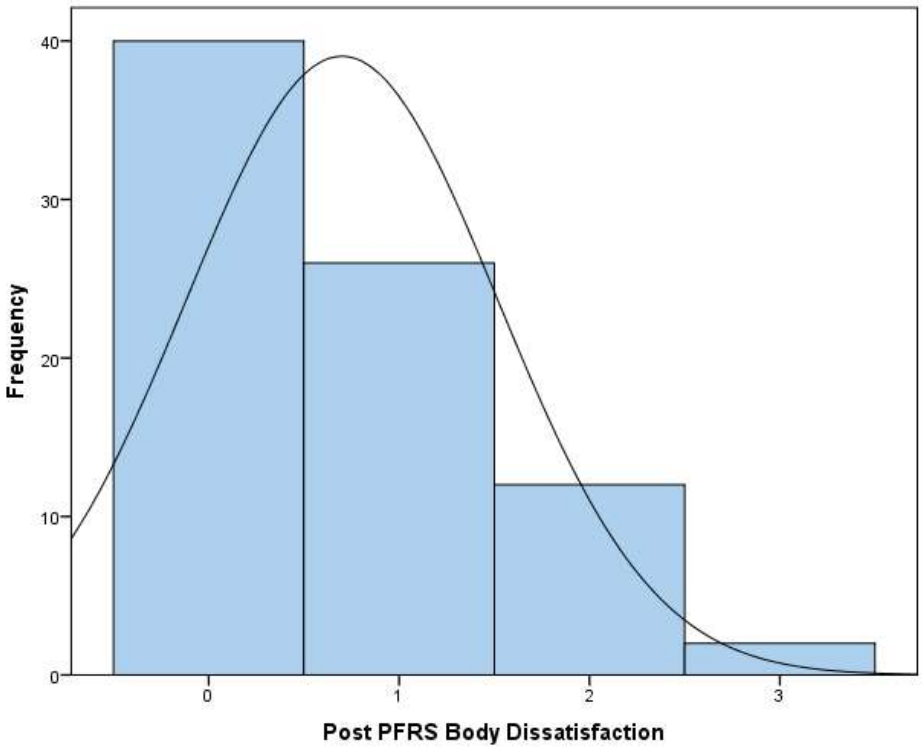


Figure 3.7 *Frequency distribution of pre-intervention Body Appreciation Scale scores*

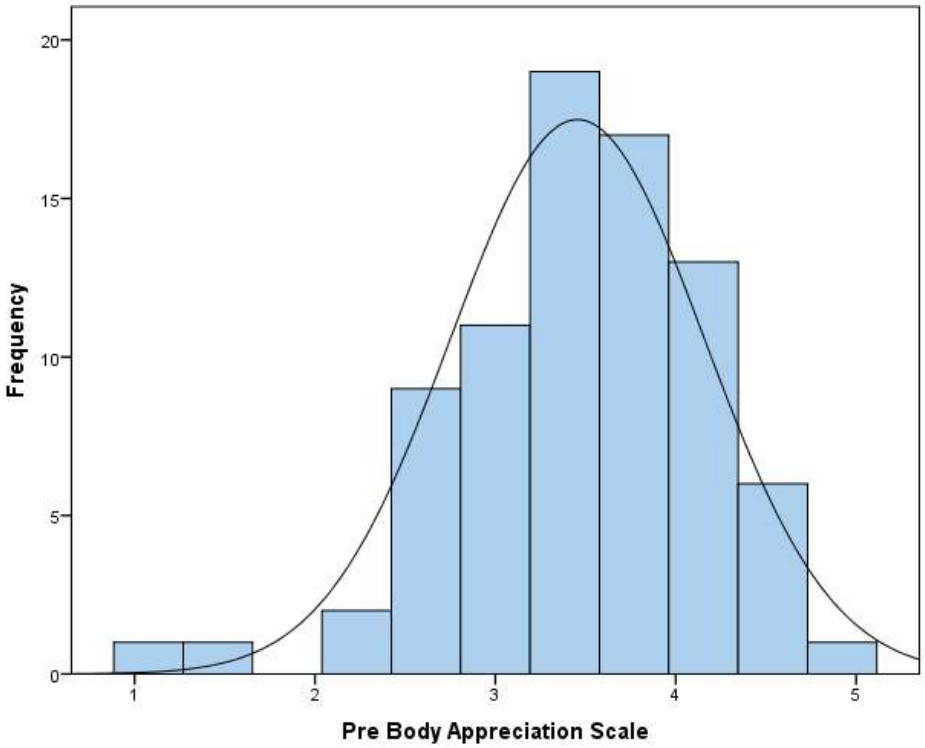


Figure 3.8 *Frequency distribution of post-intervention Body Appreciation Scale scores*

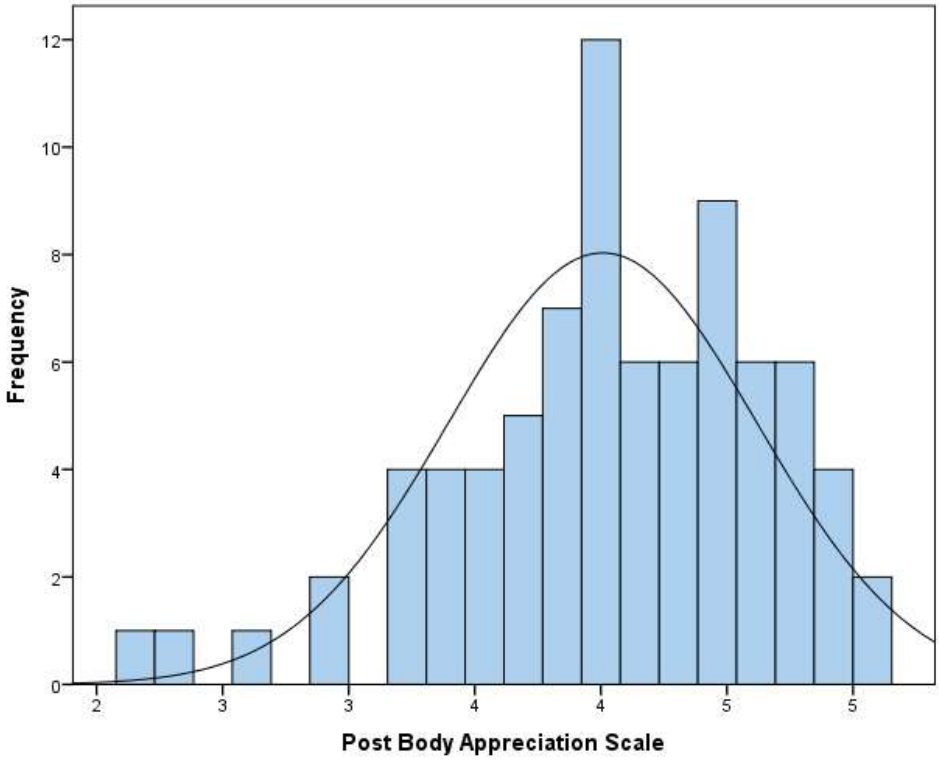


Figure 3.9 *Frequency distribution of pre-intervention Social Physique Anxiety Scale scores*

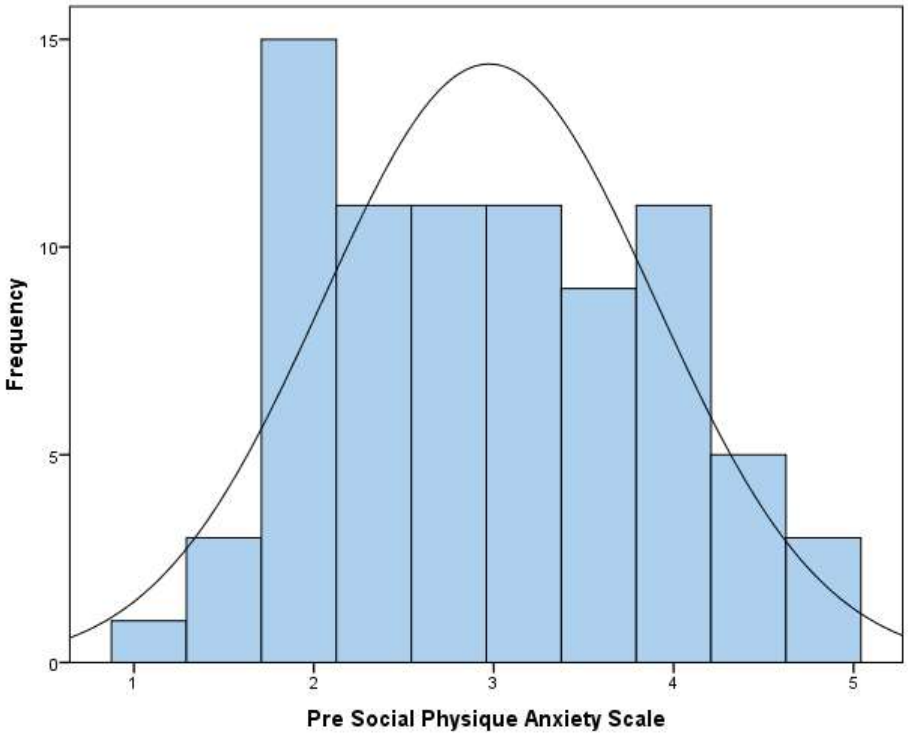
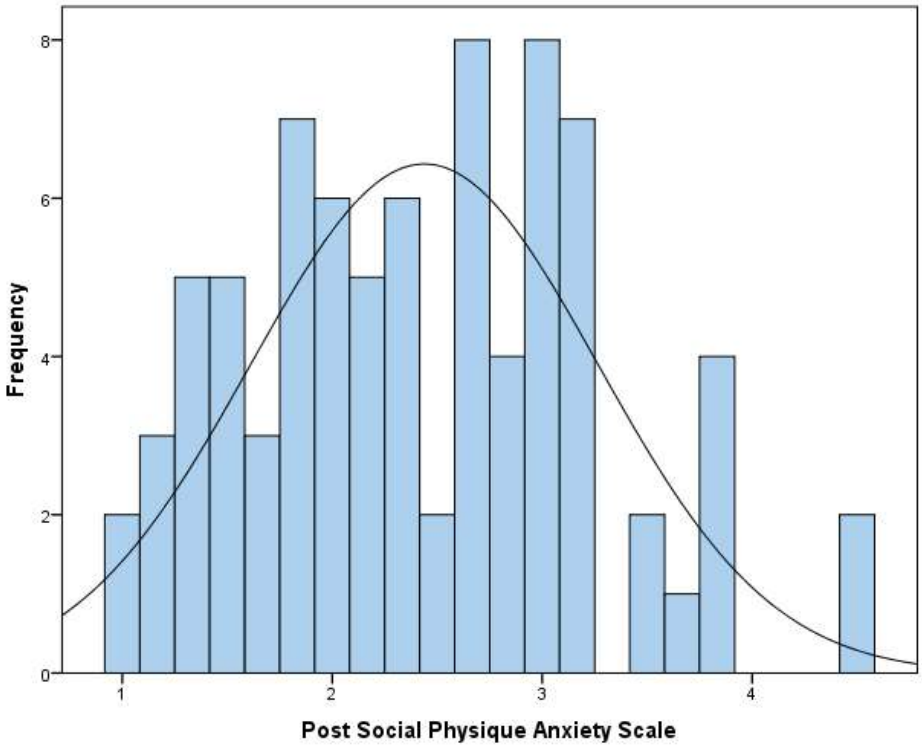


Figure 3.10 *Frequency distribution of post-intervention Social Physique Anxiety Scale scores*



3.1.3 Inter-correlations Testing

The researcher examined inter-correlations between demographics (age, ethnicity, education level, and marital status) and outcome variables (See Table 3.4). Results showed no significant associations between the four demographics and the outcome variables, as measured as the difference between the post and pre measures of each construct. Thus, there is no need to consider them as covariates in a potential multiple regression model.

Table 3.4 *Inter-correlations between pre-post difference and demographics*

Measures pre-post difference	age	ethnicity	education	marital
Body Dissatisfaction	-0.054	-0.053	-0.043	-0.107
Body Appreciation	0.143	0.163	0.101	-0.035
Body Anxiety	-0.06	-0.062	-0.037	0.012

Note: Age analysed with Pearson's r and others with Kendall's tau.

3.1.4 Bonferroni Correction

A Bonferroni correction (with the criterion for significance being adjusted to p = .05 / 3 =.017) was applied to account for an increased type I error rate resulting from the fact that three t-tests were performed. Usually, a test is said to be significant if its value is significant at $p < .05$. However, when more than one test is conducted (in this case three) the probability level has to be adjusted for the number of tests done, because the chance of saying something is significant when it is not is increased by .05 x the number of tests (in this case across all three t-tests p = .15 rather than .05) (Bland & Altman, 1995; Neyman & Pearson, 1928). A Bonferroni test controls for this by dividing .05 by the number of tests done. This means that the p = .05 divided by 3 = .017. Thus, with a Bonferroni correction, instead of adopting .05 as a criterion for significance, the researcher has adopted .017 as the criterion. All of the three t-tests are significant with p <. 001 (see 3.1.5 Hypothesis Testing).

3.1.5 Hypothesis Testing

Hypotheses 1 to 3 were evaluated using paired samples t-tests after ensuring all five assumptions of the t-test were met. This analytical technique was used because of the within-subject design (the same participants measured twice) meaning that the dependent (paired) samples t-test applies. Level of significance has been adjusted to alpha=.017. Table 3.5 shows the descriptive statistics of the pre and post-intervention variables, and Table 3.6 shows the paired samples t-test results.

Table 3.5 *Descriptive statistics for pre and post-intervention study variables*

Variables	N	Mean	SD
Pre PFRS Body Dissatisfaction	80	1.38	0.973
Post PFRS Body Dissatisfaction	80	0.70	0.818
Pre Body Appreciation Scale	80	3.45	0.702
Post Body Appreciation Scale	80	4.01	0.611
Pre Social Physique Anxiety Scale	80	2.97	0.923
Post Social Physique Anxiety Scale	80	2.44	0.827

Table 3.6 *Paired Samples t-test results*

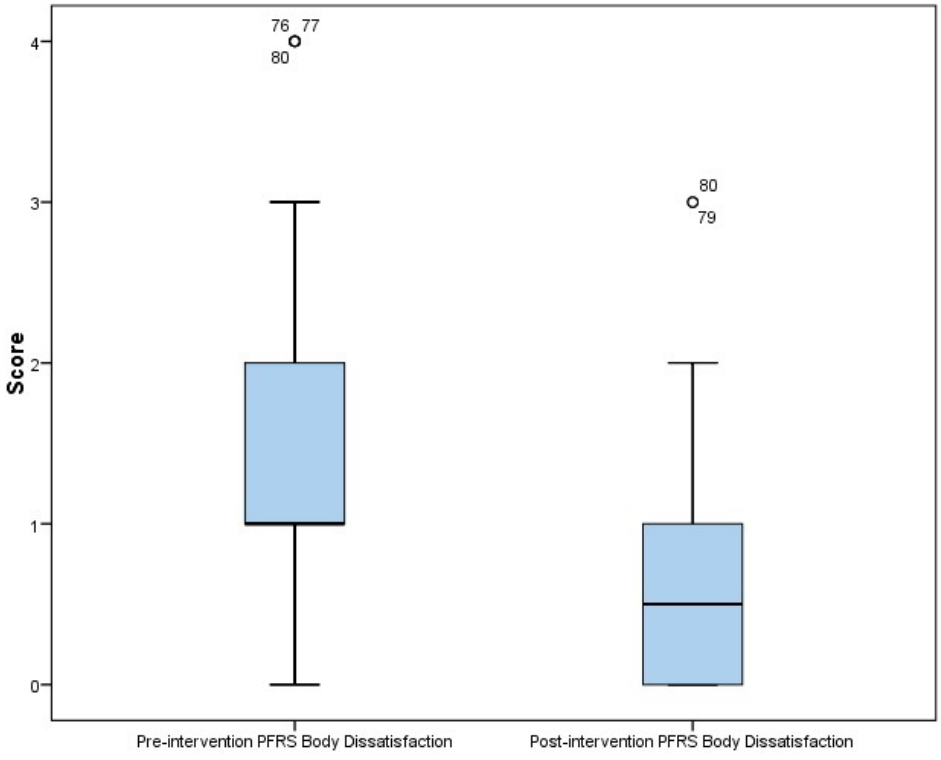
	Variables	Time	Mean	SD	Pre-Post Mean Difference	*t*-value	*p*-value	*Overall SD*	*Effect size*
H1: Pair 1	PFRS Body Dissatisfaction	Pre	1.38	.973	.675	9.55	.001	.958	.7
		Post	.700	0.818					
H2: Pair 2	Body Appreciation	Pre	3.45	0.702	.552	11.46	.001	.712	.78
		Post	4.01	0.611					
H3: Pair 3	Social Physique Anxiety	Pre	2.97	0.923	.535	8.83	.001	.913	.58
		Post	2.44	0.827					

Note: Effect size = Pre-post mean difference / Overall SD

3.1.5.1 Hypothesis 1. 'Our Bodies' intervention will result in a decrease in body dissatisfaction.

A paired samples t-test was conducted to test Hypotheses 1. The dependent variable, PFRS Body Dissatisfaction score, was compared for time 1 (pre-intervention) and time 2 (post-intervention). There is evidence that the mean post-intervention PFRS score was significantly lower (*M*=.700 *SD*=0.818) than the pre-intervention PFRS score (*M*=1.38, *SD*=0.973), *t*(79)=9.55, *p*<.001). Furthermore, Cohen's effect size value (d = .7) represents a moderate to large effect size, according to Cohen (1988) benchmarks for this type of analysis (see Table 3.6). This suggests that the online intervention reduced participants' disparity between their ideal body size and their current body size, as shown in Figure 3.11 below.

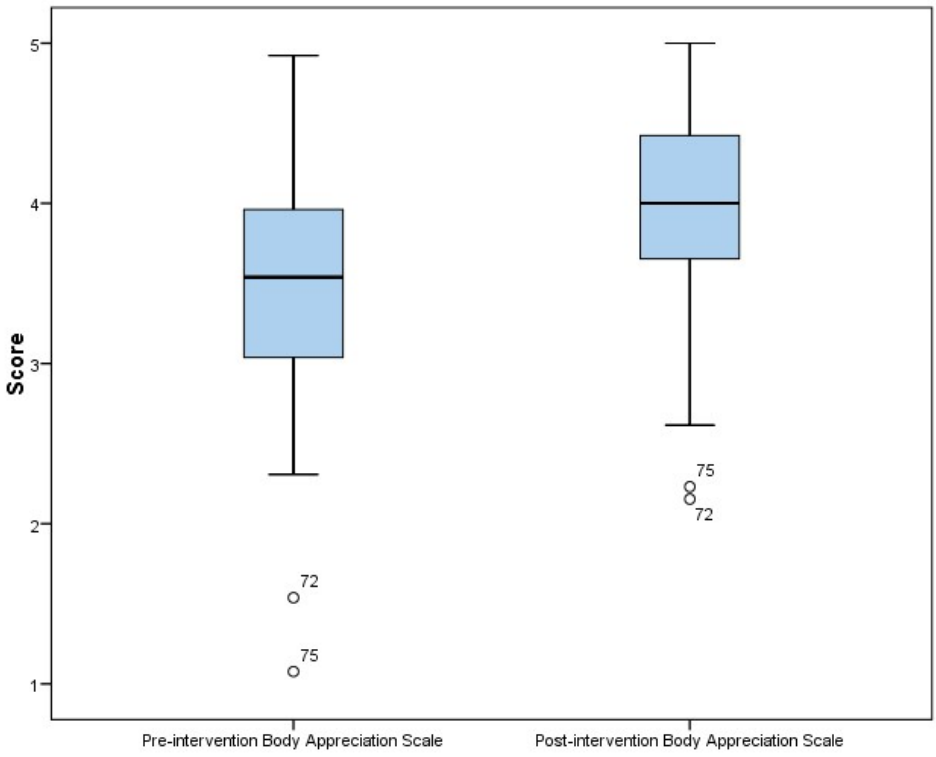
Figure 3.11 *Mean pre and post-intervention difference in PFRS score*



3.1.5.2 Hypothesis 2. 'Our Bodies' intervention will result in an increase in body appreciation.

A paired samples t-test was conducted to test Hypotheses 2. The dependent variable, Body Appreciation Scale score, was compared at time 1 (pre-intervention) and time 2 (post-intervention). The paired t-test found that mean post-intervention Body Appreciation Scale score (*M*=4.01, *SD*=0.611) was significantly higher than pre-intervention Body Appreciation Scale score (*M*=3.45, *SD*=0.702), *t*(79)=11.46, *p*<.001). Furthermore, Cohen's effect size value (d = .78) represents a large effect size. This suggests that the intervention increased participants' level of body appreciation (see Figure 3.12 below).

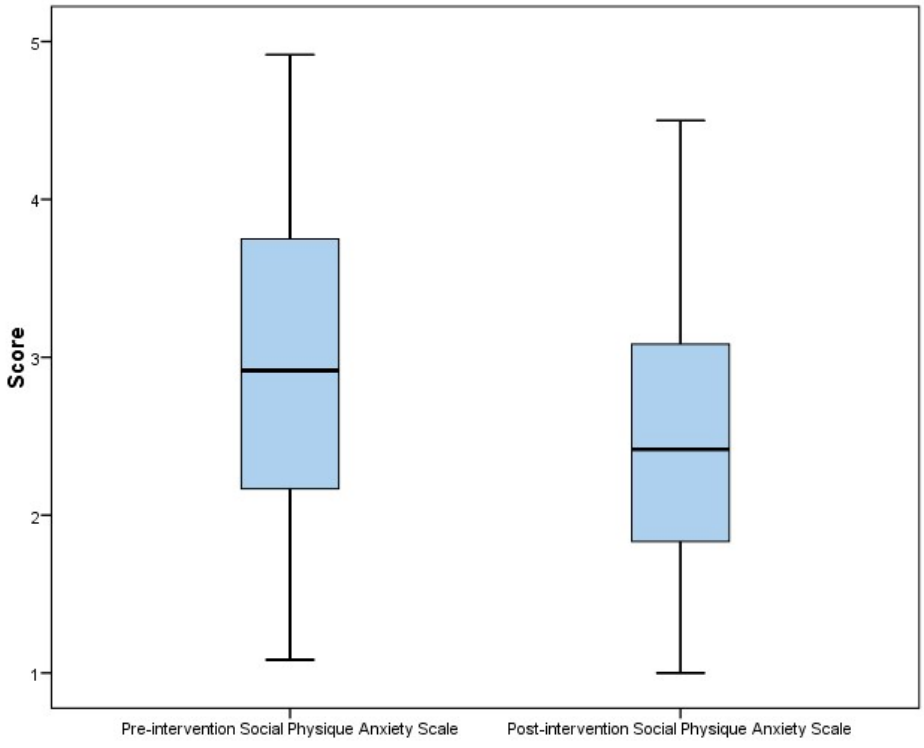
Figure 3.12 *Mean pre and post-intervention Body Appreciation Scale scores*



3.1.5.3 Hypothesis 3. 'Our Bodies' intervention will result in a decrease in body anxiety.

A paired samples t-test was conducted to test Hypotheses 3. The dependent variable of Social Physique Anxiety Scale score was compared at time 1 (pre-intervention) and time 2 (post-intervention). The paired t-test showed that the mean post-intervention Social Physique Anxiety Scale score (M=2.44, SD=0.827) was significantly lower than the pre-intervention Social Physique Anxiety Scale score (M=2.97, SD=0.923), t(79)=8.83, p<.001). Furthermore, Cohen's effect size value (d = .58) represents a moderate effect size. This suggests that the online intervention reduced participants' level of social physique anxiety (see Figure 3.13 below).

Figure 3.13 *Mean Pre-post Social Physique Anxiety Scale score*



3.2 Analysis for the Qualitative Strand

3.2.1 Participant characteristics

Four women were interviewed for the purpose of exploring their individual experiences and thoughts about the intervention. Participants for this part of the study were chosen to vary in their educational levels (Table 3.7 Demographic data).

Table 3.7 *Demographic data of the qualitative sample*

3.2.2 Identified themes

Asking the participants about the intervention and its format prompted them to go into detail and reflect on their personal experiences and observations about body image, feminism and the media. Four major themes were identified (Table 3.8 Thematic Coding).

Table 3.8 *Thematic coding*

Identified Themes	Identified Subthemes
Theme 1 – Focus on girls and teenagers	Subtheme – Recommending intervention for young girls
	Subtheme – Recollections of own teenage selves
Theme 2 – Media influence and literacy	Subtheme – Media's Constructed Beauty Ideal
	Subtheme – Say No to Ageism, Embrace Older Women
Theme 3 – Positive impacts of the intervention	Subtheme – Intervention Clarified What Feminism Really Is
	Subtheme – Positive Images of Women
	Subtheme – Body Exercise Section: Difficult, but rewarding
	Subtheme – Focus on Healthy Lifestyle and Nutrition
	Subtheme – Online Delivery
Theme 4 – Recommendations	Subtheme – Content and length
	Subtheme – Layout and images
	Subtheme – Follow-up
	Subtheme – Men and body image

3.2.3 Theme 1 – Focus on girls and teenagers

This theme focused on experiences of body image concerns of girls and teenagers as well as what might have shaped these. Two subthemes emerged: 1) recommending intervention for young girls and 2) recollections of own teenage selves.

3.2.3.1 Subtheme – Recommending intervention for young girls

All four participants expressed their concern over the consequences of society's pressures of women's appearance, and the impact that this had on their teenage selves. They would recommend the intervention 'especially to young girls' [redacted], who they felt would benefit from being exposed to more positive body image and feminist ideas.

[redacted]

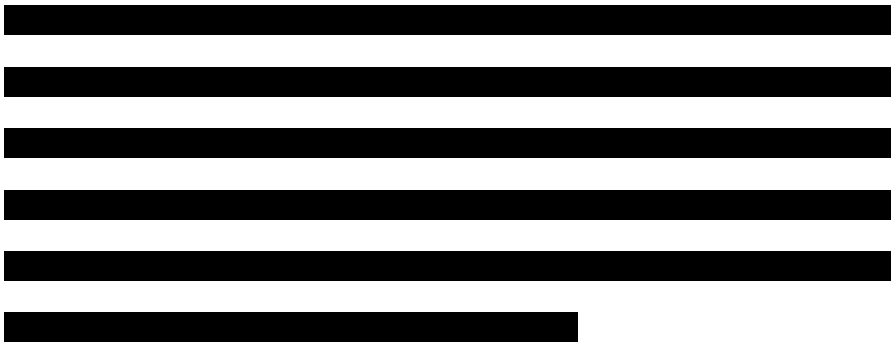
Participants described the online intervention as very worthwhile, and particularly suitable for young girls, who are used to being online, so it would be convenient and accessible for them. One participant stated that due to girls' use of social media (e.g. Facebook, Instagram), they need this kind of support:

[redacted]

Participants were worried by the TED talk video, as they learned how much body image issues affect young girls. For instance, that some girls would not attend an

exam, if they did not feel they looked good enough. All of the participants were concerned by how much of an impact negative thoughts about appearance can have on young girls, who can become preoccupied with their looks at such an early age and at a critical time for their development. In other words, they would prioritise appearance over other aspects of their lives, such as academic achievements.

Participants attributed these avoidant behaviours to how easily young women are influenced by current trends of how they should look like, which is damaging to girls:



They perceived the key media influence on young girls to be the celebrity culture, which is having the effect of limiting their career aspirations, and damaging some girls' self-esteem by increasing their focus on appearance and overemphasising unattainable beauty ideals.

[redacted]

The participants felt the intervention information would be good to make available to young girls, e.g. Photoshop before and after pictures, so they would see 'the stark difference' [redacted] and realise that many images do not show how women actually look in real life. They thought it would be a good idea to educate girls on the use of Photoshop:

[redacted]

Linked to this comment by [redacted], she also stressed that positive body image and feminism should be taught in school at a young age, because girls are so easily influenced by media and peer pressure about how a woman should look. Moreover, they are not aware of what feminism is and therefore they have no reference point to critique these unrealistic images or society's beauty standards. As [redacted] explained teen intervention would help them to grow up 'happy and healthy women', instead of becoming self-obsessed with their looks, body shape and image, often a negative self-focus:

[redacted]

All of the participants made specific recommendations to amend the online intervention to be more suited for younger girls and teens. They liked the to use of bullet points and recommended to keep the theoretical part 'less dense' [redacted] to 'simplify the language' ([redacted], to reduce the amount of material to read and to present it in 'smaller manageable chunks' [redacted] Two of the participants also reflected on the fact that the quantity of the material could mean that 'younger people could just get impatient' and therefore 'be put off by the amount of it' [redacted]. As one participant commented:

[redacted]

3.2.3.2 Subtheme – Recollections of own teenage selves

Several participants spoke about their own teenage selves during the interviews, as the intervention topic prompted them to recall their own experiences growing up. They reflected on how important body image is to young girls, as well as explored how and when body image issues arise:

[redacted]

There were also notable cultural differences, as [redacted] a Polish national whose family immigrated to the UK in her early teens, felt that body image issues occurred earlier and were more intense among UK school girls, than in Poland. She attributed this to the internet influence in the UK, explaining that there was less Western media influence back when she was in secondary school in Poland:

[redacted]

In comparison to UK school girls, who appeared preoccupied with their looks, [redacted] as a young girl was not self-conscious about her appearance at the time. She recalled her single-sex school classmates spending hours before school on their appearance, which she would not have thought about at the time. However, later as an adult, [redacted] described doing the very same ritual before work every day, demonstrating how she now also became influenced by the societal pressures to look a certain way.

[redacted]

[redacted] recalled how girls at school criticized other girls who did not conform to these norms of how they should look. Despite knowing how 'ridiculous' that was, it was an unpleasant experience for her as a teen:

[redacted]

[redacted] noted that the UK school girls' communication with one another focused mainly on their appearance, asking one another about makeup preferences, favourite clothing brands and where they shop. This was of greater importance than asking about one another's interests as 'no one cared what books or films I liked to watch' [redacted]. As [redacted] explains this phenomenon occurred later in Polish girls as they 'didn't even know what diet was at the time'.

The intervention highlighted women's and girls' detrimental preoccupation with their looks, how they waste time trying to look perfect every day, and how people are judged by their looks. Following the intervention, [redacted] now places less importance on these things, which must feel liberating, as she states that they do not and should not matter:

[redacted]

In summary, the intervention has helped [redacted] and other participants to become more mindful about how media influence promotes female peer pressure from early teens, which prompted the participants to feel great concern and empathy for young girls and teens today. Their negative image focus and trying to look perfect has been replaced by a sense of empathy for and connection with other women. The interventions also seemed to result in reducing their own body image issues as they realised how body image, women's struggles and feminism are actually connected.

[redacted]

3.2.4 Theme 2 – Media Influence and Literacy

This theme focused on the media's beauty ideals, use of Photoshop and ageism, along with the negative effect it has on women's body image. Two subthemes emerged: 1) Media's Constructed Beauty Ideal and 2) Say No to Ageism, Embrace Older Women.

3.2.4.1 Subtheme – Media's Constructed Beauty Ideal

Participants responded quite strongly to the demonstrated use of Photoshop in the before and after photos, as well as to the history of how media has been portraying beauty ideal since 1950s. They expressed how they liked the Media Literacy section of the intervention, as it helped them develop an awareness that women's appearance pressures have a long history, and that the ideal female body looked different over time, i.e. that standards keep changing. One participants also noted that 'women have been explored throughout the years' by the media [redacted]

[redacted]

Participants were particularly vocal about the Photoshop use. They were shocked by pre-post difference, the manipulation of female image, which they expressed was not physically possible, caused them jealousy, and was harmful for young girls.

[redacted]

[redacted] continues to explain that people are aware that Photoshop exist to *'fix things and make it [images] look nicer'* but are not aware of the extent to which images of women in the media are altered.

[redacted]

The intervention helped the participants understand that the media promote an ideal image that is not attainable, in terms of female body image and models' perceived perfection. Participants described the body dissatisfaction that many women feel. The Photoshop before and after images shown in the intervention emphasized that even professional models images are altered, so that their skin and figure looks

flawless. But following the intervention, the participants agreed that looking different or flawed should be acceptable. However, media use of Photoshop makes people feel more dissatisfied with their appearance.

[redacted]

One participant described her ‘love and hate relationship’ with Photoshop, saying how viewing the images before digital retouch makes her feel ‘satisfied’ that she now knows this is not reality and she should not feel bad about not looking this way.

[redacted]

She also feels strongly about how deceiving and damaging Photoshopped images in the media are because they are ‘role models that don’t really exist’ and are ‘not physically possible’, to the point of saying they should be banned all together.

[redacted]

3.2.4.2 Subtheme – Say No to Ageism, Embrace Older Women

Beauty and youth continue to be prized in the media most predominantly for women. While the participants expressed worry at how much body image concerns affect young girls after watching the video, they were also aware of ageism against women in today's society, which they felt do not have the same impact on men. Photoshop was cited as one reason for increasing female ageism as the images in the media are altered to 'make women look younger' [redacted]. She noted that even older female celebrities look unnaturally young, sending out a negative message:

[redacted]

This suggests that these older female celebrities who attempt to meet the society's standards to appear youthful and conceal signs of ageing with make-up, surgery and Photoshop are in turn putting great pressure on women not to age. As she explained they are sending the message that 'it's wrong to age, it's wrong to be old' [redacted]

The participants also noticed a double standard in society when it comes to ageism. Explaining that women seem to have a sell-by date in Hollywood, whereas male actors do not:

[redacted]

[redacted]

However, despite the participants' comments about ageism in the media they were not influenced by these views of how older women should look. On the contrary, they were excited and positively animated whilst talking about the interventions' positive images of older women. Indeed, seeing older women who look natural, confident and stylish, might have reassured them about growing older. It can also be a positive way to demonstrate to young women and girls that women can age with class. As they expressed the older models looked 'stunning', 'fabulous' and 'sophisticated', are better role models and most importantly send a message that they are confident and happy in their skin.

[redacted]

All participants felt that seeing older women in the media send out a positive message that ageing is 'a natural process' and seeing this was 'comforting':

[redacted]

[redacted]

One participant expressed the wish to see more of such images in the media:

[redacted]

She also described her experience in the fashion world, which is obsession with youth, stating that ageism in the media is ‘getting worse and worse now’. This affects models’ careers as well, where at age 17 she was considered ‘too old’ for modelling:

[redacted]

3.2.5 Theme 3 – Positive Impacts of the Intervention

The above two themes show that body image issues affect women across the lifespan, from early teens through to older women. The following section reports what aspects of the online intervention had the most positive impact on participants, and why. This is important, as the quantitative pre-post intervention outcome results found that the intervention had a significant impact on reducing body image dissatisfaction and anxiety, and increasing body appreciation but did not explain why.

The themes below show that the many aspects of the intervention had a positive impact on improving women’s media literacy, understanding of women’s place in society and the value of feminist ideas for liberating women from media influence; viewing the female body holistically, not just an object to be judged by

others; a related renewed focus on healthy lifestyle and linking happiness with wellbeing not just looks; and valuing their whole selves as women, as looks are not that important. Five subthemes were identified: 1) Intervention Clarified What Feminism Really Is, 2) Positive Images of Women, 3) Body Exercise Section: Difficult, but rewarding, 4) Focus on Healthy Lifestyle and Nutrition, and 5) Online Delivery.

3.2.5.1 Subtheme – Intervention Clarified What Feminism Really Is

The section on feminism and history of the women's movement also had a big impact on participants who have been exposed to society's negative perceptions of feminism pre-intervention. They reported that the intervention clarified the common misconceptions about feminism, for instance that men cant be feminists too. This section of the intervention showed the participants women's movement history and fight for equality. For some participants, this was the first time they had learned about feminism and feminist theories. Although this information is available online, as [redacted] explained 'people don't really search for it'. These findings suggest that feminism is not part of the current social discourse. Also that the media have no interest in promoting feminist ideas, and the term is perceived as 'almost an insult'.

[redacted]

[redacted]

One participant talks about the negative connotations the word feminism has, including being a ‘monster’ and ‘not shaving body hair’.

[redacted]

She also talks about her male friend who says openly that he is a feminist, and he is judged negatively because of that. [redacted] explains that it is ‘unusual for a man to call himself a feminist’.

[redacted]

As other participants speak about feminism and men it demonstrates how it is not quite clear in today’s society that men can be feminists too. [redacted] is clearly reluctant to use the word feminist to describe men in her life.

[redacted]

Participants noticed that women can achieve more if they go beyond the image obsession, and instead forces on productive actions that would better themselves and other women. They realised how far women have come:

[redacted]

[redacted] explained that ‘women couldn’t vote’ and now seem to take this right for granted.

[redacted]

Final point about this section was highlighted by one participant, who praised this section being based on research findings and statistics about how body image issues affect women and girls. In[redacted]’s view this made the programme ‘genuine’ and ‘not designed to make money’. It was important to her that ‘the whole programme is based on facts and research rather than just made up’.

[redacted]

[redacted]

3.2.5.2 Subtheme – Positive images of women

The section of the intervention that showed positive images of women had a very positive effect on all participants. They enjoyed the variety of the women in the images, all shapes, sizes, colours, older women, showing natural beauty and flaws. They found these images 'empowering', and would like to see more of these in media, as these images made them 'feel better'. Whereas Photoshop that is used to eliminate flaws, which in these positive images of women were perceived by participants as 'unique', and they perceived aging as a 'natural process'.

[redacted] stated that she had never heard of the term positive body image, before the intervention, and that she really liked the idea of embracing this, instead of negative body image, that is almost expected in women nowadays. All participants responded favourably to the positive images of women, finding those inspiring and sending out a message that it is acceptable to have different body types meaning that women should love themselves no matter their appearance.

[redacted]

The message of self-love and acceptance seemed to resonate with them and made them feel empowered. They enjoyed the ‘versatility’ of women in those images that are ‘failing in the media now’. [redacted] was particularly against body shaming and instead for acceptance and not trying to look the same, but instead embracing the differences.

[redacted]

One participant spoke about flaws being someone’s unique beauty, and she believes they should not be seen in a negative way:

[redacted]

Another participant commented on the natural and unedited images of actresses photographed like ‘normal people’, who she felt looked much better being themselves:

[redacted]

Two of the participants said that they liked the focus of this part of the intervention on the positives and strengths women and girls have:

[redacted]

One participant revealed that the concept of positive body image was new to her and that she ‘didn’t really know it’ before, but that she was in favour of seeing more of those images as they made her feel better about her body.

[redacted]

Similarly, other participants expressed that they would like to see more of those positive images of women in the media:

[redacted]

[redacted]

However, one participant warned about not showing ‘unhealthy’ bodies, particularly obese women due to the ‘huge obesity problem’. She believes that the media should show healthy body types.

[redacted]

3.2.5.3 Subtheme – Body exercise section: Difficult, but rewarding

The body exercise in the intervention, which focused on body functionality, had a great impact on all participants. They initially found this section difficult, having to write 100 words on what their body can do. It is striking that this task was so challenging for the participants and may suggest that many women have objectified their own bodies and therefore had a hard time describing their bodies in terms of functionality rather than looks. Despite a challenging start, once the participants got into the exercise they all really enjoyed it. They also praised the interactive nature of this section, and recommended including more of this.

[redacted]

The ‘Your Body’ Exercise, which is a reflective exercise made them realise they are much more than just an image. Despite being initially ‘tricky’ and ‘not something you do everyday’ [redacted], it had a strong impact, making them realise how ‘amazing’ their body, that it is a ‘gift’ and should not be taken for granted.

[redacted]

For one participant this exercise was her ‘favourite’ part of the intervention as it made her realise how thankful she should be for her body’s abilities:

[redacted]

[redacted]

For the other participants this section seemed to have been a turning point for them that allowed them to appreciate their bodies and re-evaluate how they are looking after it:

[redacted]

Finally, [redacted] mentioned that she would like to see more interactive exercises in the intervention:

[redacted]

3.2.5.4 Subtheme – Focus on Healthy Lifestyle and Nutrition

Participants expressed favourable opinions on the Strategies for Healthy Eating and Active Living section. They found those to be positive and beneficial, they seem to have had a great impact on them by making them realise they are not looking after their bodies as much as they would like to and it motivated them to take action to live healthier.

[redacted]

One participant mentioned that she was not eating well after a break up and needed a reminder in the form of an ‘eat well’ guide:

[redacted]

Another participant commented on the ‘eat well’ guide, highlighting that the information was very useful and well-presented using images:

[redacted]

Similarly, the Stress Management Techniques section also was considered very helpful, informative and practical guide to dealing with everyday stress and looking after their mental well-being. All participants considered this a very important section, which they really enjoyed because it focused on overall wellbeing and motivated

them to be more active. This also prompted a discussion on what helps and does not help them relieve stress.

[redacted]

One participant particularly liked meditating and mentioned that she enjoyed Yoga and Pilates classes where it seems she can find the right balance between her body and mind.

[redacted]

Similarly, another participant was also in favour of slowing down and not letting stress get to her. It seems that she would like to try to implement these techniques into her life in order to deal with everyday stress.

[redacted]

[redacted]

[redacted]

3.2.5.5 Subtheme – Online Delivery

Participants spoke about the online delivery of the intervention and thought it was a great idea. It was beneficial because of its convenience. The online programme was accessible from anywhere allowing flexibility as well as privacy of information and experience. Participants also found the email reminders supportive and helpful. Despite potential technical issues for smartphone users all participants preferred it being online.

[redacted]

[redacted]

[redacted]

[redacted] did not feel the need to see anyone face-to-face, as she explained she preferred the convenience of reading and digesting the content in her own time:

[redacted]

However, [redacted] experienced some technical difficulties which influenced her overall rating of the intervention:

[redacted]

Nevertheless, [redacted] praised the ease of access stating that she could not see the intervention being delivered any other way. She feels that she is too busy to fit that in, but also that it was helpful to receive addition support and reminders via email.

[redacted]

3.2.6 Theme 4 – Recommendations

Finally, the participants made various useful suggestions which could lead to changes and possible improvements to the programme. The main recommendations they put forward related to the content of the programme and its length, the layout and imagery, a possibility for a follow-up appointment, and finally the inclusion of more information about men struggling with body image issues. Four subthemes were identified: 1) Content and length, 2) Layout and images, 3) Follow-up, and 4) Men and body image.

3.2.6.1 Subtheme – Content and length

In terms of the content of the intervention participants found some of its parts to be too long, particularly [redacted] found the theoretical parts too dense:

[redacted]

Similarly, [redacted] who has a postgraduate degree felt that younger or not academic audience might find the theory 'too dense' and suggested this to be modified.

[redacted]

[redacted]

[redacted]

Despite English not being her first language [redacted] reassured that she was still able to understand the words from the context:

[redacted]

[redacted]

Participants suggested breaking down the content into smaller more manageable ‘chunks’.

[redacted]

Two participants also thought that more time and breaks between sessions would allow more material to be remembered:

[redacted]

[redacted]

Participants were worried that too much material could put women off completing it:

[redacted]

However, [redacted] 19 who is the youngest participant reassured that she was fine with the language and the amount of information. She felt that language was ‘quite accessible’, explained the terminology but was not too scientific. Instead she felt like it was a ‘friend writing’ to her. She also felt that the topic was too complex and too important to simply skim over.

[redacted]

Another participant had a very good suggestion of not only dividing the content into separate session, but to also include a ‘read more’ option for those who might want to read more details or are perhaps already familiar with the basic concepts:

[redacted]

3.2.6.2 Subtheme – Layout and images

The participants fed back that the highlighted words and bullet points were really helpful making the information easier to take in. They also felt that the overall content and order was really clear with good layout. The interactive parts, i.e. written exercises were also helpful. Participants found the use of imagery helpful and visually interesting, because 'no one wants to be stuck in front of text only for an hour' ([redacted]. Those included cartoon images, photography, video and aesthetic details. All participants reported good use of pictures making the content of the intervention seem 'not too word heavy'[redacted] They also felt that imagery caught their attention. They would like to see more use of images, particularly another video.

[redacted]

As a recommendation, most of the participants said that they would like to see more images and more videos, which could also include subtitles:

[redacted]

3.2.6.3 Subtheme – Follow-up

Two of the participants thought that it would have been beneficial to have the opportunity to speak to someone after the online intervention. They felt that further support might be needed due to the sensitive nature of the topic. They seemed to be happy with various formats, such as face-to-face, online, group, and individual.

[redacted]

[redacted] felt that some women might just want more information, as opposed to full counselling service:

[redacted]

[redacted]

Similarly, [redacted] thought various source availability should be in place for those women who would like to discuss body image further:

[redacted]

3.2.6.3 Subtheme – Men and body image

In addition, two of the participants showed interest in men and body image. Both [redacted] and [redacted] despite saying that body image issues affect women more than men, they believe that the mainstream media's masculine ideal also affects men. It looks as if they have noticed this in the past and are curious to find out more about this new notion of male body dissatisfaction. Perhaps this is a way of understanding each gender's body image issues and tackling this as a more global issue by standing up to media's constructed beauty ideal and gender profiling, by advocating for men to be sensitive and for women to be strong.

[redacted]

[redacted] would also recommend the programme for men to be able to better support women in their lives and understand what they are going through:

[redacted]

3.2.7 Summary of Part II themes - Intervention Feedback

The main rationale behind conducting the interviews was to get a genuine opinion about the program. Apart from the themes identified, the participants rated the intervention on a scale 1-10 and gave detailed feedback on the content, presentation and delivery of the intervention. The overall participants' feedback on 'Our Bodies' intervention was very good, with a mean satisfaction rating of 8.5 out of 10, which supports the t-test results. Participants found the intervention 'motivating', 'interesting' and 'comprehensive':

[redacted]

For one participant the programme 'exceeded her expectations' and she also highlighted how important she felt the programme was for women and girls today:

[redacted]

Participants reported the impact of the programme as positive, insightful and empowering. The interviewed participants felt that the intervention increased their confidence, making them more aware and less susceptible to media and social peer pressure about beauty ideals and practices. They have noticed that the female body is not just an object of admiration or degradation, but instead is a ‘gift’ that can do ‘amazing things’ they previously ‘took for granted’. They also learned about feminist history of women's achievements and great potential. This expanded their view of what women can do. This also gave them permission to accept themselves, and as supported by the preceding quantitative stage of this research it increased their body appreciation, body satisfaction and reduced body anxiety. One most noticeable difference is being more insightful about the impact that media has had on them and on other women, particularly young girls.

[redacted]

[redacted] realised that being healthy is about action, and the programme made her stop putting things off and start acting:

[redacted]

[redacted]

[redacted]

[redacted] was particularly in touch with how much women and girls are affected by body image issues, and the intervention made her realise that she is not alone:

[redacted]

[redacted]

Participants stated that they would recommend the program:

[redacted]

[redacted]

[redacted]

Chapter 4 - DISCUSSION

4.1 Introduction

This study investigated the impact of an internet-based positive body image intervention for women, which was informed by major elements of feminist theory and media literacy. The research hypotheses, which were based on prior research, sought to test the effects of the intervention on body appreciation, body dissatisfaction and body anxiety. This intervention was tested with women who had responded to the study advert to take part in a body image research. The study had three hypotheses: 1) 'Our Bodies' intervention would decrease body dissatisfaction, relative to baseline, 2) 'Our Bodies' intervention would increase body appreciation, relative to baseline; and 3) 'Our Bodies' intervention would decrease body anxiety, relative to baseline. This chapter presents the summary and interpretations of results from this study, strengths and limitations of the study, directions for future research, implications for counselling psychology practice, final reflections and conclusions.

4.2 Summary and Interpretation of Results

The present study is novel in its approach to body image concerns as it combines three interventions which were not previously combined in one study: feminist theory, media literacy and positive body image. The intervention is called 'Our Bodies' and it was designed by combining elements from studies which have

been shown to be effective. In addition, the way this 60min psychoeducation session was presented was also unique in this area as it was set up on a new online platform called 'ourbodies.org'. Each of the three sections were targeted to address body appreciation, body dissatisfaction and body anxiety. The feminist section highlighted harmful effects of beauty practices and argued against societal standards for women. The media literacy section focused on challenging Photoshop practices and the beauty ideal promoted in the media, as well as presented more positive alternative images of women. The positive body image section included information about active and healthy living, and looking at the body in terms of its functionality. The study used a mixed-methods design and consisted of three phases: 1) quantitative screening questionnaires, 2) the online intervention and quantitative post-questionnaires, and 3) qualitative semi-structured interviews.

After Phase 2 of the study, participants' scores pre- and post- the 'Our Bodies' intervention were compared and these showed significant improvements on measures of body dissatisfaction, body anxiety and body appreciation. This means that following the intervention participants had lower levels of body dissatisfaction and body anxiety, and higher levels of body appreciation. All three of these changes had been predicted by the hypotheses of this study. Thus, all three hypotheses were confirmed by the quantitative findings which are discussed in detail below.

The subsequent qualitative semi-structured interviews looking at feedback from a small subset of participants (N=4) showed an overall positive experience with the intervention and its delivery. In addition, discussing the intervention prompted participants to discuss other aspects of body image, such as their concerns about the body image of younger girls and teenagers, and their upset at the unrealistic images of beauty presented in the media. The analysis of the qualitative data identified several further themes raised by the participants. Overall, by integrating the quantitative and qualitative results five main findings emerged: (1) reduced body dissatisfaction, (2) increased body appreciation, (3) reduced body

anxiety, (4) internet-based delivery, and (5) additional findings. The following sections will discuss these findings in detail. The quantitative and qualitative findings will be discussed concurrently in order to fully consider each hypothesis. This also means that a more comprehensive insight may be gained because of the consideration of the results from all phases.

4.2.1 Reduced Body Dissatisfaction

The first quantitative finding showed a reduction in scores on the body dissatisfaction measure. This appears to support the research hypothesis that the 'Our Bodies' intervention could lead to decreases in body dissatisfaction scores relative to baseline. Women who score high on this measure are dissatisfied with their bodies in that there is a greater discrepancy between their current body size and ideal body size (Swami *et al.,* 2008). The above finding is consistent with previous intervention studies that have demonstrated that positive body image, media literacy and feminist interventions have the potential to lead to reductions in body dissatisfaction.

Firstly, it appears that the positive body image intervention in the present study may have contributed to the observed changes in body dissatisfaction. In the qualitative interviews, all of the participants were in favour of the positive body image section of the intervention, such as strategies for healthy eating and active living, with one participant highlighting one should praise that the good things too and not just focus on the negatives. Improvements in body satisfaction are also supported by other research, such as McVey *et al.* (2010) who used a positive body image intervention for university students. As the intervention used in the present study is similar to that used in the previous studies, it is therefore likely to have contributed to the observed changes in body dissatisfaction. However, it is not possible to determine the impact of each sections on the intervention on the changes in each of the three measures. McVey *et al.* (2010)'s study is similar to the present study in that it also incorporated media literacy, unique beauty, stress management techniques

and strategies for healthy eating and active living. However, their programme was delivered face-to-face in groups and over two 3-hour sessions. The present study indicates that time and resources can be saved with similar outcomes using an online delivered single 60min session intervention. Moreover, the recent study expands the evidence to a broader range of ages as the sample was not limited to university students. Despite the fact that the mechanism for change were not studied directly it is likely to have influenced the results.

In addition to the positive body image intervention, it is also possible that the feminist intervention contributed to the reductions in body dissatisfaction following the completion of 'Our Bodies' programme. This assertion is based on previous studies (e.g. Peterson *et al.,* 2006). The feminist section made up one third of the overall intervention and it was based on and therefore similar to those previously studied. Both the present and previous studies presented a definition of feminism, feminist theories, research findings and feminist movement photography and art. It has been argued in the literature that feminist psychoeducation, such as explaining feminist theories of body image, could potentially increase body satisfaction by giving women an alternative view of their bodies and their role in society (Kinsaul *et al.,* 2014). Feminism is seen as a 'buffer' against harmful body image concerns and disordered eating through a critical evaluation of social norms, thus encouraging women to also question them (Rubin, Nemeroff, & Russo, 2004). Feminism argues against the objectification of women in the media and in everyday social interactions, and instead puts forward women empowerment, equality between women and men, and women's worth to go beyond their looks. Feminism challenges not only the objectification of women in the media but also the social discourse and daily interactions women have with men and other women.

On a daily basis women face the social pressures to be thin. Not surprisingly, the frequency of peer 'fat talk' has been linked to body dissatisfaction in young women (Stice, Maxfield & Wells, 2003), and to eating pathology and body dissatisfaction in students, both with and without an eating-disorder diagnosis

(Ousley, Cordero & White, 2007). Whereas, feminist beliefs have been found to be linked with higher perceived physical attractiveness and lower body dissatisfaction (Dionne, Davis, Fox & Gurevich, 1995). In addition, feminist ideology endorsement was also found to predict positive body image perceptions, with researchers concluding that feminism and empowerment for women are protective from distorted body image and disordered eating (Kinsaul, Curtin, Bazzini, & Martz, 2014).

There is some evidence in the literature regarding the influence of feminism on body satisfaction. For instance, research has found that feminist values correlated positively with body satisfaction (e.g. Dionne *et al.,* 1995; Snyder & Hasbrouck, 1996). Similarly, a study by Borowsky and colleagues (2016) found that feminist-identified women had significantly higher body satisfaction than women who did not identify as feminists. However, one study found no differences in participants' body image based on their level of feminist identity (Cash *et al.,* 1997). Nevertheless, feminist scholars argue that despite the inconclusive evidence, feminist beliefs and values have the potential to lead to decreases in body image disturbances by empowering women to no longer invest time and efforts in the pursuit of the beauty ideal (Peterson *et al.,* 2006). Indeed, in their study they found that even a brief feminist psychoeducation intervention had a positive impact on participants' physical appearance satisfaction. The present feminist intervention section was based on Peterson *et al.* (2006) study and similar results were obtained suggesting that brief feminist interventions are likely to be effective in reducing body image concerns. The content of the feminist intervention used in both studies, (definition, feminist theories of body image and eating disorders, research findings, women's movement photography and art) seems to be an acceptable way of introducing feminism in the context of body image. In addition, the present study which used a more versatile sample of women, i.e. not only university students with credits for participation, could indicate that similar results can be obtained for a slightly older sample. This means that the feminist intervention may apply to a wider population of women.

In addition to the quantitative findings, each of the feminist intervention sub sections received favourable opinions from the participants during qualitative interviews. All four participants commented on the negative connotations this label carries, including being considered a 'monster'. They were also pleasantly surprised by the notion of men feminists. Most strikingly, the participants commented on how important it was to clarify what feminism actually is, and to debunk myths, often negative, associated with this label. Indeed, this could be linked to women not wanting to be called feminists despite agreeing with the feminist principles (Zucker, 2004). Zucker (2004) argues that this is because of the social stigma stemming from the 'man-hating' and radical portrayal of feminists in the media and social discourse. Given the cost of belonging to a socially stigmatised group it is no wonder women will not openly identify as feminists despite endorsing the feminist movement goals (Liss *et al.,* 2004; Smart & Wegner, 1999).

During the interviews one participant stated that a male friend of hers who calls himself a feminist is ridiculed by his peers. She explained that men are not expected to be feminists. Despite the present study not measuring participants level of feminism, nor asking about it during the interviews, it is interesting that despite agreeing with the feminist theories presented in the intervention and commenting on the inequality, none of the participants referred to themselves as feminist. Despite this study not measuring feminist identification this could suggest that there were no observed changes in identification. Moreover, one participant was also reluctant to call men in her life 'who support women', as feminists. As argued by Hurt and colleagues (2007) accepting the label is important, because women who despite of the stigma associated with it, choose to self-identify as feminists, are more likely to be better equipped to reject societal standards of beauty and gender stereotypes. This shows that clarifying what feminism is and what it is not, as well as helping women to close the gap between holding feminist beliefs and carrying the feminist label, could be beneficial for their body image. Given the links between feminism and body satisfaction there is a great potential in tackling this in future interventions.

Participants in Phase 3 also commented on the other items of the feminism section. With regards to research findings in support of the feminist theory they said that they found those very helpful, with one participant stressing how this made the programme seem more genuine and comprehensive. Finally, the feminist movement photographs received a lot of positive appraisals. Participants referred to them as a reminder of 'how far we [women] have come'. It was particularly evocative that all participants were motivated after seeing the feminist movement images, commenting on how much women can achieve when they focus on action and their ambitions as opposed to just their looks. One of the participant who is only 19 years old was particularly vocal about this, saying that she needed a reminder that women could not vote, and that she believes her and other young women should not take this right for granted. Interviews highlighted further evidence that participants found the feminism section to be useful as it allowed them to think about women beyond their physical attributes and instead focus on their achievements and activism. Thus, the feminist intervention may have helped to reduce focus on body dissatisfaction and instead focus on their other qualities and capabilities. This also ties in with body functionality task in the positive body image section, which will be discussed with the next finding.

The decrease in body dissatisfaction may also have been influenced by the media literacy section of the intervention, which in essence progresses the feminist understanding of the damaging role of the media and the use of unrealistic images. Media literacy questions and critiques the images of beauty presented to women and girls, which are predominantly flawless and heavily photoshopped. In addition, aspects of versatility are explored, such as women of all body sizes, all ages, with unique beauty and flaws. A brief media literacy intervention has been found to prevent adverse effects expected after the exposure to thin-and-beautiful media images in a sample of college women (Yamamiya *et al.,* 2005). A similar study was also conducted on adolescent girls, where the media literacy intervention delivered prior to media exposure protected girls from lower body satisfaction and body esteem (Halliwell, Easun & Harcourt, 2011). The present study did not check the impact

media literacy had on exposure to thin-ideal images, and perhaps it would be beneficial to collect further evidence to see if such an intervention could be protective of media's images. Whilst the present study did not measure this it is likely that given previous evidence media literacy intervention could potentially protect women from media exposure. This would be interesting for future research to consider.

Another study of a face-to-face two session media literacy intervention called ARMED also found positive outcomes for a high-risk eating disorders sample of college women by reducing their body dissatisfaction, drive for thinness, and the internalization of beauty ideals (Coughlin & Kalodner, 2006). Their intervention included similar items to the present study and also produced similar outcomes. However, the present study used a more varied age range and delivered the intervention in a single internet session. Finally, a further study of a dissonance based preventive media literacy intervention found a significant reduction on body dissatisfaction and the thin-ideal internalization in 30 undergraduate females (Stice *et al.,* 2000). The intervention was delivered in a group format over three sessions. Topics of the intervention included critical discussion of the thin-ideal, peer pressures. and the costs of pursuing the thin-ideal. The present study was similar to the items used in the media literacy section of the intervention, however similar outcomes were found for a more varied sample of women and over only one internet delivered session showing that resources may be saved when delivering such interventions. The present intervention was also less time consuming for the participants as it did not include homework assignments, meaning that 'Our Bodies' could lead to higher compliance and less dropout, therefore being more effective. However, Stice *et al.* (2000)'s study included a 1-month follow-up, which showed that results were stable over time. The present study did not include a follow-up but this may have been beneficial and should be included in future studies to measure the longevity of the positive impact of such interventions.

The above empirical findings are in line with the qualitative feedback provided by the participants during the interviews. All participants expressed shock

and anger at the media image choices and their digital manipulation. They all commented on how unrealistic the images of models and celebrities are in today's popular culture. As one participant explained, she knew about the use of Photoshop, but not the degree to which it was used. Other participants also commented on excessive use of Photoshop and the flawless skin that is persistently presented in the media, but does not exist in real life. Finally, one participant mentioned a sense of satisfaction after seeing the before and after comparisons, as this made her aware that those images have been altered. It seems that despite knowing about the existence of Photoshop all participants were relieved after realising that these images have little to do with reality and that models and celebrities are also far from perfect.

The media literacy section then moved on to present positive images of women, which included plus size models, older models, and models with unique features. All of the participants were particularly engaged when discussing this section and spoke about how those images were 'refreshing' and inspiring. They all felt there was not enough versatility of women in the media, that women should embrace their unique beauty and that they should 'love themselves' regardless of what they look like. One subtheme that emerged when discussing this section was: 'Say no to ageism, embrace older women'. The participants were unhappy about ageism in the media and visible double standards regarding young age and sexualised appearance. They commented how men tend to be fully clothed and praised for their success, whereas women tend to be celebrated mainly for their looks and had a 'sell by date' that did not apply to men. They also commented on the retouched wrinkles of mature celebrities, which send the message that it is 'wrong to age' and that it is 'wrong to be old'. Instead, they found the images of older models very positive and reassuring them about ageing. As participants explained the older models looked 'stunning', 'elegant' and 'classy', and in their view were 'better role models' to young women and girls. Participants not only enjoyed this section of the intervention, but also expressed that they would like to see more positive and versatile images of women in the media.

4.2.2 Increased Body Appreciation

The second quantitative finding was that scores on a measure of body appreciation were significantly higher following the intervention. This appears to support the research hypothesis that the 'Our Bodies' intervention could increase body appreciation scores relative to baseline. The present study results correspond with findings from previous literature, which has shown improvements in body satisfaction and body appreciation following interventions using positive body image tasks, media literacy and feminist interventions. All of which were also a part of the present study, thus it is likely that these interventions add to the observed changes in body appreciation. Women who score high on the body appreciation measure accept, look after, respect and hold favourable opinions about their bodies, as well as reject societal beauty ideals (Avalos *et al.,* 2005). This finding was predicted by the research hypothesis given the previous literature on the positive impact of positive body image, media literacy and feminist interventions on body satisfaction and body appreciation.

The present study used a body functionality task as this has previously been reported to show links to improvements in body appreciation. Thus, given the previous evidence, it is possible that this task could have led to the increase on the body appreciation scores. Body functionality tasks can be located in the field of positive body image research, an area closely linked to the present study. Body functionality refers to what the body can do, including body functions, communication with others, senses, health, self-care, and creative endeavours such as dance (Alleva *et al.,* 2014). It is also in contrast to body appearance, which sees the body as an object and asks 'what does it look like?', whereas body functionality sees the body as a process and asks 'what is it capable of?' (Franzoi, 1995). Previous research has found a link between body functionality and positive body image. For instance, Alleva and colleagues (2014) researched body functionality, objectification theory and its relation to body image. In their study they used three written assignments: functionality, appearance and control, in which the functionality task asked the participants to write about what their body can do. The researchers did

not find a significant improvement in female university students, however they did find significant improvements on functionality satisfaction in a sample of females aged 30-50.

This prompted further research by Alleva and colleagues (2015) who found that a body functionality task had a positive impact on positive body image in a sample of females aged 18-30. Their results showed significant improvements on measures of appearance satisfaction, functionality satisfaction and body appreciation; as well as significantly lower levels of self-objectification. The present study used the same body functionality task as part of the positive body image section and used a very similar sample of women. Equally the results are comparable. Thus using the body functionality task alongside other interventions, as in the present study, still achieves similar results. This demonstrates the positive impact of viewing women's bodies in functionality terms on their body appreciation, and supports the notion of including body functionality tasks in future positive body image interventions. Moreover, the results from Phase 3 of the study showed that the body functionality task was well received by participants. This further supports that this is likely to have been an important part of the 'Our Bodies' intervention and that this led to the changes in participants' body appreciation scores.

During the qualitative interviews the participants commented on how unusual this task felt for them and that it was a challenge at first to come up with 100 words on what their body can do. Despite this difficult start, they managed to engage with the task and reported that they did enjoy it in the end. They also liked the interactive nature of this task and the different take on their bodies it encouraged. The interviews revealed that the body functionality task had a strong impact on the participants as it helped them to realise that their bodies are capable of many 'amazing things' and that it is a 'gift' and it should not be taken for granted. One participant stressed that this was her favourite part of the intervention because it made her realise how thankful she should be for her body's abilities. Also, another participant discovered that this had been a turning point for her in the intervention,

because it allowed her to appreciate her body and re-evaluate how she is looking after it.

In addition to the positive feedback given by the participants they all also noted that thinking about their bodies in such a way appeared to be considerably difficult for them. The initial difficulties participants reported having with the task could be explained by The Objectification Theory (Fredrickson & Roberts, 1997) and the link between higher body appreciation and a reduction in self-objectification. This could mean that these participants have objectified their own bodies and therefore found it challenging to describe their bodies in terms of functionality rather than looks. Therefore, interventions aimed at increasing body appreciation through body functionality tasks could potentially reduce self-objectification. Despite the initial challenge of this task, taking together qualitative and quantitative findings the body functionality task is likely to have played an important role in improving participants' body appreciation.

In addition to focusing on body functionality, which appeared to be helpful, it is likely that giving positive health related messages may have been another factor in the improvement in body appreciation. This section included stress relief techniques such as meditation and active relaxation. These were included given results from previous studies, which showed that health related messages have a positive impact on body appreciation. Moreover, in the qualitative interviews the subtheme 'Focus on Healthy Lifestyle and Nutrition' emerged. Participants spoke about how the intervention had an impact on them in that they started to appreciate and look after their bodies more. They particularly favoured the healthy eating and active living sections along with stress management techniques. One participant said that her body image was currently good, however she still felt that the intervention and particularly the positive body image section had benefited her in that she started to appreciate her body more. She also realised that beliefs are not enough, that she also must act to look after her body instead of putting things off. Immediately after the intervention she decided to take practical steps to better her health, by changing

her diet and signing up for regular exercise classes. This demonstrates possible benefits of health-related messages for women that do not report body image issues.

Previous research has shown various elements of healthy living to be connected to body appreciation. For instance, a recent study on bodies in nature found that exposure to nature and connectedness to nature were correlated with body appreciation in U.S. women (Swami, Barron, Weis & Furnham, 2016). Similarly, a study on British women found positive correlations between connectedness to nature, self-esteem and body appreciation (Swami, von Nordheim & Barron, 2016). Another element that has been linked to increased body appreciation is meditation (Albertson, Neff & Dill-Shackleford, 2015). Using randomised controlled trial researchers found that self-compassion meditation increased multigenerational women's body appreciation and self-compassion; and reduced their body dissatisfaction, body shame, and appearance based self-worth. These studies point at new avenues of promoting body appreciation.

It is particularly interesting that participants noted that the section on healthy eating and relaxation was instrumental in terms of focusing them on looking after their bodies, something they said was easy to forget. This shows that participants do not necessarily have to have body image issues in order to get the benefits of a positive body image intervention. In a busy and stressful life, it is often easy for women to forget to look after their health and their bodies. One participant particularly benefited from that, saying how important and needed this reminder was for her. She mentioned a recent breakup and living a fast-paced life as a London musician, where she would often forget to eat and drink enough water, resulting in a unhealthy weight loss and feeling ill and lethargic. Similarly, the other participants praised the positive section for giving them good health tips and serving as a reminder to look after their bodies through diet, exercise and relaxation. Despite the current study only suggesting positive activities such as being out in the nature and meditation, it did list and expand on those activities under the active living and stress management sections. Thus, it is possible that those guidelines alone could have been helpful in

increasing participants' body appreciation without having engaged in the actives during the study itself. Simply being reminded of them could have had a positive impact. Indeed, during the qualitative interviews all of the participants were in favour of health advice and were keen to talk about things that they have tried and enjoyed, as well as things they would like to try in the future.

The benefits reported by the participants of the positive body image intervention further supports the argument presented in the literature against the excessive pathology focus of body image interventions (e.g. Cash & Pruzinsky, 2002; Tylka, 2011; Wood-Barcalow, Tylka & Augustus-Horvath, 2010; Tylka & Wood-Barcalow, 2015a). Various researchers have argued that body image and CBT research are mainly interested in what eliminates negative characteristics, which means that not enough emphasis is being put on what could build resilience and contribute to a more positive body image. Various research has shed light on the great potential for future interventions focusing on building positive body image characteristics. For example, a study on eating disorders prevention showed that participants responded better to a healthy eating presentation as opposed to a disordered eating one (Sanderson & Holloway, 2003). The healthy presentation included guidelines on healthy eating habits as well as the dangers of the media thin-ideal images, which is similar to the present intervention. Their intervention however was delivered in a face-to-face format and compared two different intervention types. The present study included the healthy eating guide as part of the positive body image section due to the links in the literature with positive body image outcomes. However, in the present study we cannot be certain which items or sections led to changes in the body image measures.

In their positive body image intervention study McVey and colleagues (2010) included strategies for healthy eating and active living, as well as stress management and problem solving sections, along with media literacy, self-esteem strategies, and unique beauty sections. The programme resulted in a significant improvement on body satisfaction and a reduction of the media thin-ideal internalization, showing the

positive impact of promoting resilience through life skills and media literacy for future interventions. The increases in body appreciation in the present study could therefore also be explained by the impact of the media literacy intervention included in the 'Our Bodies' intervention. The impact of positive body image on media-induced body dissatisfaction has also been studied by Andrew and colleagues (2015) who exposed their sample of women to thin-ideal advertisement images. They found that body appreciation reduced the expected negative impact of the media exposure on participants' body image, demonstrating that body appreciation is protective against the negative effects associated with viewing beauty images in the media. Similarly, Halliwell (2013) found that university women higher on body appreciation were protected from the negative environmental appearance messages. This highlights that fostering body appreciation should be at the forefront of future positive body image interventions.

Having considered both the quantitative results and the participants' favourable opinions expressed during the interviews regarding the positive body image section, it becomes clear how important and helpful this section was to improve their body appreciation. This is also supported by an online YouBeauty.com Body Image Survey, which found that body appreciation positively predicted subjective happiness (Swami, Tran, Stieger & Voracek, 2015). This means that women with high body appreciation, i.e. who accept, respect and protect their bodies, and hold more favourable opinions about them, appear to be happier than women with low body appreciation. This study established the important role of body appreciation on enhancing women's happiness.

4.2.3 Reduced Body Anxiety

The third quantitative finding was that scores on a measure of body anxiety were significantly lower following the intervention. This appears to support the research hypothesis that there could be a reduction in body anxiety following the 'Our Bodies' intervention compared to baseline. Women who score high on this

measure have greater social-physique-anxiety, meaning that they feel very anxious when others observe and evaluate their bodies (Hart *et al.,* 1989). This finding supports the research hypothesis, which is consistent with previous research linking positive body image, media literacy and feminist interventions with reductions in body dissatisfaction and body anxiety, as well as with increases in body-esteem.

It is likely that these reductions in body anxiety could have been impacted by the feminist section included in the 'Our Bodies' intervention. This was aimed at lowering objectification and self-objectification of women as reductions in these measures are also linked to reductions in women's body anxiety. The present study may have helped the participants question the objectification of women in the media and in the society, which could have resulted not only in reductions in body dissatisfaction and increases in body appreciation, but also in reductions in body anxiety.

Feminist interventions, which were discussed under the section related to the first finding (Reduced Body Dissatisfaction), also address the objectification and self-objectification of women. In their objectification theory review paper, Moradi and Huang (2008) concluded that the theory followed by a decade of research gives a strong framework of understanding women's body image highlighting two important areas for change, at the societal level, and at the individual level. This means that in order to improve women's body image feminist interventions should address the objectification of women in society, as well as addressing the self-objectification.

The present study also focused on decreasing thin-ideal internalization through media literacy intervention. Previous research has shown that some women are able to protect themselves from potentially harmful media content and that this can be facilitated either by increasing self-esteem or by targeting intervention at decreasing thin-ideal internalization. For example, Aubrey (2006) conducted a study of mediating factors in the exposure to sexually objectifying media in a sample of college women. She found that only women with low self-esteem were negatively influenced by the exposure. More importantly the researcher found that two groups

of women steered away from objectifying images, those who were low on thin-ideal internalization and those who had high self-esteem.

Further support for the likely impact of the media literacy section in the 'Our Bodies' intervention on the observed reduction in body anxiety comes from a study by Thornton and Maurice (1997), who found that the exposure to idealized thin models reduced women's self-esteem and increased their social physique anxiety, self-consciousness and body dissatisfaction. Similarly, another study found that exposure to idealised images in advertisements resulted in increased appearance anxiety and body shame in university women (Monro & Huon, 2005). Moreover, the researchers also found that appearance anxiety was affected more in self-objectifiers. They argued that women who score high on self-objectification are at higher risk of body anxiety, than women who do not self-objectify. This was not controlled for in the present study, however a positive impact on body anxiety was found for the entire sample. Given that a high volume of previous studies have found detrimental effects of the media beauty ideal on women and adolescent girls' body image, including body-esteem, body anxiety, and body dissatisfaction; media literacy interventions such as the one used in 'Our Bodies' programme, have been devised and evaluated in an attempt to reduce this effect.

Moreover, it is asserted that the observed changes in body anxiety following the 'Our Bodies' intervention are likely to be mediated by reductions in self-objectification, which has been shown by previous studies to be linked to media literacy interventions. Body anxiety has been discussed by researchers, who have studied the impact of objectification of women. Fredrickson and Roberts's (1997) Objectification Theory states that in the Western culture women's bodies and appearance are of great focus, including objectifying women as sex objects, which causes women to feel anxious or ashamed of their bodies, as well as to self-objectify. Self-objectification happens when women observe and evaluate their bodies from a third person perspective. The inability to meet the unrealistic standards of beauty leads to body shame and anxiety. Negative consequences of high self-objectification

include body shame, appearance anxiety and lower body esteem (McKinley 1998). This theory was tested by Tiggemann and Williams (2011) who looked at various measures, including depressed mood, disordered eating, sexual functioning, self-objectification, appearance anxiety, self-surveillance and body shame. They found that most variables were correlated and that appearance anxiety and body shame were major mediating variables, concluding that future interventions should focus not only on societal objectification of women, but also on psychoeducation of women to reduce self-objectification.

In addition, another study tested the relationships between self-objectification, appearance comparisons and exposure to media (Fardouly, Diedrichs, Vartanian & Halliwell, 2015). The researchers found that greater media exposure, for example to Facebook and magazines, was correlated with higher self-objectification and that this was mediated by appearance comparisons. This points at the important role of both media exposure and appearance comparisons on self-objectification in women. Another study on self-objectification in young women, found that anticipating male gaze significantly increased participants' body shame and body anxiety (Calogero, 2004). The anticipation of an interaction with a man alone, caused body shame and body anxiety, showing the pervasive nature of self-objectification in women. She argued that self-objectification is a serious issue detrimental to women and girls, and that action must be taken to recognize and challenge messages and behaviours that objectify women.

The qualitative interviews in the present study also appear to provide further support for the media's negative impact and also for the importance of the media literacy intervention. All participants talked about the negative affect they experience after viewing heavily Photoshopped images of beauty. One participant reported feeling 'jealous' and wanting to look 'perfect'. Moreover, all participants expressed their concerns about the use of Photoshop that promotes physical attributes that are not possible to achieve. One of the things they noticed was the 'perfect' skin, with no imperfections or wrinkles. Moreover, the participants also noticed the obsession with

thinness dominating in the media. They commented on how the beauty standards became thinner by the decade, worrying whether this would 'ever stop'. Interestingly, even the visually skinny participants have noticed this. It is possible that despite fitting the thin-ideal size, they still have high levels of self-surveillance, an element of self-objectification, to make sure this does not change and that they continue to fit the society's beauty ideal. This potentially shows that being skinny does not protect women from body anxiety.

In addition to media literacy, the present study also included a guide on healthy living, which included an eat well guide and stress management techniques. Given that previous research has shown that positive health promotion messages in the media can have a positive impact on body anxiety, it is possible that this section contributed to the changes that were observed in participants level of body anxiety. However, due to the design of the study its exact level of contribution cannot be determined. In addition to negative effects of media exposure, positive influences of media messages have also been found. For instance, Berry and Howe (2004) looked at the effects of two types of advertisements: health promotion and appearance-based exercise on social physique anxiety, self-presentation and exercise attitudes in exercisers and non-exercisers. They found a positive effect on body anxiety and self-presentation in the health-advertisement condition in exercisers, as well as negative effect on exercise attitudes in appearance-advertisement condition in non-exercisers. This shows not only the negative effects on appearance-based media messages, but also at the possible benefits of health promotion in the media. Moreover, it is also possible that by asking participants to imagine themselves engaging in activities that are good for their bodies and health, such as exercise, may have helped them to reduce their body anxiety.

Researchers have also looked at types of exercise experiences and body anxiety. For instance, a study by Raedeke and colleagues has shown that female college students high on social physique anxiety responded more favourably to a health oriented fitness class, as opposed to an appearance oriented classes

(Raedeke, Focht & Scales, 2007). They reported higher exercise enjoyment, more positive affective experience, and more likelihood to participate in such class in the future. Similarly, an empowerment based exercise intervention programme for adolescent girls, which consisted of an exercises session and a healthy lifestyle discussion, resulted in decreased social physique anxiety scores (Lindwall & Lindgren, 2005). Conversely, Brunet and Sabiston (2009) have found that decreasing social physique anxiety led to increases in physical activity motivation and behaviours. The present study also included a healthy living guide, however this was delivered in an online format, and also inferences cannot be made as to whether or not this specific item from the positive body image section led to positive changes on participants body image measures.

Finally, body functionality has also been linked to body anxiety. This has also been targeted in the present intervention, as part of the positive body image section. In conjunction with the favourable qualitative accounts, this section is likely to have reduced participants' body anxiety. During pregnancy women undergo great body changes, but also put their bodies to a great use. This poses a question whether body functionality of giving birth would have any impact on a potential body anxiety related to putting on weight and stretchmarks. This has been researched by Rubin and Steinberg (2011), who based their study on the objectification theory, to investigate whether high awareness and appreciation of body functionality would attenuate and protect pregnant women from the negative effects of high body surveillance. Indeed, they found that high appreciation of body functionality weakened the relationship between body surveillance and engagement in unhealthy behaviours. Body functionality not only seemed to link to an increase in body appreciation but also links to a reduction in body anxiety.

4.2.4 Summary of findings relating to hypotheses

In conclusion, all three hypotheses were supported by the findings of the present study. The above three findings show that it would be beneficial to include

positive body image, feminist psychoeducation and media literacy in interventions targeting body dissatisfaction, body anxiety and body appreciation in women, and potentially also in girls and teenagers. This is also consistent with the previous literature.

4.2.5 Internet-Based Format

All four interviewed participants expressed satisfaction with the online delivery of the 'Our Bodies' programme, stressing that it was very convenient for them and that in their busy week schedules they would struggle to find time to come for a face to face session. They also commented on the sensitive nature of the topic of body image and that some women could feel ashamed to talk about it to somebody, particularly in a group setting. This is in line with the previous research in the field of internet delivered psychological treatments. For instance, Myers *et al.* (2004) argued that there is a great rationale for devising and testing internet-based interventions for eating disorders and body image issues due to the sensitive nature of those, which could put people off seeking treatment. Similarly, Aardoom *et al.* (2013) in their systematic review concluded that the advantages of anonymity and ease of access make online platform an important new treatment delivery.

Researchers have tested various internet delivered body image intervention programmes such as the Computer-Assisted Health Education (CAHE), which resulted in significant improvements on measures of body image and disordered eating (Winzelberg, *et al*., 2000). Their intervention included sections on media's role and healthy eating and exercising guide, which is similar to the present intervention. Thus, giving evidence that body image interventions can be successfully delivered over the internet. Their intervention was very similar to the present study, in that it not only had similar items but was also delivered online. However, their programme took eight weeks with a lot of participation and involvement. This may have worked for an undergraduate university sample, who would receive points for participation, however for a more diverse sample this may not have worked as well. For other

women, e.g. in full time employment, or with children this may have been too intense and taken too long to complete, therefore there would be a danger of drop out or not attempting the programme at all due to being unable to commit the time and effort required. It is therefore important to develop interventions for women that would be more time effective, such as the current interventions one session format, because participants are more likely to complete the intervention. Similarly, *BodiMojo* - an online body image intervention for adolescent girls, which included nutrition, health behaviour, and social engagement sections, improved their appearance satisfaction as well as decreased their body dissatisfaction and physical appearance comparison (Franko *et al.,* 2013). This shows the importance of focusing on online platforms as treatment delivery for body image issues, both for women and adolescent girls.

There are however, limitations to an internet delivery such as technical difficulties, lack of non-verbal cues, miscommunication, and the artificial nature of the virtual world (Paxton *et al.,* 2007). In agreement with that, one participant reported having some technical difficulties, but despite that she was able to complete the intervention. However, in contrast to the argument that the virtual world could feel cold, one participant commented on the language of the intervention, saying that it felt like a 'friend' was writing to her. This means that extra care needs to be take when devising an online intervention, both in terms of removing any technical issues and in terms of the language used being accessible and welcoming, so that it suits the therapeutic purpose of the intervention.

Paxton *et al.* (2007) argued that internet delivery has the benefits of anonymity, which can remove shame and stigma, but that also the lack of personal contact could result in lower motivation to change. Indeed, in the qualitative interviews three of the participants expressed their interest in a follow-up opportunity, so that they could speak to someone about the program's content and their own body image. They listed a few options for such follow-up. For instance, an online group for those who wanted to keep their body image issues private. They also mentioned seeing an expert, although one participant was not too sure about seeing

a counsellor, because she felt that this could indicate that someone had a more serious problem. Instead she suggested a body image 'specialist', or counsellor who would be familiarised with the program, to be able to give more information on the topic as opposed to 'full blown' therapy.

This highlights the potential that perhaps there was something missing in the intervention itself, since participants suggested a follow-up. It does not seem to be the content of the intervention itself, as for the most part participants were happy with it. Perhaps it was the one to one contact that was missing, which would allow the tailoring of the intervention to the specific woman and her experiences of objectification and worries about her appearance. It is perhaps the tailoring that the participants are after, someone to confide their specific issues in, as depending on the individual the specific body related issues may vary, such as aging, being muscular, post pregnancy changes to the body, etc. Alternatively, women can also be fit and healthy, but either struggling with other issues such as sexism in the media and self-objectification. Finally, there could also be other women who have a positive body image but would simply like to learn to appreciate it more and feel motivated to engage in healthy behaviours. There can be loads of combinations of those and it seems that despite the intervention having section for each of these, perhaps some women would like to focus on their specific issue.

Another thing that could be missing from the online intervention could be contact and an opportunity to share ideas with other women. In the interviews, some of the participants picked up on the issues women face starting to refer to women as 'we' and 'us'. This showed a sense of connection and the common fight they face with other women. It is possible that after the intervention they felt the need to speak about this with other women, which was quite evident during the interviews, as the participants were engaged and happy to share their views. They have clearly thought about it and seemed to have enjoyed the interview opportunity given to them. Having considered this, a group follow-up session could be organized, either for all women that took part in the intervention or for more specific groups. For example, a post

pregnancy body focus group, that could potentially be a great follow-up option for this group of women. It would also allow the space to hear other women's experiences and share their own. Such group could offer great support and understanding of a more specific body image issue.

In summary, internet-based delivery offers the benefits of privacy and the convenience of accessibility. However, it would be useful to consider including some therapist contact to explore any specific concern or thoughts participants may have, as well as organize a follow-up group session/s (live or online). Online delivery, along with a follow-up option has a great potential not only as an intervention, but also as a preventative measure for body image issues.

4.2.6 Additional findings

An additional finding of the qualitative phase, which had not been anticipated, was the emergent theme of participants' recollection of their own teenage selves, and the worry about girls and teenagers, particularly with today's media influence. All participants felt very strongly about the dangers of social media and Photoshop practices, which in their views have damaging effects on girls, leaving them dissatisfied and preoccupied with their appearance. Participants were particularly angered at the video, which talked about research that found girls underperform in academia and avoid certain social situations when they do not feel they look good enough. This was particularly concerning to one participant who noted that girls' ambitions changed from wanting to be the president, to wanting to be a famous model. This preoccupation with looks had been a strong contrast to another participant who migrated to UK from Poland in her young teens. As she explained, the impact of Western media and internet meant that UK schoolgirls were obsessed about make-up, clothes and dieting, as opposed to other things she believes girls this age should be interested in. The impact of media is most strongly visible to the generation that did not have internet when they were growing up, and

therefore it is no wonder that participants recalled how different their teenage years were and how much they fear for the wellbeing of young girls today.

As participants kept referring to young girls being affected by the media and the pressures to look perfect, they were also talking about the appropriateness of this intervention for teenage girls. Their worries are justified and the negative effects on young girls today have been demonstrated by numerous studies. Such as study by Brunet and colleague, which found that adolescent girls had a higher drive for thinness and social physique anxiety than boys (Brunet, Sabiston, Dorsch & McCreary, 2010). They also found that self-esteem was significantly related to social physique anxiety, which in turn was related to drive for thinness. Another study that looked at adolescents' body anxiety and coping mechanisms, found that girls had a significantly higher body anxiety than boys, and that their most common coping mechanism included behavioural avoidance, appearance management, social support, and cognitive avoidance (Kowalski, Mack, Crocker, Niefer & Fleming, 2006). Similarly, a qualitative study that explored adolescent girls' ways of coping with body anxiety, found that the main strategies included behavioural and cognitive avoidance, appearance management, diet, cognitive deflection and comparisons to others, seeking sexual attention, and substance use (Sabiston, Sedgwick, Crocker, Kowalski & Mack, 2007). This shows the dangers of body image issues starting at such an early age, confirming the participants' worries about young girls and teenagers.

Participants kept referring to the adaptation and implementation of the present intervention to adolescent girls in a bid to try to help them. However, various interventions for girls and teenagers have already been designed and tested, therefore this may show that the public is not aware of those. For instance, *BodyThink* an interactive group body image and self-esteem programme for adolescents (Richardson *et al.,* 2009), a*s well as BodiMojo* an online body image intervention for adolescent girls (Franko et al., 2013). Both of these were shown to be effective in improving adolescents' body image. However, following the advice

given in the qualitative interviews, such programmes should be introduced into school curriculum and youth programmes to tackle body image issues in adolescents, which have been shown to start to develop at such an early age. This points that early intervention is key, and that body image interventions for adolescents should become a more mainstream prevention and psychoeducation tool.

In addition, the finding that all four women who were interviewed recommended the intervention for girls and teenagers raises a question, whether this means that something was missing in the intervention for mature women. They all seem adamant that such intervention should be tailored and given to girls, with one stating that this should be part of school curriculum. This means that future research could explore how to make body image interventions more relevant to adult and mature women.

4.3 Strengths and Limitations of the Study

The main strength of this study is its mixed-method design. This is particularly important because the study was designed to test a new intervention and its feasibility. The benefits of both quantitative and qualitative designs were mixed together to achieve a more complex picture, in order to see if the new intervention is effective and user-friendly (Nastasi & Schensul, 2005). Another strength of this study is the fact that the findings reached a high statistical significance as anticipated after conducting a power analysis, which could mean that the study was well designed, with a large enough sample to achieve significance.

Moreover, this study had another strength in that the dropout rate was relatively low, which might indicate that the intervention is acceptable in this format, since participants were able to complete it. In addition, the subset of participants who completed the interviews gave many positive comments. They stressed that body image research is important to them and that intervention programmes are highly

relevant for women and girls today because body image concerns are more prevalent in today's media obsessed culture. As one participant stressed this is a 'worthwhile' project that is important 'now more than ever', because of the scale of today's media influence on body image and satisfaction. In addition, this study also had a high qualitative participation rate, as all four participants invited to the semi-structured interview phase responded and attended their scheduled interviews. This could be because they had a positive experience during the quantitative part of the study, hence wanted to be involved in the research further.

Finally, the study combines in a novel way three approaches: positive body image, feminism and media literacy, that were previously found to be helpful in treating and preventing body image issues. Moreover, it delivered these in an internet-based format, which is also an emerging medium for psychological interventions. This way the study not only explored the online delivery but also was able to demonstrate that these three approaches can work very well together whilst complementing each other. As one participant stated: "To just think feminism is one thing, and the struggles of women is one thing, but body image another, no, they're completely related." ([redacted]

This research also had several limitations. The main limitation of the present study is that it did not have a control group. One possibility is that taking part in the study alone, or time lapse could have contributed to the observed improvements. For future adaptations of this study it would be advantageous to more closely follow a framework for developing the intervention e.g. the newly updated MRC framework for developing and evaluating complex interventions (Bleijenberg et al., 2018) or more comprehensive frameworks such as intervention mapping (Bartholomew et al., 2001) or the RE-AIM framework (Glasgow et al., 2001). This would enhance the study design and thus make the study more rigorous. For instance, a follow-up stage would have been beneficial to see if the positive effects of the intervention were stable over time. However, the interview feedback has pointed strongly at elements of the intervention that had a positive impact on the participants. Nevertheless, future

research should include a control group to strengthen the design and the weight of the results. The study also did not look at correlations, therefore it is not known which element of the intervention has led to which improvements. This could also be explored in more depth in future studies.

In addition, the present study did not include a follow-up making it impossible to know whether the positive impact of the intervention on body image variables would remain stable over time. A follow-up is important particularly in an intervention study to assess its success and whether there was a significant long term impact on participants' wellbeing. The present study could for instance include a 3-month follow questionnaire that would check for the levels of body dissatisfaction, body appreciation and body anxiety. It could also ask some direct questions, such as whether the participants felt like they benefitted from the programme long term and whether they would recommend it to a friend. A good example of a follow-up is the positive body image intervention study by Sanderson and Holloway (2003) whose 3-month follow-up had a 90% completion rate.

Another limitation of this study is sample demographics, which were not a representative sample of the general population. The age group was predominantly young and adult women: adult teens 18-19 (N=14), 20s (N=31), 30s (N=30), with little input from mature women 40s (N=5). Similarly, for the qualitative sample. It is possible that many mature women did not respond to this advert due to the online nature of it. Or perhaps the content did not feel relevant to them at this age, as opposed to younger women. Mature women could also be included in the qualitative interviews to see whether the individual sections, such as positive images of women challenging ageism, of body functionality exercise, would have had the same impact on them as for the younger sample. It would also be beneficial to include mature women in the qualitative part of the study to hear their feedback and get a sense of this age group's needs. In addition, correlations could be conducted to see if age has any effect on the impact of the online intervention, which was not possible in the present study due to the small number of participants over 40 years old.

Moreover, there seems to be a further sample bias in that the quantitative sample is very educated, with Undergraduate degree (N=26) and Postgraduate degree (N=22), totalling more than half of participants having a university degree. This of course poses a challenge when generalising the results of the qualitative part of the study. This however, has been addressed when sampling the qualitative participants, so that they differed in their educational levels. Future research could address the sample bias and use different sampling strategies, for instance by putting more emphasis on advertising outside the university campus.

Another possible limitation is the 24h time delay between pre and post measures. The rationale behind spacing out the completion of the intervention as well as the pre and post measures was that there would be a greater chance of participants completing the study in full, thus reducing the attrition rate. Potential confounding factors of this delay include participants having different mood and time available, having a perceived fatter/slimmer or prettier/uglier days, which could have influenced the results. Thus, it is possible that the 24h break could have meant that participants were experiencing a different mood than the mood they had when completing the pre-questionnaire.

Moreover, the present study relied entirely on self-report measures of body image. This provides a practical and easy to implement measurement in an online based study, however such measures could be subjected to social desirability effect, thus affecting the responses (Gorber Tremblay, Moher, & Gorber, 2007). It is unknown to what extent such bias exists, nevertheless the follow-up interviews gave further evidence for positive appraisals of the intervention. However, a further limitation of this study was the small qualitative sample (N=4), which is only a small percentage of the quantitative sample (N=80), thereby perhaps missing some vital information and more varied insights from participants who completed the online intervention. The small qualitative sample could not be generalizable to the existing study sample, hence it could also not be generalisable to the general population. It is important to note that out of 80 participants who completed the intervention only 20 agreed to be interviewed about their experience of the intervention. This could be

due to those 20 participants enjoying the intervention more therefore giving more favourable opinions about the intervention. Alternatively, this could also be down to time constrains and perhaps the inconvenience to have to travel to an unfamiliar location for the interview, or the inability to no longer stay anonymous when taking part in a face-to-face interview. It could be that the women who wanted to go through the effort of an interview were more engaged and responded better to the intervention, hence giving more favourable opinions about it. Nevertheless, positive quantitative outcomes from the rest of the participants still point at positive impact the intervention had on them. For future research participation at this stage could potentially be increased if the interviews could be conducted online via Skype or over the phone.

Finally, qualitative measures and analysis are inevitably biased and can be influenced by the researcher's views and methods. Because the researcher is a woman herself and feels strongly about issues women face, she could have unwillingly influenced the participants during the interview in the way she interacted with them. Perhaps some of the questions asked during the semi-structured interviews could have been leading and may have influenced the responses. Some questions also appeared to be quite long and perhaps it was confusing to answer them. Moreover, the coding and thematic analysis could have been influenced by the researcher's own views and looking for ideas that would tie in with the literature previously explored. One way of dealing with this bias would be to have another person that is not involved in the topic or research design to conduct the interviews, and for the analysis to be followed up by another qualitative researcher.

4.4 Directions for Future Research

Future research should deliver this intervention on a larger scale with a diverse and more representative group, particularly with regards to all education levels and all age groups. To achieve this, different sampling strategies would have to be explored, such as advertising outside the university campus, in women's

services or community projects for women. Moreover, future research could move towards using a clinical sample, such as eating disorders clients. For the intervention to be implemented in clinical practice future research should test it using a clinical sample versus a non-clinical sample.

In addition, for an intervention to be accepted into psychological services a randomised control trial (RCT) would have to be conducted. Researchers should follow a rigorous framework such as the updated MRC framework (Bleijenberg et al., 2018), intervention mapping (Bartholomew et al., 2001) or the RE-AIM framework (Glasgow et al., 2001) when developing and evaluating future positive body image interventions. Future research should seek to design the study that includes a control group, because the lack of it affects the ability to prove that the tested intervention influenced the study outcomes. With a control group to compare the results against the quality of the study would be increased. This could for instance include a delayed treatment group. Moreover, follow-up quantitative measures could help assess the impact of the intervention over time.

Future research could also control for high body dissatisfaction and low body appreciation, and see if the intervention would work for women with very poor and very good body image. Another important improvement to consider is the use of more up to date scales, such as The Body Appreciation Scale-2 (BAS-2; Tylka & Wood-Barcalow, 2015b), which has been modified to include the latest research on positive body image. Similarly, a more recent body anxiety measure such as The Social Appearance Anxiety Scale (SAAS; Hart *et al.,* 2008) could be considered.

Moreover, due to the increasing literature looking at feminism and its impact on body image, future research could explore participants' level of feminism in more detail. Researchers could introduce a measure of feminist identity and feminist movement appraisals, such as The Feminist Perspective Scale (FPS; Henley, Meng, O'Brien, McCarthy, & Sockloskie, 1998), which measures agreement with feminist ideologies; The Feminist Identity Scale (FIS; Rickard, 1989), that assesses stages of feminist identity development; as well as a measure of the feminist label, such as

The Feminist Self-Labelling (Myaskovsky & Wittig, 1997). This way interesting correlations could be made regarding feminist endorsement, feminist identification, and measures of body image. In addition, participants' BMI could also be measured and correlated with body anxiety, to further explore whether actual body size is related to participants' body anxiety.

Another future research avenue could be to devise a version to test on adolescent girls. Especially because this populations would potentially respond well to the online format. This could also be also transferred to a smartphone app that teenage girls could access and receive ongoing support and psychoeducation. This could potentially also include self-monitoring tools, alongside relaxation techniques and healthy eating check list.

Finally, in terms of the content of the intervention, as suggested by the qualitative interviews, the material could be broken down into three or more sessions. The intervention could also include more videos and more exercises in an attempt to make it more user friendly and interactive. The theory parts could consist of a basic overview, accompanied by additional 'read more' material, which would make the theoretical part less dense but still comprehensive. Additionally, as indicated by two participants, the content could be expanded to include a section on men and body image.

4.5 Implications for Counselling Psychology Practice

The positive findings of the present study could lead to an adaptation of the online intervention to clinical practice. The intervention could be integrated into standard treatment protocols, for instance as part of psychological therapy to serve as a homework assignment. The material, thoughts and behavioural changes of the client could then be discussed in the session with the therapist. Moreover, the online intervention has the potential to become a useful tool for wait list clients in various

women, counselling and disordered eating services, although more research would be needed for clinical populations.

The online intervention could also be used and further adapted for adolescent girls as part of prevention programmes at school. Due to its online delivery, it could be very appealing to the younger audience. In addition, a mobile app could be developed, and could also include a self-monitoring tool and a healthy eating guide, that could support adolescents on a daily basis. Again, more research would be needed for this age group.

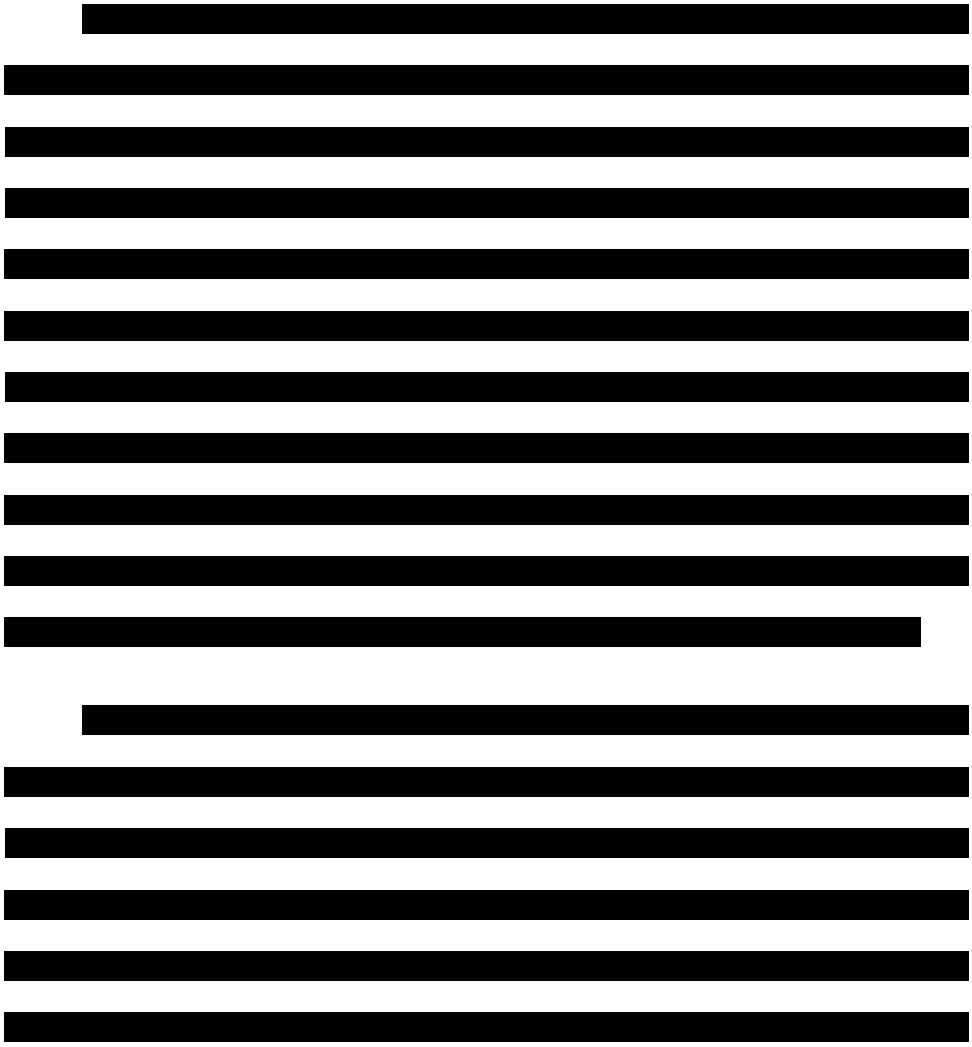
In counselling psychology practice this could be a programme offered to clients as part of psychoeducation and homework assignments after considerable training. The content of the intervention, the effect it had on the client and any difficult feelings it has brought up can be explored in the therapy. This could be useful tool for behavioural activation, for instance for clients that experience high body anxiety and low self-esteem, and who use avoidance as a coping strategy that would lead to isolation, greater anxiety and depression. This could be used as a tool to get such clients to leave the house, socialise with people and engage in healthy behaviours. This could also inform counselling practice in showing that fostering positive characteristics, as opposed to only focus on relieving the negative ones, could result in great improvements. A strength based approach could for example focus on women's unique beauty and their body functionality.

Another important finding was the positive impact of feminism and feminist identity on women's body image variables, their self-esteem, and the rejection of societal beauty standards. Socialising clients to feminism, feminist theories of body image and objectification of women could potentially result in their empowerment. Feminist psychoeducation is particularly relevant, since feminism has been repeatedly shown to protect women against the negative media's messages, sexual objectification and self-objectification of women. By challenging the societal pressures to be thin and to be evaluated as an object, feminism offers a different

interpretation and has the potential to equip women better to reject the media beauty ideal.

Finally, elements of media literacy can also be explored in therapy given the links with body satisfaction, body appreciation and reduced body anxiety. Today's media puts a great deal of pressure on women to look a certain way and often leaves them feeling dissatisfied with their bodies. Media literacy could be a great tool to use in therapy with women who have anxieties about their looks, and who are high self-objectifiers. By exploring Photoshop image manipulation clients could gain a more critical view of the media, thus potentially feel better about their bodies.

4.6 Final Reflections



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4.7 Conclusions

Overall, this study suggests that incorporating a combination of feminist psychoeducation, positive body image with the body functionality task, and media literacy appears to have led to improvements on participants' body image measures. The qualitative interviews of a small subset of participants showed that the intervention was well-received by the participants, the content was interesting and comprehensive, whereas the impact on them was empowering and made them appreciate their bodies more. The qualitative data also points at online delivery being very convenient and appreciated by the participants. It should be noted however, that the study did not have a control group and that the qualitative sample was small. In addition, because of the lack of follow-up we cannot be certain that the results would remain stable over time. Further research is needed, that would include a control group and a follow-up in order to examine positive body image, feminism, media literacy, and internet treatment delivery in more detail so that a more comprehensive programme could be designed to prevent and treat body image issues in women and potentially young girls.

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List of Appendices

Appendix A: Study Advert 1 & 2

Study Advert 1

Department of Psychology

City, University of London

PARTICIPANTS NEEDED FOR RESEARCH

Our Bodies: 60min Online Program Session for Women about Feminism and Positive Body Image

We are looking for women (minimum 18years old)
who experience some issues concerning their bodies
but are not currently receiving treatment the following: Depression, Eating Disorder or Body Dysmorphic Disorder.

You would be asked to take part in a **60min internet session** on Body Image. You will also be asked to complete an online questionnaire before and after Our Bodies Program. This study is **anonymous** (only email address provided) and will be carried out by a Trainee Counselling Psychologist as part of a Doctoral Thesis.

Your participation would involve completing:

• 1st Online Questionnaire (approx. **20min**)

• Online Session (approx. **60min**)

• 2nd Online Questionnaire (approx. **20min**)

In appreciation of your time, you will be entered for a prize draw at the end of the study

3 Amazon vouchers worth £50 each

Winners will be randomly selected and contacted via email they provided.
In addition, you will also have the opportunity to learn about positive body image and feminism, as well as contribute to the current counselling psychology research.

For more information about this study or to take part please contact:

Emilia Szmigielska: [redacted] (researcher)

Dr Jessica Jones Nielsen: [redacted] (research supervisor)

This study has been reviewed by, and received ethics clearance through the Psychology Research Ethics Committee, City, University of London, PSYETH (P/F) 15/16 197.

If you would like to complain about any aspect of the study, please contact the Secretary to the University's Senate Research Ethics Committee on 020 7040 3040 or via email: [redacted]

Study Advert 2

Thank you for completing of the online study. You have been entered into the prize draw.

You now have the opportunity to express interest in taking part in the interview stage of the study. If you think you might be interested, please tick the box. If you are selected, you will be emailed further information about the interview stage so that you can decide whether you would like to take part. Participation at this stage is entirely voluntary and will not affect your chances in the prize draw.

If you are chosen for the interview stage you will be offered an appointment for a 45min interview with the researcher (Trainee Counselling Psychologist) at East London Consulting Rooms (Hackney, London). You will be asked questions about your experience of taking part in the 'Our Bodies Program'. This will help the researcher get a better insight into this online body image session, and see the experience from your perspective.

You will be reimbursed for your time with a **£10 Amazon Voucher**

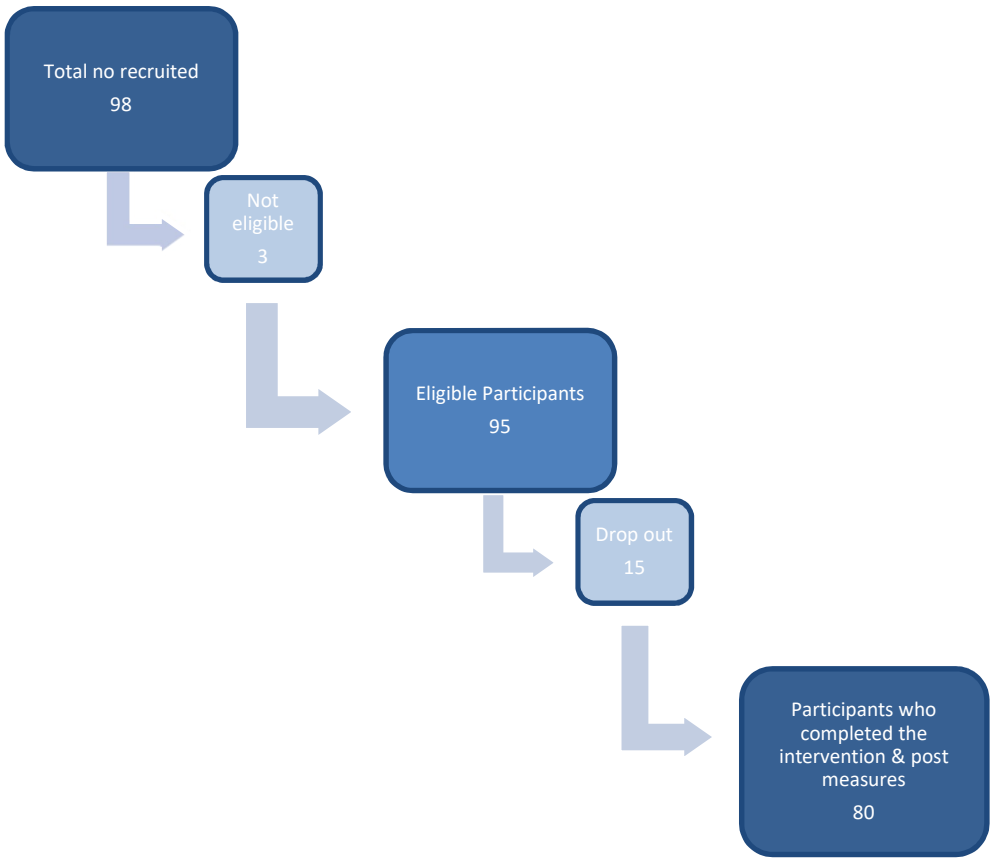
Would you like to be considered for the interview stage of this Study?

Yes. ☐

No. ☐

Thank you.

Appendix B: Participant Flow Chart



Appendix C: Questionnaire

PART 1. Please complete the following sections with your personal information:

1. Email Address: _____

2. Age: _____

3. Gender: ☐ Female ☐ Male

4. Ethnicity: ☐ European White ☐ Asian ☐ African Caribbean ☐ Other

5. Highest educational qualification:

☐ Secondary school ☐ High school/college ☐ Undergraduate degree

☐ Postgraduate degree ☐ Other

6. Your marital status:

☐ Single ☐ In a relationship ☐ Married ☐ Separated/Divorced ☐ Other

7. Are you currently receiving treatment or have a diagnosis for Depression?

☐ Yes

☐ No

8. Are you currently receiving treatment or have a diagnosis for Eating Disorder?

☐ Yes

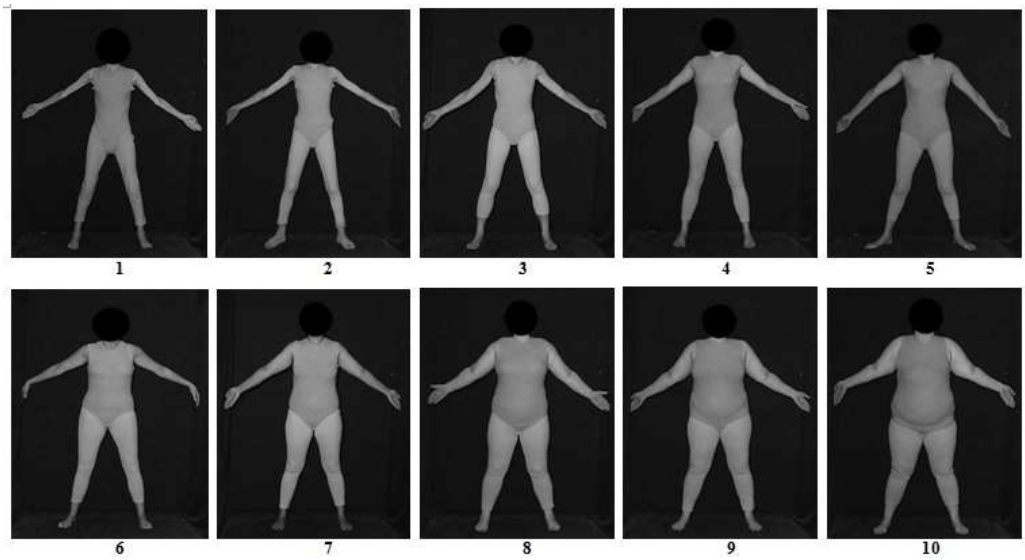
☐ No

9. Are you currently receiving treatment or have a diagnosis for Body Dysmorphic Disorder?

☐ Yes

☐ No

PART 2.



PFRS

Please answer the following questions by writing a suitable number (1-10 based on the images above) in the space after each question.

1. Which figure do you find most physically attractive?_____

2. Which is the largest figure that you consider physically attractive?_____

3. Which is the thinnest figure that you consider physically attractive?_____

4. Which is the figure that you think men your age find most physically attractive?_____

5. Which figure most closely matches your current body?_____

6. Which is the body that you would most like to possess?_____

PART 3. In this section, please indicate whether each question is true about you never, seldom, sometimes, often, or always.

BAS	Never	Seldom	Sometimes	Often	Always
1. I respect my body.	1	2	3	4	5
2. I feel good about my body.	1	2	3	4	5
3. On the whole, I am satisfied with my body.	1	2	3	4	5
4. Despite its flaws, I accept my body for what it is.	1	2	3	4	5
5. I feel that my body has at least some good qualities.	1	2	3	4	5
6. I take a positive attitude toward my body.	1	2	3	4	5
7. I am attentive to my body's needs.	1	2	3	4	5
8. My self-worth is independent of my body shape or weight.	1	2	3	4	5
9. I do not focus a lot of energy being concerned with my body shape or weight.	1	2	3	4	5
10. My feelings toward my body are positive, for the most part.	1	2	3	4	5
11. I engage in healthy behaviours to take care of my body.	1	2	3	4	5
12. I do not allow unrealistically thin images of women presented in the media to affect my attitudes toward my body.	1	2	3	4	5
13. Despite its imperfections, I still like my body.	1	2	3	4	5

PART 4. Below is a list of statements. Please read each item carefully and indicate the degree to which you agree with each of the statements.

SPAS	Not at all like me	A little like me	Sort of like me	Like me a fair bit	Like me a lot
1. I am comfortable with the appearance of my physique/figure.	1	2	3	4	5
2. I would never worry about wearing clothes that might make me look too thin or overweight.	1	2	3	4	5
3. I wish I wasn't so uptight about my physique/figure.	1	2	3	4	5
4. There are times when I am bothered by thoughts that other people are evaluating my weight or muscular development negatively.	1	2	3	4	5
5. When I look in the mirror I feel good about my physique/figure.	1	2	3	4	5
6. Unattractive features of my physique/figure make me nervous in certain social settings.	1	2	3	4	5
7. In the presence of others, I feel apprehensive about my physique/figure.	1	2	3	4	5
8. I am comfortable with how fit my body appears to others.	1	2	3	4	5
9. It would make me uncomfortable to know that others were evaluating my physique/figure.	1	2	3	4	5
10. When it comes to displaying my physique/figure to others, I am a shy person.	1	2	3	4	5
11. I usually feel relaxed when it is obvious that others are looking at my physique/figure.	1	2	3	4	5
12. When in a bathing suit, I often feel nervous about the shape of my body.	1	2	3	4	5

Appendix D: The Intervention

Section removed for publication purposes.

Appendix E: Participant Information Sheet 1 & 2

Participant Information Sheet 1

Title of study *Our Bodies: A mixed methods study of an internet based body image intervention using Feminist Theory to enhance Positive Body Image.*

We would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the study?
This study has been designed to test Our Bodies online program, which is interested in women and their body image. The aim is to better understand difficulties women experience regarding their bodies and ways to improve their psychological wellbeing by increasing positive thoughts and feelings about their bodies. The study is part of a final year doctoral thesis at the Professional Doctorate in Counselling Psychology course at City, University of London.

Why have I been invited?
80 women will be taking part of the study. We are looking for women over 18 years old who experience some issues concerning their bodies, but are currently not receiving treatment for Depression, Eating Disorder or Body Dysmorphic Disorder.

Do I have to take part?
Participation in the project is voluntary, and you can choose not to participate in part or all of the project. You can withdraw at any stage of the project without being penalized or disadvantaged in any way.

It is up to you to decide whether or not to take part. If you do decide to take part, you will be asked to select online whether you agree to take part in the study. If you decide to take part, you are still free to withdraw at any time and without giving a reason.

What will happen if I take part?

- *You will complete the 1st questionnaire before the study (approx. **20min**).*
- *You will then complete the Online Session (approx. **60min**),*
- *followed by the 2nd questionnaire (approx. **20min**).*
- *Information provided on the questionnaires will be analyzed by the researcher.*

- *All of this research is taking place **online.***

Prize Draw

- In appreciation for your time you will be entered for a prize draw.
- 3 Amazon vouchers worth £50 each to be won.
- Winners will be randomly selected and contacted via email.

What do I have to do?
Your role is to complete the online session about body image, which will take approximately 60min. The program will include information, videos and images focused around the topics of feminism and positive body image. You will also be asked to complete an online questionnaire (approximately 20min) twice: before and after Our Bodies Session. This would total to approximately 1h40min of your time online.

What are the possible disadvantages and risks of taking part?
There is a possibility that certain topics may be of sensitive nature and could bring various feelings up for you. If this happens you can contact the researcher and counselling services like MIND (www.mind.org.uk, Tel. 0300 123 3393), Women + Health (www.womenandhealth.org.uk, Tel. 020 7482 2786), or the Samaritans (www.samaritans.org, Tel. 116 123). If you are a City University Student you can also seek support with City University Student Counselling and Mental Health Service (coun@city.ac.uk, Tel. +44 (0)20 7040 8094).

What are the possible benefits of taking part?
Apart from taking part in the prize draw (3 x £50 Amazon vouchers), you could also benefit by possibly enhancing your knowledge and understanding of the topic of body image.
In addition, this study has the potential to benefit counselling psychology research and future practice.

What will happen when the research study stops?
In the event of this research project having to stop, all data obtained will be destroyed.

Will my taking part in the study be kept confidential?
- *Only the researcher and research Supervisor will have access to the information.*
- *All data will be anonymous and only email address will be obtained for the prize draw and deleted straight after.*
- *Data will be used for the doctoral thesis and possible research journal publications.*
- *No personal information will be used.*
- *Data will be archived on a secure university server.*

What will happen to the results of the research study?
This study is part of current doctoral thesis that may be published in research journals.

Anonymity will be maintained.

What will happen if I don't want to carry on with the study?
You are free to withdraw from the study at any time without any explanation or penalty for doing so.

What if there is a problem?

If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through the University complaints procedure. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is: *Our Bodies: A mixed methods study of an internet based body image intervention using Feminist Theory to enhance Positive Body Image.*

You could also write to the Secretary at:
Anna Ramberg
Secretary to Senate Research Ethics Committee
Research Office, E214
City University London
Northampton Square
London
EC1V 0HB
Email: [redacted]

City, University of London holds insurance policies which apply to this study. If you feel you have been harmed or injured by taking part in this study you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

Who has reviewed the study?
This study has been approved by City, University of London Psychology Research Ethics Committee, PSYETH (P/F) 15/16 197.

Further information and contact details

Emilia Szmigielska [redacted]

Dr Jessica Jones Nielsen [redacted] *(research supervisor)*

Thank you for taking the time to read this information sheet.

Participant Information Sheet 2

CITY UNIVERSITY LONDON

Title of study *Our Bodies: A mixed methods study of an internet based body image intervention using Feminist Theory to enhance Positive Body Image.*

We would like to invite you to take part in a follow-on research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

This study has been designed to test Our Bodies online program, which is interested in women and their body image. The aim is to better understand difficulties women experience regarding their bodies and ways to improve their psychological wellbeing by increasing positive thoughts and feelings about their bodies. This is a follow-on study that will look at women's individual experiences of completing Our Bodies Program. The study is part of a final year doctoral thesis at the Professional Doctorate in Counselling Psychology course at City University London.

Why have I been invited?
We are looking for 4 women who completed the online part of the study to tell us about their experience.

Do I have to take part?
Participation in the project is voluntary, and you can choose not to participate in part or all of the project. You can withdraw from this part of the study before the data analysis stage without being penalized or disadvantaged in any way. Data analysis will take place 2 weeks after your interview.

It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to sign a consent form. If you decide to take part you are still free to withdraw before the data analysis stage and without giving a reason.

What will happen if I take part?

- *You will have a 1:1 interview with the researcher (**approx. 45min**).*
- *You will be asked questions about your experiences of Our Bodies Program.*
- *Interview will be recoded, transcribed and then analyzed for common themes.*
- *This will take place at the City University in Islington, London.*

Expenses

- In appreciation for your time you will receive a £10 Amazon voucher.

What do I have to do?
Your role is to take part in a 1:1 interview at City University London. The 45min interview will be conducted by the researcher (Trainee Counselling Psychologist) and will be recorded, transcribed and analyzed. In the interview you will be asked questions about your experiences of the Our Bodies Program.

What are the possible disadvantages and risks of taking part?
There is a possibility that certain topics may be of sensitive nature and could bring various feelings up for you. If this happens you can the researcher and counselling services like MIND (www.mind.org.uk, Tel. 0300 123 3393), Women + Health (www.womenandhealth.org.uk, Tel. 020 7482 2786), or the Samaritans (www.samaritans.org, Tel. 116 123). If you are a City University Student you can also seek support with City University Student Counselling and Mental Health Service (coun@city.ac.uk, Tel. +44 (0)20 7040 8094).

What are the possible benefits of taking part?
Apart from the £10 Amazon voucher, you would allow for the researcher to enhance their knowledge and understanding of the topic of body image, which in turn could help to develop more comprehensive body image interventions in the future.
In addition, this study has the potential to benefit counselling psychology research and future practice.

What will happen when the research study stops?
In the event of this research project having to stop, all data obtained will be destroyed.

Will my taking part in the study be kept confidential?

- *Only the researcher and research Supervisor will have access to the information.*
- *All data will be anonymous and no names will be used.*
- *Data will be used for the doctoral thesis and possible research journal publications.*
- *No personal information will be used.*
- *Data will be archived on a secure university server.*

What will happen to the results of the research study?
This study is part of current doctoral thesis that may be published in research journals. Anonymity will be maintained.

What will happen if I don't want to carry on with the study?
You are free to withdraw from the study before data analysis stage (2 weeks after the interview) without any explanation or penalty for doing so.

What if there is a problem?
If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through the University complaints procedure. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is: *Our Bodies: A mixed methods study of an internet based body image intervention using Feminist Theory to enhance Positive Body Image.*

You could also write to the Secretary at:
Anna Ramberg
Secretary to Senate Research Ethics Committee
Research Office, E214
City University London
Northampton Square
London
EC1V 0HB
[redacted]

City, University of London holds insurance policies which apply to this study. If you feel you have been harmed or injured by taking part in this study you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

Who has reviewed the study?
This study has been approved by City, University of London Psychology Research Ethics Committee, PSYETH (P/F) 15/16 197.

Further information and contact details

Emilia Szmigielska[redacted]

Dr Jessica Jones Nielsen[redacted] *(research supervisor)*

Thank you for taking the time to read this information sheet.

Appendix F: Consent Form 1 & 2

Consent Form 1

Title of Study: *Our Bodies: A mixed methods study of an internet based body image intervention using Feminist Theory to enhance Positive Body Image.*

Ethics approval code: PSYETH (P/F) 15/16 197

Please tick box

1.	I agree to take part in the above City, University of London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records. I understand this will involve: • completing online questionnaires asking me about body image • completing a computer based body image intervention	I agree ☐
2.	This information will be held and processed for the following purpose: to enhance current research in the area of body image and counselling psychology. I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation.	I agree ☐
3.	I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalized or disadvantaged in any way.	I agree ☐

4.	I agree to City, University of London recording and processing this information about me. I understand that this information will be used only for the purpose set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.	I agree ☐
5.	I agree to take part in the above study.	I agree ☐

_____

Participant's email address

Consent Form 2

CITY UNIVERSITY LONDON

Title of Study: *Our Bodies: A mixed methods study of an internet based body image intervention using Feminist Theory to enhance Positive Body Image.*

Ethics approval code: PSYETH (P/F) 15/16 197

		Please initial box
1.	I agree to take part in the above City, University of London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records.	

	I understand this will involve: • 45min audio recorded interview about my experiences of the online intervention • talking about my body image	
2.	This information will be held and processed for the following purpose: to enhance current research in the area of body image and counselling psychology. I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation. AND I consent to the use of sections of the transcript in publications.	
3.	I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project, before the data analysis stage (2 weeks after) without being penalized or disadvantaged in any way.	
4.	I agree to City, University of London recording and processing this information about me. I understand that this information will be used only for the purpose set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.	
5.	I agree to take part in the above study.	

_____	_____	_____
Name of Participant	Signature	Date
_____	_____	_____
Name of Researcher	Signature	Date

Appendix G: Information for excluded participants

Thank you for expressing your interest in taking part in this study. Unfortunately, you do not fit all of the study's requirements for participation. This is because we are recruiting a very specific and narrow group. We apologise for any inconvenience this has caused.

If this research has raised any concerns or questions you can contact the researcher and counselling services like MIND (www.mind.org.uk, Tel. 0300 123 3393), Women + Health (www.womenandhealth.org.uk, Tel. 020 7482 2786), or the Samaritans (www.samaritans.org, Tel. 116 123). If you are a City University Student you can also seek support with City University Student Counselling and Mental Health Service (coun@city.ac.uk, Tel. +44 (0)20 7040 8094).

If you have any other questions, please do not hesitate to contact us at the following:

Emilia Szmigielska: [redacted]

Dr Jessica Jones Nielsen: [redacted]

Appendix H: Debrief Information 1 & 2

Debrief Information 1

Our Bodies: A mixed methods study of an internet based body image intervention using Feminist Theory to enhance Positive Body Image.

DEBRIEF INFORMATION

Thank you for taking part in this study. Now that it's finished we'd like to tell you a bit more about it.

The aim of this study was to create and investigate a new intervention for women experiencing body image issues. Apart from using previously well researched treatment for body image, this study added new components: feminist ideas to promote positive body image. It is hoped that this and future studies will help develop a more sophisticated intervention programme that will be easily accessible via the internet.

If this research has raised any concerns or questions you can contact the researcher and counselling services like MIND (www.mind.org.uk, Tel. 0300 123 3393), Women + Health (www.womenandhealth.org.uk, Tel. 020 7482 2786), or the Samaritans (www.samaritans.org, Tel. 116 123). If you are a City University Student you can also seek support with City University Student Counselling and Mental Health Service (coun@city.ac.uk, Tel. +44 (0)20 7040 8094).

We hope you found the study interesting. If you have any other questions, please do not hesitate to contact us at the following:

Emilia Szmigielska [redacted]

Dr Jessica Jones Nielsen: [redacted]

Ethics approval code: *PSYETH (P/F) 15/16 197*

CITY UNIVERSITY LONDON

Our Bodies: A mixed methods study of an internet based body image intervention using Feminist Theory to enhance Positive Body Image.

DEBRIEF INFORMATION

Thank you for taking part in this study and for answering the interview questions. Now that it's finished we'd like to tell you a bit more about it.

The aim of this study was to create and investigate a new intervention for women experiencing body image issues. Apart from using previously well researched treatment for body image, this study added new components: feminist ideas to promote positive body image. It is hoped that this and future studies will help develop a more sophisticated intervention programme that will be easily accessible via the internet.

If this research has raised any concerns or questions you can contact the researcher and counselling services like MIND (www.mind.org.uk, Tel. 0300 123 3393), Women + Health (www.womenandhealth.org.uk, Tel. 020 7482 2786), or the Samaritans (www.samaritans.org, Tel. 116 123). If you are a City University Student you can also seek support with City University Student Counselling and Mental Health Service (coun@city.ac.uk, Tel. +44 (0)20 7040 8094).

We hope you found the study interesting. If you have any other questions, please do not hesitate to contact us at the following:

Emilia Szmigielska: [redacted]

[redacted] *Jessica Jones Nielsen:* [redacted]

Ethics approval code: *PSYETH (P/F) 15/16 197*

Appendix I: Interview Questions

1. On the whole how would you rate Our Bodies Program?
   (Follow up: On a scale 0-10? Why did you choose this rating?)

2. Has anything changed about your body image after taking part in the study?
   (Follow up: Do you feel like it benefited you in any way?)

3. What was most helpful?
   (Follow up: Can you tell me more?)

4. What was least helpful?
   (Follow up: Can you tell me more?)

5. Were there any sections that were unclear?
   (Follow up: If yes can you remember which ones?)

6. What did you think about the program being delivered online?
   (Follow up: What was particularly good/bad about it?)

7. What would you change about the program?
   (Follow up: Could you be more specific?)

8. Finally, would you recommend it to a friend?
   (Follow up: Why?)

Appendix J: Ethics Form

CITY UNIVERSITY LONDON

Psychology Department Standard Ethics Application Form:

Undergraduate, Taught Masters and Professional Doctorate Students

This form should be completed in full. Please ensure you include the accompanying documentation listed in question 19.

Does your research involve any of the following? ***For each item, please place a 'x' in the appropriate column***	**Yes**	**No**
Persons under the age of 18 *(If yes, please refer to the Working with Children guidelines and include a copy of your DBS)*		X
Vulnerable adults (e.g. with psychological difficulties) *(If yes, please include a copy of your DBS where applicable)*		X
Use of deception *(If yes, please refer to the Use of Deception guidelines)*		X
Questions about topics that are potentially very sensitive *(Such as participants' sexual behaviour, their legal or political behaviour; their experience of violence)*	X	
Potential for 'labelling' by the researcher or participant (e.g. 'I am stupid')		X
Potential for psychological stress, anxiety, humiliation or pain		X
Questions about illegal activities		X
Invasive interventions that would not normally be encountered in everyday life (e.g. vigorous exercise, administration of drugs)		X
Potential for adverse impact on employment or social standing		X
The collection of human tissue, blood or other biological samples		X
Access to potentially sensitive data via a third party (e.g. employee data)		X
Access to personal records or confidential information		X
Anything else that means it has more than a minimal risk of physical or psychological harm, discomfort or stress to participants.		X

If you answered 'no' to <u>all</u> the above questions your application may be eligible for light touch review. You should send your application to your supervisor who will approve it and send it to a second reviewer. Once the second reviewer has approved

your application they will submit it to psychology.ethics@city.ac.uk and you will be issued with an ethics approval code. You cannot start your research until you have received this code.

If you answered 'yes' to any of the questions, your application is NOT eligible for light touch review and will need to be reviewed at the next Psychology Department Research Ethics Committee meeting**.** You should send your application to your supervisor who will approve it and send it to psychology.ethics@city.ac.uk. The committee meetings take place on the first Wednesday of every month (with the exception of January and August). Your application should be submitted at least 2 weeks in advance of the meeting you would like it considered at. We aim to send you a response within 7 days. Note that you may be asked to revise and resubmit your application so should ensure you allow for sufficient time when scheduling your research. Once your application has been approved you will be issued with an ethics approval code. You cannot start your research until you have received this code.

Which of the following describes the main applicant? ***Please place a 'x' in the appropriate space***	
Undergraduate student	
Taught postgraduate student	
Professional doctorate student	X
Research student	
Staff (applying for own research)	
Staff (applying for research conducted as part of a lab class)	

1. Name of applicant(s).
[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

3. Project title.

Our Bodies: A mixed methods study of an internet based body image intervention using Feminist Theory to enhance Positive Body Image.

4. Provide a lay summary of the background and aims of the research. (No more than 400 words.)

The aim of the current study is to investigate the usefulness of incorporating feminist ideas to promote positive body image in women using an internet based body image intervention. This novel study will be an initial trial with a non-clinical population of women who experience body image issues in order to evaluate if it is feasible as an intervention in this format.

Counselling psychology has a number of different interventions for body image issues. CBT has a good evidence base in this domain. However, the literature also suggests that existing interventions overemphasise the reduction in negative body image rather than enhancing positive body image. Positive body image has been linked with many factors including feminism, with the literature pointing at it being a promising area in terms of future treatment developments. The main argument presented in research is that feminism is protective and acting as a 'buffer' against societal constructs of beauty and gender roles, thereby resulting in higher body satisfaction and lower importance given to one's appearance.

The present intervention, if effective, will provide a way to incorporate positive body image into existing treatment protocols and thus it is hoped that outcomes for clients are improved. Due to the sensitive nature of eating disorders and body image issues, there is a great rationale of devising internet based interventions to aid individuals who would not seek treatment otherwise.

[redacted]

Recent research has shed light on the advantages of anonymity and ease of access in treating eating disorders, concluding that the internet is an important vehicle of treatment delivery.

Given the prevalence of body image dissatisfaction in a number of clinical populations such as those with eating disorders and depression, this intervention could potentially have a wider range of applications. It is also expected that thanks to the mixed methods design a rich input can be made into the fields of body image and counselling psychology. And thus this study could be a great basis for future larger scale clinical trials.

5. Provide a summary of the design and methodology.

The current investigation is a **mixed methods** design that will develop and test a new intervention using quantitative measures (questionnaires) and qualitative measures (semi-structured interviews). It will also include a **pilot stage** at which 3 females will be asked to take part in a trial of the online intervention. The 3 females will be purposively selected varying in level of education to check for the accessibility of the language used in the intervention. Their feedback will inform any further changes to the intervention before the main recruitment and study phase. The **quantitative stage** of the study will deliver the 60min online intervention to 80 female participants that have met the inclusion criteria. This study has a pretest-posttest design without a control group. The measures will be tested at two time points: baseline and post-intervention, then analysed using paired t-test in order to determine any improvements and their significance. The **qualitative stage** will use 45min semi-structured interviews and a thematic analysis to look at the opinions gathered from 4 of the participants that will give consent to take part in the interview stage of the study. The choice of those participants among the quantitative group will be driven by the results, but will most likely be 4 participants with the best outcomes to see what worked for them. It is expected that this design will be the most beneficial way of testing this intervention and exploring it further. Therefore, rich knowledge could be acquired for future studies that may include more sessions as well as test the intervention using a clinical population.

Stages of the study:

1. Research, planning and the design of the intervention
2. Ethical approval
3. Piloting
4. Quantitative part
5. Analysis I and the choice of participants for the Qualitative part
6. Qualitative part
7. Analysis II
8. Discussion

Evidence used to design the intervention:

1. Positive Body Image (PBI)

There is a great need to develop new body image interventions enhancing PBI (Tylka, 2011). Sanderson and Holloway's (2003) research on eating disorders prevention found that participants responded better to a healthy eating presentation as opposed to a disordered eating one. The healthy presentation consisted of healthy eating habits information and the dangers of media's negative messages, whereas the disordered eating presentation focused on eating disorders signs and symptoms. This highlights the great potential for future treatment fostering PBI characteristics. Furthermore, in a literature review of prevention programmes Yager and O'Dea (2008) concluded that information-based CBT is less effective in improving BI issues and disordered eating than media literacy, self-esteem, and dissonance based education. For example, Becker, Smith and Ciao (2005) showed that the dissonance approach to media literacy reducing the thin ideal internalisation was successful in achieving behavioural change.

2. Feminism

Various studies looking at the positive impact of feminist ideologies found that cognitive restructuring normalizes and re-labels women's thoughts and experiences, provides counterarguments and adaptive interpretations (Srebnik & Saltzberg, 1994). For instance, Peterson, Tantleff-Dunn and Bedwell (2006) looked at the effects of a 15min feminist psychoeducation intervention and found that exposure to feminist identity had a positive impact on female's boy image. It resulted in feminist identification, higher body satisfaction and lower appearance importance. This provides evidence of feminism being protective and acting as a 'buffer' against societal constructs of beauty and gender roles. Similarly, a recent study found that feminist ideology endorsement predicted PBI perceptions (Kinsaul, Curtin, Bazzini, & Martz, 2014). Researchers concluded that feminist views which question traditional gender roles could empower women, giving them confidence to deal with the societal pressures, thus protecting them from disordered eating and BI issues

3. Media Literacy

Media literacy has also been found to be an important factor associated with PBI. A study found that a brief media literacy intervention resulted in preventing adverse effects of the exposure to various thin-and-beautiful media's images for college women (Yamamiya, Cash, Melnyk, & Posavac, 2005). Similarly, another study of a two-session media literacy intervention found it helpful for females that were at high-risk eating disorders level by reducing body dissatisfaction, drive for thinness as well as the internalization of beauty ideals (Coughlin & Kalodner, 2006).

4. Internet based interventions

Due to the sensitive nature of eating disorders and body image issues, there is a great rationale of devising internet based interventions to aid individuals who would not seek treatment otherwise (Myers, Swan-Kremeier, Wonderlich *et al,* 2004). A recent systematic review highlighted the advantages of anonymity and ease of access in treating eating disorders, concluding that it is an important vehicle of treatment delivery (Aardoom, Dingemans, Spinhoven, & Van Furth, 2013).

The intervention:

The current study developed a 60min psychoeducation session which has three sections: a) PBI b) feminist theory c) media literacy (Appendix 1: The Intervention). In overview the PBI section includes tips and strategies for healthy eating and active living. It also incorporates elements of seeing one's body in functionality terms as well as identifying individual beauty. The feminist section focuses on introducing a feminist stance and body image history. It highlights the harmful effects of certain beauty practices, both today and in the past, (e.g. foot binding, corsets, dangerous dieting) and argues against the societal standards women face, instead fostering the empowerment of women. Finally, the media literacy section encompasses the negative view of the media's beauty ideal presentation pointing at the unrealistic effect of airbrushing, and finally presenting more positive images, such as plus size models and older models.

In essence, this intervention has been designed by combining the structure and elements from the two studies presented below, which have been shown to be effective.

1. Feminist Psychoeducation:

In their study of 154 women Peterson, Tantleff-Dunn and Bedwell (2006) created a 15min audiotape for the Feminist Theory Intervention, which resulted in increased physical appearance satisfaction and increased feminist self-identification, when compared to the Psychoeducational Intervention group and the control group. The intervention consisted of the following: definition of feminism, feminist theories of body image and eating disturbance, as well as relevant research findings. The visual elements included women's movement images and art.

Peterson, R.D., Tantleff-Dunn, S., & Bedwell, J.S. (2006). The effects of exposure to feminist ideology on women's body image. *Body Image,* **3,** 237-246.

2. Positive Body Image:

Sanderson and Holloway (2003) studied 112 undergraduate women and looked at the effects of two different types of messages regarding eating disorders: healthy eating

or disordered eating. The former condition was not only more enjoyable and interesting; but it also resulted in more positive attitudes to exercising (i.e. health) at a 3-month follow-up. The healthy eating condition was delivered as a 45min lecture, group brainstorming, videos and handouts. Complete list of activities and topics below.

- Introduce workshop as focused on providing information about eating and exercise to maintain good health
- Watch segment from *Slim Hopes* on media's presentation of women's bodies, and discuss media's focus on extreme thinness in women
- Watch segment from *Slim Hopes* on how eating can become linked with sex and mood, and discuss external triggers for eating, including mood, relationships, and social situations
- Review Food Pyramid and its major recommendations for healthy eating
- Emphasize problems with extreme weight-loss strategies (e.g., fasting, very low calorie diets), such as decreases in metabolism, loss of muscle, and craving high-fat foods
- Review Exercise Pyramid and its major recommendation for health exercise
- Emphasize importance of balanced exercise (e.g., cardiovascular, strength, flexibility) as a way of preventing injury
- Read a poem about the societal pressures women face to be beautiful

Sanderson, C.A., & Holloway, R.M. (2003). Who benefits from what? Drive for thinness as a moderator of responsiveness to different eating disorder prevention messages. *Journal of Applied Social Psychology,* **33(9),** 1837-1861.

6. Provide details of all the methods of data collection you will employ (e.g., questionnaires, reaction times, skin conductance, audio-recorded interviews).

In order to collect the required data, the present study will have a repeated measures design and the questionnaires (Appendix 2: Questionnaire) will be administered prior to the intervention and then immediately after the intervention, however the link for the intervention will be emailed approximately 24h after the pre-questionnaire. The rationale for the 24h delay in emailing the treatment online link is to not have the participants have to take too much time in one go. The questionnaire will take approximately 20min to complete, hence the timescale is proposed as followed:

a) 20min pre-questionnaire
b) 24h later link to complete 60min intervention + 20min post-questionnaire

It is hoped that by spacing out the completion of the intervention as well as the pre and post measures there will be a greater chance of participants completing the study in full.

The online questionnaires will be administered via website Survey Monkey. Measures will include demographic questions (age, ethnicity, education, etc.) and self-reported current treatment or diagnosis of Depression, Eating Disorder or Body Dysmorphic Disorder. It will also include the following three measures of Body Image:

1) body dissatisfaction - **Photographic Figure Rating Scale** (PFRS; Swami *et al.,* 2008)

2) body anxiety - **Social Physique Anxiety Scale** (SPAS; Hart, Leary, & Rejeski, 1989)

3) body appreciation - **Body Appreciation Scale** (BAS; Avalos, Tylka, & Wood-Barcalow, 2005). The questionnaire will take approximately 20min to complete.

The study will include a **pilot stage** at which purposively selected 3 female colleagues will be asked to take part in the quantitative part of the study, i.e. the pre-questionnaire, the intervention, and the post-questionnaire. They will vary in level of education to enable feedback regarding wording and language accessibility of the intervention. The 3 females will be asked for a brief informal feedback regarding the online intervention, e.g. the content, language, timescale, any technical problems. Their feedback will then inform any further changes to the intervention before the main recruitment and study phase.

For the **qualitative stage** four individual semi-structured interviews will take place, approximately 45min each (Appendix 3: Interview Questions). The interview questions focus on the intervention and its elements. The participants will be asked to reflect back on the intervention they received by questions about how helpful they found it and whether they would change anything. The interviews will be recorded and transcribed for further analysis and a separate written interview consent form will be sought before recording (Appendix 4b: Consent Form 2).

7. Is there any possibility of a participant disclosing any issues of concern during the course of the research? (e.g. emotional, psychological, health or educational.) Is there any possibility of the researcher identifying such issues? If so, please describe the procedures that are in place for the appropriate referral of the participant.

In case of any concerns participants will be able to contact the researcher and supervisor via email provided. In such instances the participant will be signposted to university counselling or other counselling service for further help. The debriefing sheet will include contact details for various services including student counselling, Mind and Women's Services (Appendix 5: Debrief Information 1& 2). The same contacts will be given to potential participants that do not meet the inclusion criteria to ensure they are given information and support in case the screening

questionnaire or the rejection to take part in the study upset them (Appendix 8: Information for excluded participants).

8. Details of participants (e.g. age, gender, exclusion/inclusion criteria). Please justify any exclusion criteria.

This study will recruit 80 female participants over 18 years old who will receive the intervention. This number has been calculated using a power analysis so that statistical significance (d = 0.8) can be achieved. This study will look to recruit a non-clinical sample of women with self-reported body image issues who will respond to the recruitment advert (Appendix 6: Study Advert). The exclusion criteria are self-reported current treatment for Depression, Eating Disorders or Body Dysmorphic Disorder. The reasons for that is that this is not a clinical trial hence the study is looking to only recruit a non-clinical sample, i.e. no current treatment or diagnosis of Depression, Eating Disorders or Body Dysmorphic Disorder, as those would need different ethical considerations as well could possibly be confounding variables for this study. The participants will be selected through completing a pre-questionnaire to which an online link will be send to those who respond to the Research Advert.

9. How will participants be selected and recruited? Who will select and recruit participants?

This study will use an opportunistic sample of females, recruiting through City University and other educational institutions, for instance Westminster University. Appropriate ethical approval will be sought for each institution. The researcher will liaise with the research department and will reach students via posters placed both near the research office as well as in the student cafeteria. Moreover, the researcher will register on the Sona platform or other similar recruitment portal in order to further advertise the study. Recruitment will also use the snowballing method where participants can recommend the study to their female friends allowing the study to be open to women that are not currently at university.

Students interested in taking part in the study will be given a link to Survey Monkey containing the information sheet (Appendix 7a: Participant Information Sheet 1), as well as electronically select that they consent to taking part in the study (Appendix 4a: Consent Form 1). Afterwards the participants will be asked to complete the pre intervention questionnaire. Students who do not meet the inclusion criteria will be thanked for wanting to take part in the study and also given resources if they required more information or support (Appendix 8: Information for excluded participants). Students who meet the inclusion criteria will be send a link within 24h for the online intervention which they will be asked to complete as well as the post questionnaire.

At the end of the study participants will also be asked if they would give consent to be contacted regarding taking part in an interview (Appendix 6b: Study Advert 2). They will be informed that participation in the interview is voluntary and will not reduce their likelihood of winning the raffle prize. Additionally, they will be reimbursed (£10 Amazon voucher each) for their travel and interview time. If they are selected for the qualitative part they will receive another

consent form which includes information about the format, location and reimbursement for their time (Appendix 7b: Participant Information Sheet 2). When they arrive for the interview they will be presented with a paper version of a consent form to sign (Appendix 4b: Consent Form 2), as well as another debrief sheet after the interview (Appendix 5b: Debrief Information 2).

10. Will participants receive any incentives for taking part? (Please provide details of these and justify their type and amount.)

Participants taking part in the quantitative part of the study will be entered into a raffle for 3 £50 Amazon vouchers which will be randomly selected from the entries. The interview participants will also receive £10 Amazon voucher each to reimburse their time and travel. In addition, there is also potential for participants to benefit from the information provided in the intervention about the media, positive body image and feminism.

11. Will informed consent be obtained from all participants? If not, please provide a justification. (Note that a copy of your consent form should be included with your application, see question 19.)

Participants will read the online consent form before participating in the study and select a tick box that they agree to take part (Appendix 4a: Consent Form 1). Whereas, the participants selected to take part in the interview stage of the study will sign their consent form in person before the interview (Appendix 4b: Consent Form 2).

12. How will you brief and debrief participants? (Note that copies of your information sheet and debrief should be included with your application, see question 19.)

Participants will be informed about what will happen with their data including their right to withdraw at any time. They will be given the participant information sheet (Appendix 5: Debrief Information 1 & 2), which explains the purpose and plan of the study. They will also give informed consent (Question 11). In case the study brings up anything important or distressing for the participants, they can contact the researcher via email and will be signposted to counselling and women's services for further help. All of those information including contact details to the researcher and research supervisor will be included in the debrief sheet

(Appendix 5: Debrief Information 1 & 2).

13. Location of data collection. (Please describe exactly where data collection will take place.)

Data will be collected online from a UK sample.

13a. Is any part of your research taking place outside England/Wales?

No	**X**	
Yes		If 'yes', please describe how you have identified and complied with all local requirements concerning ethical approval and research governance.

13b. Is any part of your research taking place <u>outside</u> the University buildings?

No		
Yes	X	If 'yes', please submit a risk assessment with your application or explain how you have addressed risks.

13c. Is any part of your research taking place <u>within</u> the University buildings?

No		
Yes	X	If 'yes', please ensure you have familiarised yourself with relevant risk assessments available on Moodle.

14. What potential risks to the participants do you foresee, and how do you propose to deal with these risks? These should include both ethical and health and safety risks.

There is a low risk regarding the sensitive nature of the topic of body image. However, the anonymity (only email address given) of the online intervention should ease the participation in this study. Nevertheless, participants will have the ability to contact the researcher via email and will be signposted to counselling and women's services for further help if required. Both quantitative and qualitative participants will be debriefed accordingly ensuring that they are comfortable about their participation and know where to look for more information and support. Also the data will be kept safe and any identifying information will be kept separate. Full risk assessment has been conducted (Appendix 9: Risk assessment).

15. What potential risks to the researchers do you foresee, and how do you propose to deal with these risks? These should include both ethical and health and safety risks.

There should not be any health and safety risks since the study is conducted online. However, the researcher might get impacted by the content of the study on a person level, but this is not very likely. However, if any unexpected distress did arise, both supervisors and personal therapy will be at hand to help deal with any difficult emotions. In terms of the interviews conducted with four participants in a booked room in East London Consulting Rooms (Hackney, London) a full risk assessment has been conducted in order to ensure safety of both the researcher and the participant (Appendix 9: Risk assessment).

16. What methods will you use to ensure participants' confidentiality and anonymity? (Please note that consent forms should always be kept in a separate folder to data and should NOT include participant numbers.)

Please place an 'X' in all appropriate spaces

Complete anonymity of participants (i.e. researchers will not meet, or know the identity of participants, as participants are a part of a random sample and are required to return responses with no form of personal identification.) **X**

Anonymised sample or data (i.e. an *irreversible* process whereby identifiers are removed from data and replaced by a code, with no record retained of how the code relates to the identifiers. It is then impossible to identify the individual to whom the sample of information relates.)

De-identified samples or data (i.e. a *reversible* process whereby identifiers are replaced by a code, to which the researcher retains the key, in a secure location.)

Participants being referred to by pseudonym in any publication arising from the research

Any other method of protecting the privacy of participants (e.g. use of direct quotes with specific permission only; use of real name with specific, written permission only.) ***Please provide further details below.*** **X**

Participants' Email addresses will be deleted after prize draw.

17. Which of the following methods of data storage will you employ?

Please place an 'X' in all appropriate spaces

Data will be kept in a locked filing cabinet

Data and identifiers will be kept in separate, locked filing cabinets X

Access to computer files will be available by password only X

Hard data storage at City University London X
Hard data storage at another site. *Please provide further details below.*
18. Who will have access to the data?
Please place an 'X' in the appropriate space
Only researchers named in this application form X
People other than those named in this application form. *Please provide further details below of who will have access and for what purpose.*
19. Attachments checklist. *Please ensure you have referred to the Psychology Department templates when producing these items. These can be found in the Research Ethics page on Moodle.
Please place an 'X' in all appropriate spaces

	Attached	**Not applicable**
***Text for study advertisement**	X	
***Participant information sheet**	X	
***Participant consent form**	X	
Questionnaires to be employed	X	
Debrief	X	
Copy of DBS		X
Risk assessment	X	
Others (please specify, e.g. topic guide for interview, confirmation letter from external organisation)		
The Intervention	X	

Interview Questions	X	

20. Information for insurance purposes.

(a) Please provide a brief abstract describing the project

Researchers argue that media's beauty portrayal is not achievable for most women, thus causing body dissatisfaction. Worryingly body dissatisfaction has been repeatedly found to lead to negative consequences such as social withdrawal, low self-esteem, anxieties, excessive use of beauty products, plastic surgery, extreme dieting and exercising, increased eating disorders trend and higher rates of depression in women and adolescent girls. As such this problem cannot be ignored and more research focusing on prevention and treatment of body image issues is of great importance.

This study has been designed to investigate the usefulness of incorporating feminist ideas to promote positive body image in women using an internet based body image intervention. This research is treated as a pilot study with a non-clinical population of females (minimum 18 years old) who experience body image issues. The aim is to develop and evaluate an intervention in this format.

Counselling psychology has a number of different interventions for body image issues. CBT currently has a good evidence base in this domain. However, the literature also suggests that existing interventions could benefit from incorporating positive body image and feminist theories. This is a promising area of research in terms of future treatment developments.

Please place an 'X' in all appropriate spaces

(b) Does the research involve any of the following:	**Yes**	**No**
Children under the age of 5 years?		X
Clinical trials / intervention testing?		X
Over 500 participants?		X
(c) Are you specifically recruiting pregnant women?		X
(d) Is any part of the research taking place outside of the UK?		X

If you have answered 'no' to all the above questions, please go to section 21.

If you have answered 'yes' to any of the above questions you will need to check that the university's insurance will cover your research. You should do this by submitting this application to [redacted] before applying for ethics approval. Please initial below to confirm that you have done this.

I have received confirmation that this research will be covered by the university's insurance.

Name Emilia Szmigielska Date 20.02.2016

21. Information for reporting purposes.

Please place an 'X' in all appropriate spaces

(a) Does the research involve any of the following:	**Yes**	**No**
Persons under the age of 18 years?		**X**
Vulnerable adults?		**X**
Participant recruitment outside England and Wales?		**X**
(b) Has the research received external funding?		**X**

22. Declarations by applicant(s)

Please confirm each of the statements below by placing an 'X' in the appropriate space

I certify that to the best of my knowledge the information given above, together with accompanying information, is complete and correct.	**X**
I accept the responsibility for the conduct of the procedures set out in the attached application.	**X**
I have attempted to identify all risks related to the research that may arise in conducting the project.	**X**
I understand that **no** research work involving human participants or data can commence until ethical approval has been given.	**X**

	Signature (Please type name)	**Date**
Student(s)	**Emilia Szmigielska**	**20.02.2016**

Supervisor		

Psychology Research Ethics
Committee
School of Arts and Social Sciences
City University London
London EC1R 0JD

19th October 2016

Dear [redacted]

Reference: PSYETH (P/F) 15/16 197

Project title: Our Bodies: A mixed methods study of an internet based body image intervention using Feminist Theory to enhance Positive Body Image.

I am writing to confirm that the research proposal detailed above has been granted approval by the City University London Psychology Department Research Ethics Committee.

Period of approval

Approval is valid for a period of three years from the date of this letter. If data collection runs beyond this period you will need to apply for an extension using the Amendments Form.

Project amendments

You will also need to submit an Amendments Form if you want to make any of the following changes to your research:

(a) Recruit a new category of participants

(b) Change, or add to, the research method employed

(c) Collect additional types of data

(d) Change the researchers involved in the project

Adverse events

You will need to submit an Adverse Events Form, copied to the Secretary of the Senate Research Ethics Committee [redacted] in the event of any of the following:

(a) Adverse events

(b) Breaches of confidentiality

(c) Safeguarding issues relating to children and vulnerable adults

(d) Incidents that affect the personal safety of a participant or researcher

Issues (a) and (b) should be reported as soon as possible and no later than 5 days after the event. Issues (c) and (d) should be reported immediately. Where appropriate the researcher should also report adverse events to other relevant institutions such as the police or social services.

Should you have any further queries then please do not hesitate to get in touch.

Kind regards

[redacted] [redacted]

Student Administrator Chair

[redacted] [redacted]

Appendix K: Risk Assessment Form

Please note that it is the responsibility of the PI or supervisor to ensure that risks have been assessed appropriately.

Date of assessment: 28.08.2015

Assessor(s): Emilia Szmigielska and Dr Jessica Jones Nielsen

Activity: Doctorate in Counselling Psychology research - Lone Working

Date of next review (if applicable):

Hazard	Type of injury or harm	People affected and any specific considerations	Current Control Measures already in place	Risk level	Further Control Measures required

Lone working (Locations will include therapy rooms at the mental health charities to conduct the research interviews. As well as the counselling clinic room at City University London).	Personal security/safety compromised Violent or threatening persons	Researcher	-The researcher's mobile number will be given to a safety contact. -The researcher will notify their safety contact of the date, time and location of the meeting with the participant. -Researcher will call the safety contact before and after the meeting so they know the researcher is safe. -The researcher will be seated closest to the exit should they need to exit in an emergency. -Obstacles obstructing the exit will be moved. -The researcher will have relevant emergency telephone numbers on quick dial should it be needed in an emergency. -The researcher will be carrying a personal alarm at all times.	Low	If the researcher's feels that her safety is at risk, the interview will be terminated immediately and she will remove herself from the situation.
Premises where the lone worker is working out of sight or hearing range of colleagues (e.g. therapy rooms at the mental health charities or the	Aggressive/threatening persons Theft of personal property An accident such as a trip, slip or fall	Researcher & participant	-A visitor control system is in place (e.g. singing in and out book). -Effective communication systems in place for the researcher to summon help or to raise an alarm. -CCTV systems. -Arrangement of the interview rooms are arranged in a way that all exits routes are clear. -Good internal and external lighting.	Low	If the researcher's feels that her safety is at risk, the interview will be terminated immediately and she will remove herself from the situation.

counselling clinic room at City University London).			-Security guards. -Heavy carrying and lifting activities will be avoided. -Computer equipment will be placed so as to avoid trip hazards and provide enough space to work comfortably. -The researcher will not take unnecessary expensive equipment or valuables into the room.		
Desktops and other electrical equipment	Electric shock	Researcher & Participant	-All electrical equipment will be visually checked for signs of damage or overheating prior to each use. -Ventilation/cooling vents on electrical equipment will not be obstructed.	Low	If the researcher's feels that there may be hardware problem she will contact an engineer.
Online data storage	Compromising confidential data	Researcher & Participant	- Software engineer will help set up both the researcher's laptop and the study's online platform - Professional anti-virus and anti-spy software will be used - Sensitive data will not be shared via email	Low	If the researcher's feels that there may be software problem she will contact an engineer.

Contacts

[redacted]

[redacted]

SECTION B: CLIENT CASE STUDY

Section removed for confidentiality reasons.

SECTION C: PUBLISHABLE PAPER

Section removed for publication purposes.