

PSYCHOSOCIAL AND HEALTH-RELATED PREDICTORS
OF BODY IMAGE DISSATISFACTION:
A QUANTITATIVE AND QUALITATIVE APPROACH

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Psychosocial and Health-Related Predictors of Body Image
Dissatisfaction:
A Quantitative and Qualitative Approach

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Abstract

This research examined the interrelationships of health-related and psychosocial determinants of body image among a nonclinical population of Canadian women using mixed methods. Based on survey data from the 2003 administration of the Canadian Community Health Survey (CCHS), Study 1 examined relationships between body image and self-esteem, social environment, and eating and exercise behaviour among girls and young women aged 12 to 29, delineated by four age categories ($N=2114$). Significant positive relationships between body image and each variable were found, with primary predictors of body image being self-satisfaction and perception of thinness, followed by a variety of social and health variables depending on developmental stage. Based on three focus groups ($N=14$), Study 2 discussion topics bridged participants' body image feelings with these variables, guided by the statistical findings of Study 1. Women with poor self-esteem, limited social support, and unhealthy eating and exercise behaviours felt much worse about their bodies than women with higher ratings in these categories. This reinforced the quantitative themes but yet provided a more detailed insight into how the variables operate independently and in interaction, particularly with respect to upward social comparison to similar and proximal others. Integrated results indicate that body image satisfaction among girls and young women may largely be predicted by a combination of the topics in question depending particularly on age, with emphasis on self-esteem and social comparison as potentially moderating constructs. An understanding of such variables provides a crucial step toward predicting and counteracting the psychologically damaging implications of body dissatisfaction.

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Forward

The current study seeks to understand young women's body image satisfaction from both a broad-based perspective, and from that of a very local, selective group of informants. I focus on understanding factors related to predicting body image in this demographic group using a large national survey database, and elaborating upon these results through qualitative analysis.

Why body image? When planning new research projects, I am often confronted by the confusing question, "What is important to study?" At the community level, the one in which we, as researchers, are members, so many varied but important issues are brought to light. Although these include body image satisfaction, there are so many other competing topics that it is difficult, whatever choice one has made, to feel that it is the most socially beneficial one. Sometimes I do feel this way about body image: that it is not as important as other equivalent topics of study; that this area is futile and resistant to change, given the massive global presence of negative media influences despite our best efforts at prevention and change. However, I am always met with a challenge when discussing my project with others, including both academics and community members. Even as academics we *are* community members, and body image dissatisfaction seems, to me, to touch everyone, irrespective of age or gender. I wish I could record every comment I receive about the role of body image for so many individuals and the far-reaching impact it has had on their lives or the lives of others close to them. This, I realize, is the answer, in that body image touches the lives of most, often in very pervasive and all-important ways. Until societal expectations of bodies are realistic or even ideally irrelevant, body image satisfaction will continue to require study in order to understand

and, perhaps, counteract the destructive, even dangerous, effects of body image dissatisfaction.

Methodological Rationale

Because national databases exist but are largely underused in this area of study, I feel that it is important to use such far-reaching resources in ascertaining the effects of a variety of social and health-related factors on body image. This kind of data has strong implications for generalization of findings, because representative participants are randomly selected from across the country and from a variety of individual demographic characteristics. Rather than relying on results from a much smaller sample of university students, I believe that generalizable findings based on a larger sample size are essential to guide the development of in-depth, specific and telling qualitatively-based focus groups. With guidance from national-level survey findings, qualitative results are likely to be similarly be informative and relatively generalizable, providing insight into quantitative findings that, as is being realized by more and more mainstream health researchers, are limited in scope by the very nature of survey designs. In this study, the mixed methods are complimentary, allowing for a fuller understanding of the extremely diverse and emotionally-charged issue of women's body image satisfaction.

Why Women? The Gendered Experience of Bodies

I am often asked why my work solely focuses on the experiences of women with body image, and why I have not included men in my studies. People wonder why a researcher focused on equality would deliberately ignore one half of the population, studying only women's body image with little reference to the increasing social and individual pressures for boys and men to conform to a fit, thin, or muscular ideal.

Although a legitimate question requiring a thoughtful answer, the simplest response is that women and men's experience of body image satisfaction and its origins are so vastly different that the use of both genders in a single study would ultimately focus not on the experiences of either, but on the differences between genders. Similarly, an examination of anorexia nervosa, which is often viewed as an extension of severe body image dissatisfaction reveals that 95% of those diagnosed are women (Davison, Neale, & Kring, 2004). This suggests that although body image dissatisfaction is not isolated to girls and women, the gendered nature of the body warrants a separate discussion of women's and men's body image experiences. In a larger project seeking to understand the origins of body image dissatisfaction, it is likely more fruitful to select one gender for examination and gain an in-depth understanding of correlation, causation, and experience, potentially contrasting results with studies focusing primarily upon the other gender.

Feminist researchers have written extensively about the body and the gendered nature of embodiment (e.g., Beausoleil, 1992; Lupton, 2003), suggesting the diversity of body image experiences between women and men. Western culture tends to socially associate and equate women with their bodies, including weight and shape, in which value placed on individual aspects of physicality plays a significant role in determining self-image and self-satisfaction. Qualitative feminist writers argue that women often feel compelled to take on the role of the object of men's gaze and act in accordance with this image, emphasized by mainstream media representations of women in self- and other-objectifying roles (Rice, 2009). Bodies are viewed as a product of social interactions, in that embodiment does not exist in a vacuum, independent of any social or relational influences projected in mainstream society. Rather, feminist writers see the body as co-

acting with the mind in an equal fashion, in opposition to traditionalist and positivist views of the mind as a male construct and the body as female (Beausoleil, 1999; Grosz, 1994). Feminist thinkers suggest that the everyday use of makeup and other appearance-enhancing products and procedures exemplifies the gendered features of embodiment, in that there exists no comparable and socially-mandated male expectation relating to appearance and attraction (Beausoleil, 1994). Instead, women's bodies, expected to attain a socially acceptable standard of beauty for the purposes of others' enjoyment, become gendered in these expectations. Body image moves to the front and centre of feminist researchers' exploration of embodiment and equality, exemplifying the diverse and distinct lived experiences of women and men in terms of their body satisfaction. As such, future studies examining the origins of male body image may not wish, as does the current study, to examine specifically social variables such as social support and self-esteem, but instead may warrant a study of other potentially distinctive male body image topics.

The gendered body has recently been emphasized in an essay collection of young Canadian women, as they discuss struggles with the rigorous and realistically unattainable normative expectations of women's bodies (Torres, 1999). They feel compelled by the daily and lifelong pressures of thinness and beauty to mould their bodies in a manner befitting such expectations, often leaving by the wayside their inner selves and happiness, becoming both object and subject in an ever-demanding Western culture (Beausoleil, 1999). How girls and women experience and negotiate their way through such demanding and unrealistic expectations put forward not only by the media but also by family, friends, and peers is in many ways unique to females. Any attempt within the current study at

equal comparison between girls and boys, men and women, would be, as the saying goes, like comparing apples and oranges.

Introduction

Over twenty-four years have passed since Judith Rodin and colleagues characterized the body dissatisfaction of Western women as being a “normative discontent” (Rodin, Silberstein, & Streigel-Moore, 1985, pp. 267), suggesting that negative body image and its resultant maladaptive cognitions and behaviours only *makes sense*, given the sociocultural environment in which we live. Rodin’s term has since become somewhat of a cliché in body image research, given the almost predictable reference to her chapter in the majority of books and articles published on this subject; however, the phrase still rings true today. Regardless of any improvements in the status of women in any number of social, familial or occupational roles, the pursuit of thinness and obsession with body shape and weight remain an essential component of Western and Westernized women’s everyday lived experience.

These women tend to define segments of their lives by the weight and shape they embodied at that time, often recalling a ‘bad’ year as an ‘overweight’ year, and wishes for better times in the future become wishes for a thinner future (Garner, 1997). Furthermore, Garner’s (1997) influential paper found that 15% of those women surveyed would, given the choice, forfeit over five years of *life* in order to embody the thin ideal represented in the media. Taken together, these findings suggest that body image dissatisfaction is not merely a health factor to examine in an isolated and limited context, but that for many women, it is an over-arching and influential component of health, happiness, and life (Pruzinsky & Cash, 2002).

Recent Historical Development of Body Image Dissatisfaction

Before the development of the mass media, notions of femininity were

popularized through abstract and indirect mediums such as poetry, song, painting, sculpture, and later, through photographs of popularized women. However, women described or depicted in these images were viewed as an incarnation of another world (celebrity or artistic), moreso than as a model of womanhood to which the public should adhere (Thompson & Heinberg, 1999). Parallel with the dramatic increase in diagnosed cases of anorexia nervosa in the 1960s, however, media images of women, presented in the more immediate, realistic, and explicit formats of television and magazines came to represent the ideal standards of female beauty and physicality. Women were increasingly expected by themselves and by others to live up to the mass media's standard of beauty, attained through the consumption of a wide variety of products associated with the advertisements.

Since that time, the average body size of idealized women (e.g., Miss America contestants, runway and Playboy models, musicians, actresses, etc.) has grown dramatically smaller, with many such individuals meeting the diagnostic criteria for anorexia nervosa (Spitzer, Henderson, & Zivian, 1999). Advertisers also began to depict the full bodies of their models, rather than just their faces, shifting the definition of ideal female beauty from simply being that of a pretty face, to representing an entirely unhealthy and unattainably thin body (Sypeck, Gray, & Ahrens, 2004). While women were increasingly bombarded with such thin-ideal images, the cost of highly unhealthy food has decreased and its availability and variety has simultaneously increased, placing women in a double bind between adhering to the requirements of the thin ideal and indulging in the foods which are so much a part of everyday modern life (Nichter & Nichter, 1991).

Changes in our diet have produced alterations in body size of the average person, with both men and women being relatively larger than in the past (Adair et al., 2007). This discrepancy between actual and ideal body shape and weight is only increasing, as everyday women become somewhat larger and idealized women become smaller (Spitzer, Henderson, & Zivian, 1999). These drastic sociocultural changes in the definition of the ideal female body, the explicit mode of presentation, and the consumerist notion of attainability through purchase of the advertised commodity, in conjunction with changes to the modern diet, have likely contributed to and exacerbated women's widespread and normative sense of body inadequacy.

The body image literature presents a wide variety of definitions and terms associated with this area of research, making absolute comparisons across studies somewhat difficult (Pruzinsky & Cash, 2002). However, the underlying themes linking the various terms and definitions highlight the complexity and importance of body dissatisfaction, including weight, shape, and physical appearance (Powell, 1999; Pruzinsky & Cash, 2002). Although studies deal with distinct areas of research among the broader spectrum of body image work, all tend to conclude that for women of a variety of ages, dissatisfaction with one's body holds strongly negative implications for women in particular and is often associated with the inordinately thin standards of various sociocultural agents (e.g., the media, peers, family), although direction of causation is very difficult to determine. Nevertheless, it is clear that from an early age and into adulthood, body dissatisfaction impacts women's overall quality of life, including social relationships, educational and occupational achievement, self-esteem, eating and exercise behaviour, and psychological state (Cash, Jakatdar, & Fleming Williams, 2004).

Introduction to Social & Health-Related Variables

Social relationships. Although body image dissatisfaction is a stable construct (Grogan, 1999; Wardle & Foley, 1989), it is highly susceptible to a variety of feedback. For young girls and women, comments often come from friends and significant others who comprise the non-familial social support network (Hutchinson & Rapee, 2007; McLaren, Kuh, Hardy, & Gauvin, 2004). The peer group is highly related to individual levels of body satisfaction, including both the dieting and body-related attitudes of friends and quality of friendships within groups (Hutchinson & Rapee, 2007). Studies have consistently found a strong influence of peer environment on girls' body image dissatisfaction during adolescence and young adulthood, a critical period of development in which peers are a major source of important appraisal (Hutchinson & Rapee, 2007; Wang, Houshyar, & Prinstein, 2006). Prediction of an individual girl's dieting attitudes and extreme weight loss behaviours are predictable from those of her peer group, in that those whose friends diet or have a poor body image are significantly more likely to engage in dieting behaviours and be strongly dissatisfied with their bodies (Paxton, Eisenberg, & Neumark-Sztainer, 2006). In addition, girls experiencing peer pressure from their group are more likely to diet and to have low levels of body satisfaction, compared to those free from peer-initiated pressure (Lieberman, Gauvin, Bukowski, & White, 2001).

When examining female peer groups who attend the same school but possess differing values or backgrounds, few body image similarities exist (Paxton, Schutz, Wertheim, & Muir, 1999; Hutchinson & Rapee, 2007). Groups who strongly endorse items relating to body comparison, being around people who tease others or are

themselves teased about weight, the influence of friends on dieting decisions and habits are more likely to have highly negative views about their bodies (Paxton et al., 1999). Often, these groups are entrenched in a weight and shape-preoccupied environment, whereas groups with more positive body satisfaction are less involved in this type of culture (Geller, Zaitsoff, & Srikameswaran, 2002).

It is quite possible that groups who are highly concerned with achieving thinness are also interested in or are involved in dating relationships, so that physical appearance is more important to their self-concept. Geller, Zaitsoff, and Srikameswaran (2002) found that girls involved more in school activities and hobbies have higher levels of body image satisfaction than those involved in dating relationships. This suggests that peer groups who as a whole are interested in activities (i.e., schoolwork, sports, extra-curricular or community clubs, lessons) rather than in romantic endeavors may be somewhat protected against the harmful effects of poor body image. This idea is supported by the notion of 'fat bonding' or 'fat talk,' in which female peer groups concerned with thinness regularly engage in discussions about perceived fat issues and weight loss behaviours and tactics, further reinforcing the values of body image dissatisfaction and extreme weight loss behaviours (Nichter & Nichter, 1991; Schutz & Paxton, 2007). Groups who do not engage in 'fat bonding' and instead bond over group interests or activities are not reinforcing such thin-ideal beliefs and behaviours. This again suggests that inherent value differences between female peer groups can reinforce or protect against desires to be thin at a younger and highly transitional developmental period.

However, as young women grow into their late teens and twenties, there is an increase in the influence of romantic social support on women's feelings about their

bodies (Ambwani & Strauss, 2007), in addition to familial and friendship social support. Prediction of women's body image places less emphasis on her significant other's explicit body-related comments and instead stresses the importance of women's internal perceptions of partner preference, sexual esteem, jealousy, and trust (Ambwani & Strauss, 2007; Cash, Theriault, & Annis, 2004; Evans & Weirtheim, 1998; Markey, Markey, & Birch, 2004; Tantleff-Dunn & Thompson, 1995; Wiederman, 2000).

Although women's body image is often fundamentally unchanged in adulthood from that of adolescence (Grogan, 1999; Wardle & Foley, 1989), it is important to remember that body image is not entirely stable, as ongoing social environments shape body satisfaction (McLaren, Kuh, Hardy, & Gauvin, 2004). Research suggests that as heterosexual women move beyond the influence of friends and boyfriends, their more permanent romantic partners (defined here as husbands and long-term boyfriends) play a substantial role in determining body image (e.g., Ambwani & Strauss, 2007; Forbes, Jobe, & Richardson, 2006; Friedman, Dixon, Brownell, Whisman, & Wilfley, 1999; Markey, Markey, & Birch, 2004; Paquette & Raine, 2004; Sheets & Ajmure, 2005; Tantleff-Dunn & Thompson, 1995; Tom, Chen, Liao, & Shao, 2005; Wiederman & Hurst, 1998). There is conflicting evidence in relation to marital status, which has been shown to be a significant *predictor* of body image (Forbes, Jobe, & Richardson, 2006; Tom, Chen, Liao, & Shao, 2005), and also to be *independent* of body image (Ambwani & Strauss, 2007; Friedman, Dixon, Brownell, Whisman, & Wilfley, 1999; Sheets & Ajmure, 2005; Wiederman & Hurst, 1998). Thus, while waiting for current research to further examine and delineate this relationship, it is perhaps more fruitful to examine the social

environment of specific romantic relationships, rather than examining merely the presence or absence of one.

In terms of direct partner feedback, Sheets and Ajmere (2005) found that 14% of women in relationships had received comments from their boyfriends or husbands encouraging them to lose weight. Although these comments did not help relationship satisfaction as a whole, they were surprisingly unrelated to weight loss attempts or decreases in body image satisfaction, demonstrating a significant departure from similar studies sampling from teenage girls (Halpern, King, Oslak, & Udry, 2005; Paquette & Raine, 2004). Research instead suggests that *perceived* body-related partner preference contributes significantly more to women's body image than explicit comments (Markey, Markey, & Birch, 2004). Studies have repeatedly found a surprisingly large discrepancy between the body shape and size that women *think* her partner wishes she was, and how the partner *actually* felt about her weight, regardless of marital status, age, or body weight (Markey et al., 2004; Tantleff-Dunn & Thompson, 1995). Women felt that their partners wished them to be much thinner, and thought partners would be more satisfied with the relationship as a whole if they were to lose weight (Markey et al., 2004). Male partners, however, consistently reported being generally happy with their significant other's body size, indicating they would be satisfied with either a small amount of weight loss or with none at all (Markey et al., 2004; Tantleff-Dunn & Thompson, 1995). This finding primarily relates to women with poor body image, suggesting that how an adult woman believes her husband or partner *feels* about her body is highly dependant on her *own* level of body satisfaction, rather than on implicit or even explicit partner preferences (Markey et al., 2004). More broadly, this illustrates that women are often quite unaware of how

their partner feels about their body, and instead rely on their often incorrect personal perceptions to determine his feelings related to her body. This is problematic in terms of the relationship as a whole, in that explicit communication and understanding about body size issues may be essential to a happy relationship, especially for the female partner.

The independence of body image and partner preference reinforces the idea that women are heavily influenced by thin-ideal images in the media. They may highly internalize the sociocultural message and project it onto their partners, ultimately believing that they must embody this size in order to satisfy their partners (Dittmar, 2005). Men, in contrast, do not seem to internalize this message about body image, and instead are generally satisfied with their partner at any size (Markey et al., 2004). Thus, an examination of the context of women's lives, specifically of the social support for both adolescent girls and grown women, is essential for an understanding of body image dissatisfaction (Lewis & Donaghue, 2005).

In terms of familial environment, early research suggests that families of girls diagnosed with eating disorders often are characterized by negative interactional qualities, including overprotectiveness and over-control among the families of women with anorexia, and disengaged, chaotic, and conflictual environments for those with bulimia (Strober & Humphrey, 1987). As body dissatisfaction is a core component of the diagnosis of eating disorders, there is a clear relationship between those who are not satisfied with their bodies and those who attempt to change their size and shape. In more recent years, the body image literature presents an unclear picture of the importance of family environment and support on girls' and young women's body satisfaction. For example, Babio, Arija, Sancho and Canals (2008) found family environments in body-

dissatisfied and satisfied teenage girls not to be significantly related to levels of satisfaction, whereas other studies have found that negative family environments are important in prediction of body image satisfaction (e.g., Byely, Archibald, Graber, & Brooks-Gunn, 2000). Often family research examines the maternal role in body image dissatisfaction, finding that broader family environments may be less important in satisfaction prediction and that maternal modeling of thinness preoccupation may play an important role (Pike & Rodin, 1991). When mothers perceive their bodies as overweight or inadequate, this may become a model that female children use to judge their own bodies as they move into adolescence. As outlined above, however, often the family unit becomes less important in girls' body image satisfaction as friends and peer groups begin to play a more significant role in girls' lives generally, and in body image specifically, illustrating the fluid nature of body image. As girls become adults and significant relationships within the family environment begin to again play an important role in body image satisfaction, as discussed above, evaluation of body image primarily includes the experiences of romantic relationships in one's satisfaction with weight and shape. Thus, the literature suggests that a variety of social relationships at a variety of demographic stages exert important influences on body image.

Self-esteem. Defined as "an affective component of the self consisting of positive and negative self-evaluations" (Brehm, Kassin, & Fein, 2002, p. 67), self-esteem is an essential variable to examine in relation to body image. Research consistently finds a strong, positive relationship between body image and self-esteem, such that women of all ages who have a more negative sense of self tend to feel dissatisfied with their bodies, have internalized the requirements of the thin ideal, engage in restrictive eating

behaviours, and experience a drive for thinness (Abell & Richards, 1996; Connors & Casey, 2006; Davison & McCabe, 2005; Gilbert & Meyer, 2005; Jones & Buckingham, 2005; Klaczynski, Goold, & Mudry, 2004; Shea & Pritchard, 2007; Tiggemann, 2005). This relationship is strengthened among those in higher socioeconomic classes, suggesting that the pressure to embody a thin figure is more significant among those to whom social status is important (Abell & Richards, 1996). In general, however, self-esteem appears to be intrinsically tied to body image dissatisfaction, such that negative evaluations of the body tend to affect overall self-esteem ratings among those to whom weight and shape is a salient aspect of life (Connors & Casey, 2006). This finding is prevalent not only among young women, who tend to be the target population for this type of research, but across both genders and all age groups (Davison & McCabe, 2005), implying the very real importance of examining body image in relation to self-esteem. It has even been suggested as a mediating factor between body image and everyday functioning, further emphasizing the possibility that those with both poor body image and low self-esteem may experience real inherent difficulties in everyday interpersonal functioning (Davison & McCabe, 2005; Shea & Pritchard, 2007).

Although the relationship between self-esteem and body dissatisfaction is generally accepted, the direction of causation is again unknown (Tiggemann, 2005). The existence of the relationship implies that self-esteem should be an essential component of body image research; and most authors suggest that further delineation of this variable is a necessary goal in order to see beyond the established relationship, and understand the impact of poor self-esteem and body image on women's everyday lived experience (Davison & McCabe, 2005; Shea & Pritchard, 2007).

Social comparison. Social comparison theory, developed in 1954 by theorist Leon Festinger, suggests that when defining and describing the self, it is used as a social construct rather than an absolute one, basing evaluations on similar situational co-actors. When individuals are uncertain of their own ability and no other objective information is available with which individuals may compare, Festinger (1954) believed that others are actively used as a point of reference (Brehm, Kassin, & Fein, 2002). Current research finds that his theory may at the time have been understating the importance of social comparison in uncertain situations, such that even when objective standards exist, comparison with similar others may exert a more dominant role in evaluation than originally expected (Brehm, Kassin, & Fein, 2002). Upward social comparison (Festinger, 1954), in which individuals with lower self-esteem compare to those perceived only as superior, is frequently found among those dissatisfied with their bodies, in which women feeling poorly about themselves selectively compare their bodies only to those perceived as thinner or more beautiful (Jones & Buckingham, 2005; Kraye, Ingledew, & Iphofen, 2007; Leahey, Crowther, & Mickelson, 2007; Shomaker & Furman, 2007; Tiggemann, Polivy, & Hargreaves, 2009). Rather than objectively comparing their bodies to a variety of similar others, body-dissatisfied young women may tragically see others only as superior, concluding that their own embodiment is inadequate and inferior.

Upward social comparison can be directed toward media images (Tiggemann, Polivy, & Hargreaves, 2009) as well as peers (Shomaker & Furman, 2007), resulting in greater negative mood and body dissatisfaction in some cases among those more prone to comparison. Tiggemann and colleagues (2009) note that social comparison is widely assumed by researchers to exert a negative influence on women's body image; however,

few studies have directly manipulated this variable and thus we are generally unable to suppose direct causation. Nonetheless, researchers have found that women engage in upward social comparison toward others' bodies on a daily basis, and this is associated with negative affect, body dissatisfaction, and thoughts of exercising, and, among those who are particularly body-dissatisfied, more thoughts of dieting (Leahey, Crowther, & Mickelson, 2007). These women reported overall higher levels of everyday negative affect, body dissatisfaction, and weight-related cognitions, illustrating the critical importance of social comparison as a societally-based variable in body image research. Although the current study did not examine social comparison, as quantitative items were restricted by those available in the CCHS, the qualitative methods allowed for the examination of the majority of significant body-based variables discussed and experienced by young women, with social comparison emerging as a major predictor of and contributor to negative body image. Upward social comparison emerges in the literature as a critical mediator of reductions in body image satisfaction

Exercise behaviour. Research suggests that women's exercise behaviour is often predictive of body image satisfaction, such that those who participate in weight or cardiovascular training tend to feel better about their bodies following the completion of the program (Depcik & Williams, 2004; Martin Ginis, Eng, Arbour, Hartman, & Phillips, 2005; Tucker & Mortell, 1993). Those who are involved in self-initiated exercise programs on a regular basis are also more likely to feel positively about themselves and about their bodies, independent of weight status (Guinn, Semper, & Jorgensen, 1997; Thome & Espelage, 2004). Interestingly, findings do not suggest that significant improvements in strength, endurance, or overall fitness are required for body image

improvements to take place, but rather that any subjective physical change among participants tends to strongly influence body satisfaction (Martin Ginis et al., 2005). It appears that any degree of regular physical activity exerts a powerful influence on women's body image, perhaps by making them feel more toned, thinner, stronger, and more comfortable in their clothing regardless of any measurable improvements (Martin Ginis et al., 2005; Martin & Lichtenberger, 2002).

After significant enhancement of body image satisfaction has taken place, continued weight loss or fitness achievements are *not* associated with further body image changes, suggesting that there is little or no direct relationship between body composition and body image adjustments (Martin & Lichtenberger, 2002). Body image dissatisfied women often feel that losing weight will automatically improve their body image and overall quality of life; however, these important findings suggest that this distorted perception is instead an extension of women's own body dissatisfaction and is not based in reality. Fortunately, women who begin to exercise with the aim of weight loss may thus begin to feel much better about their bodies early on, frequently shifting activity motivation from thinness achievement to gaining positive health or exercise outcomes (Martin & Lichtenberger, 2002).

Although physical fitness involvement appears to exert a positive influence on most women's body image, it seems that not all women enjoy such positive results (Shaffer & Wittes, 2006). Those who exercise solely for self-objectifying and appearance-related reasons often experience body dissatisfaction, low body esteem, low self-esteem, and problematic eating behaviours, unless the motivation shifts toward physical achievements throughout the exercise program (Martin & Lichtenberger, 2002;

Strelan, Mehaffey, & Tiggemann, 2003). Similarly, over-exercising often results from and in turn contributes to severe body image dissatisfaction among athletes and non-athletes, in an attempt to drastically reduce the balance between caloric intake of food consumed and those burned in a day or to adhere to the excessively lean body requirements of a variety of sports (Vaishali, 2005). Taken together, these findings suggest that exercise behaviour is an important aspect of body image that should not be omitted from studies examining relationships between various aspects of lifestyle and body image satisfaction.

Eating behaviour. Food consumption and body image are inextricably tied together as constructs, given the importance of eating in body weight regulation. Eating behaviours are enormously important, of course, in dieting research, and to accurately predict body image satisfaction, it is important to have some measure of participants' regular eating habits. Although Canada's Food Guide clearly lays out recommendations for healthy eating at any age, it is often difficult for girls and young women in particular to engage in regular healthy eating behaviours for a variety of reasons. Often this includes the misperception that restrictive eating is ultimately synonymous with weight loss, providing a strong incentive for those who have internalized the thin ideal to ignore physiological signs of hunger and to emphasize restriction. Conversely, research suggests that girls and women who consume a balanced diet of healthy foods and do not restrict their food intake report higher levels of body satisfaction (Kelly, Wall, Eisenberg, Story, & Neumark-Sztainer, 2005). Such findings are consistent with the Vitality approach to body image in which eating healthy, as well as being active and feeling good about oneself, is essential for body image satisfaction (Health Canada, 2004). For this reason, it

is essential to examine the degree to which girls and young women actively engage in healthy eating, defined in this project as fruit and vegetable consumption based on available variables in the public use microdata file.

The Current Research

Unfortunately, Newfoundland and Labrador residents are reported to have among the highest rates of obesity in the country and the lowest level of activity among youth (Canadian Fitness and Lifestyle Research Institute, 2006; Shields, 2008; Tjepkema, 2008). In light of the correlation between higher body weight and body image dissatisfaction (McCabe & Ricciardelli, 2003; Stice & Whitenton, 2002), it is conceivable that Newfoundland and Labrador is also home to the highest proportion of body-dissatisfied Canadians. In response to the growing challenge of overweight status and obesity in children and adults, government has introduced health promotion campaigns targeted at increasing healthy lifestyle behaviours among Newfoundland and Labrador residents, ultimately aiming to reduce the high rates of obesity and its ensuing drain on the health care system (Department of Health and Community Services, 2006). The current research addressed one of the primary issues underlying overweight status and obesity by examining the health-related and psychosocial implications of young women's body image dissatisfaction, providing an important point of understanding. By identifying *how* body image dissatisfaction operates upon and encourages both a socially and physically unhealthy lifestyle, future research in the province may seek to identify and attempt to change the *development* of body image dissatisfaction, providing a more advantageous and potentially successful focus for future health promotion intervention.

As discussed, research suggests that a number of social and health variables

largely contribute to women's perceived body image, such that certain individuals may be more prone to body dissatisfaction than others (Melnik, Cash, & Janda, 2004). Of the psychosocial variables proposed to influence body image, those who suffer from low self-esteem or who have difficulties in important social relationships, romantic or otherwise, are predicted to rate their body image more negatively than women who do not (Monteath & McCabe, 1997; Stice, Schupak-Neuberg, Shaw, & Stein, 1994; Williamson, White, York-Crowe, & Stewart, 2004). It appears that strong positive social support provides the context for increased self-esteem in women, and that such connections are in fact protective against the detrimental effects of low body satisfaction (Gerner & Wilson, 2005). However, findings also reveal that women in stable relationships or who are members in a strong and sometimes negative social group similarly suffer from low body satisfaction, suggesting that further examination into this area is warranted (Forbes, Jobe, & Richardson, 2006).

In terms of health-related issues, both everyday food consumption, and degree of physical activity, appear to be predictive of body image (Depcik & Williams, 2004; Strelan, Mehaffey, & Tiggemann, 2003; Thome & Espelage, 2004; Vocks, Legenbaur, & Heil, 2007). Although body image research established these theories based on correlational evidence, limited population samples and regional stratification do not allow for multiple connections between the variables, or for generalization to Canadian women in particular. These results are also inconsistent, and broader research must replicate such findings. The current research will address these gaps by (1) bringing together a number of social and health variables and examining them in both a national and local context, and (2) exploring quantitative findings using a locally-based qualitative analysis, with the

ultimate aim of contributing to the content of current and future provincial body image initiatives.

Using survey data from the 2003 administration of the Canadian Community Health Survey (CCHS), this study examined the relationship between a number of body image, social and health factors. Variables under examination included social support, food consumption, physical activity, marital status, and a self-esteem assessment scale. A number of questions in the CCHS pertaining specifically to body image were used as the dependent measure.

Subsequently, focus groups were conducted with women in St. John's, NL, in an attempt to test and examine quantitative findings against the body image discourses of the local target population. This is in line with all approaches to qualitative methodology, in which there is "a commitment to study the world from the perspective of the acting individual" (Lincoln & Denzin, 1994, p. 575). Advantages of focus groups draw from the unique insights this context provides, including naturalistic communication, openness to sensitive topics, a synergistic building of information through elaboration and disagreement, and a familiarity with language used in target population discourses (Wilkinson, 2004). Focus group discussion topics bridged participants' thoughts concerning body image, sedentary and physical activity, social relationships, self-esteem, and food consumption, guided by specific statistical relationships and predictions found during quantitative analysis.

Hypotheses. By combining methods of existing research in a comprehensive manner, the current study examined how body image was associated with psychosocial and health-related variables using both a large and smaller-scale participant pool. In

Study 1, it was hypothesized that women who evaluated their social and health well-being in a positive manner were more likely to similarly rate their bodies positively.

Specifically, positive endorsements of items pertaining to social support and self-esteem were hypothesized to be significantly associated with and predictive of body image satisfaction. Those who perceived their bodies as overweight were predicted to rate their body satisfaction more negatively than those rating themselves as normal weight.

Engagement in regular physical activity and healthy eating were expected to be associated with and predictive of positive body image. In line with this, it was hypothesized that higher ratings on these variables would predict a stronger sense of body satisfaction among participants. Qualitatively, the exploratory hypothesis of Study 2 was much the same as the above predictions; however, I was anticipating more complex and possibly unexpected explanations for relationships between and predictions among variables found in Study 1, as well as an emergence of other variables accounting for individual differences in body image satisfaction.

Study 1: Quantitative Method

Participants

Participants for the quantitative portion of the current study were drawn from the Canadian Community Health Survey (Statistics Canada, 2003a), Cycle 2.1. This is a cross-sectional survey developed and implemented by Statistics Canada with the purpose of collecting nation-wide health demographics, focusing on health status, health care utilization and health determinants (Statistics Canada, 2003b). Data were collected in 2003 from individuals age 12 and older and residing in 122 health regions across Canada, including 72,608 women. For the purposes of the current study, all female respondents

between the ages of 12 and 29 who responded to CCHS questions regarding body image satisfaction were selected for further study. All of these women also responded to items of interest pertaining to healthy lifestyle behaviours, social support satisfaction, self-esteem, and self-perceived weight. In total, the analysis included a sample of 2,114 women between the ages of 12 and 29, from eight health regions in one Canadian province (Alberta), as this was the only health region that requested for all variables of interest to be asked of its residents.

Ethical Considerations

Because Study 1 utilized existing and public data, it was not addressed in the ethics proposal. This intended omission was approved by the Interdisciplinary Committee on Ethics in Human Research (ICEHR). A copy of ethical approval is included in Appendix A.

Data Collection Method

The CCHS 2.1 contains 132,947 interviews collected through computer assisted interviewing (CAI), both in person and over the telephone. Use of the CAI allowed each interview to progress in a quicker, more customized format, and used built-in checks for response inconsistencies. Participants were initially contacted by Statistics Canada through introductory letters explaining the importance of their participation to health research, and were then contacted in person or over the telephone following receipt of the letters. The large majority of interviews were conducted with the selected respondent; however, extenuating health circumstances allowed the use of proxy interviews, in which a knowledgeable household member responded in place of the participant. Because of the personal nature of a number of health questions, proxy interviews were, of course,

somewhat incomplete, and therefore were used only when absolutely necessary. Although Statistics Canada interviewers were specifically trained in negotiating refusal conversations, some individuals did refuse to participate. They were sent a letter explaining the importance of the survey and the collaboration with their household, followed by a second call or visit from an interviewer. In total, 79% of those contacted by Statistics Canada responded to survey questions.

Weighting

In order to provide generalizable meaning to the large samples in the CCHS, the database includes weighted measures of the participant pool, such that each individual sampled represents a larger number of similar others who would endorse items in the same manner (Statistics Canada, 2003b). This study acknowledges the importance of using weighted population estimates in the CCHS, but in this case the goal is not generalization to the entire population of Canada. Rather, the current study seeks to generalize on a more limited basis to those from which it is sampling (e.g., women between the ages of 12 and 30), and by presenting more specific estimates of this sample, the study instead focuses on participants in much the same manner as other studies employing manual data collection.

Study Independent Variables

- Satisfaction with self: "How satisfied are you with yourself?"
 - Options: Very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, very dissatisfied
- Satisfaction with relationships with family: "How satisfied are you with your relationships with other family members?"

- Options: Very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, very dissatisfied
- Satisfaction with relationships with friends: "How satisfied are you with your relationships with friends?"
 - Options: Very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, very dissatisfied
- Physical activity index: Derived variable based on 49 items assessing participation in a variety of physical activities and their duration:
 - Options: Very active, moderately active, inactive
 - *For example:* "In the past three months, how many times did you participate in jogging or running (various identified activities)?"
- Consumption of fruits and vegetables: Derived variable based on 6 items assessing daily, weekly, monthly and yearly consumption of various fruits and vegetables:
 - Daily options: 1 (Less than 5 times/servings per day), 2 (5 to 10 times/servings per day), 3 (more than ten times/servings per day)
 - *For example:* "In the past week, how many servings of green salad have you consumed?"
- Respondent's opinion of own weight: "Do you consider yourself: overweight, underweight, or just about right?"
 - Options: Underweight, just about right, or overweight

Study Dependent Variable

- Satisfaction with the way body looks: "How satisfied are you with the way your body looks?"

- Options: Very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, very dissatisfied

Participants were also given response options of 'not applicable' and 'don't know' on all items, and for this reason, neutral points in the scales did not affect data quality and instead indicate a purely neutral response. At this point it is important to emphasize that rather than evaluating the actual height to weight ratio (e.g., BMI) of participants and using this to predict body image, the current research instead examined participants' *perceptions* of weight class that may not replicate standardized BMI measurements. The advantages of examining weight perceptions lies in its accurate representation of women's *actual categorizations* of their own body weight, which likely plays a significant role in their body image evaluation as a whole (Connors & Casey, 2006). During critical years of youth when girls and women may *perceive* themselves as larger than they actually are, given the drastically unrealistic *images* presented for comparison in the media, it is essential to understand body weight *perceptions*, rather than conflating BMI with personal interpretations of weight and shape.

Study 1: Quantitative Results

Descriptive Statistics

Table 1 presents the descriptive statistics for participants' ratings on each

Table 1

Descriptive Statistics for Psychosocial and Health-Related Variables by Age

Variable	12-14	15-19	20-24	25-29	Total
Fruits and vegetables					
<i>M</i>	1.57	1.43	1.47	1.43	1.46
<i>SD</i>	.60	.58	.59	.57	.57
<i>n</i>	384	384	421	604	2043
Physical activity					
<i>M</i>	1.76	1.90	2.06	2.17	1.99
<i>SD</i>	.83	.86	.87	.84	.86
<i>n</i>	408	642	440	618	2108
Self-satisfaction					
<i>M</i>	1.57	1.77	1.91	1.88	1.79
<i>SD</i>	.57	.71	.71	.73	.70
<i>n</i>	407	643	444	619	2113
Family satisfaction					
<i>M</i>	1.59	1.75	1.71	1.66	1.68
<i>SD</i>	.68	.81	.79	.79	.78
<i>n</i>	408	642	444	619	2113
Friend satisfaction					
<i>M</i>	1.41	1.56	1.64	1.62	1.57
<i>SD</i>	.53	.65	.66	.67	.64
<i>n</i>	408	642	444	619	2113
Perceived weight					
<i>M</i>	2.08	2.18	2.33	2.46	2.28
<i>SD</i>	.47	.47	.52	.57	.53
<i>n</i>	376	616	425	600	2017

note: please see independent variable descriptions for range and direction of variables

psychosocial or health-related variable, delineate by age category as defined in the CCHS (ages 12-14, 15-19, 20-24 and 25-29). Descriptive statistics of women's body image satisfaction, also categorized by age group, are shown in Table 2.

Table 2

Means for Body Image Satisfaction of Young Women

Age	<i>M</i>	<i>SD</i>	<i>n</i>
12-14	1.86*	.76	408
15-19	2.15*	.88	643
20-24	2.35*	.95	444
25-29	2.51*	1.02	619

note: Higher scores indicate stronger dissatisfaction

**differences between all means significant, $p < .05$.*

Regression Results: Age as a predictor of Body Image Satisfaction

In order to determine whether age was an important variable that may discriminate between body image satisfaction among girls and young women, a stepwise regression analysis was conducted including age as well as the six variables of interest. The model found age to be among the significant predictors of body image, $F(2, 1947) = 311.87$, $R^2 = .391$, $p < .05$. Thus, the analyses continued by assessing body image within the four distinct age categories selected.

Regression Results: Predictors of Body Image Satisfaction, Age 12-29

Stepwise regression models were selected for use as no variables appeared, according to theory, to be more likely to predict and contribute to body image satisfaction than any other, resulting in exploratory-based analyses. A stepwise multiple regression

analysis was conducted to assess the extent to which psychosocial and health-related variables contributed to women's evaluation of body image satisfaction between the ages of 12 and 29, presented in Table 3.

Table 3

Stepwise Regression for Social and Health-Related Variables Predicting General Body Image in Women Age 12-29.

Variable	<i>B</i>	<i>SE</i>	<i>R</i>	ΔR^2
Step 1				
Satisfaction with self	.48	.03	.48	.23
Step 2				
Satisfaction with self	.41	.02		
Perceived weight	.39	.03	.61	.375
Step 3				
Satisfaction with self	.36	.03		
Perceived weight	.39	.03		
Social support: Friends	.11	.03	.62	.384
Step 4				
Satisfaction with self	.36	.09		
Perceived weight	.39	.03		
Social support: Friends	.10	.03		
Physical activity	.06	.02	.62	.387
Step 5				
Satisfaction with self	.35	.09		
Perceived weight	.39	.03		
Social support: Friends	.08	.03		
Physical activity	.06	.02		
Social support: Family	.06	.03	.63	.390

$n = 2114, p < .00.$

The model suggested that five variables significantly predicted body image satisfaction, including satisfaction with self/self-esteem, perceived weight, satisfaction with friends, physical activity level and satisfaction with family relationships, accounting for 39% of the variance in body image. Step 1 of the analysis shows that self-satisfaction significantly predicted body image, $F(1, 1946) = 582.42, p < .00$. Higher levels of self-

esteem were significantly associated with body image satisfaction, demonstrated here through prediction of body image by self-esteem. Step 2 demonstrated that perceived weight of participants, ranging from underweight to overweight, was a significant predictor of body image satisfaction, $F(2, 1945) = 583.70, p < .00$, as those rating themselves as normal or underweight were more likely to positively endorse the body satisfaction item. The third step found that social support in terms of relationships with friends significantly predicted body image satisfaction, $F(3, 1944) = 405.52, p < .00$, suggesting that more positive friend-based social support is an important contributor to girls' and young women's body image satisfaction. Fourth, physical activity levels were found to predict body image, $F(4, 1943) = 308.90, p < .00$, indicating that higher degrees of physical activity predict more positive body image feelings. Finally, the fifth step of the analysis showed that familial social support was a significant predictor of body image satisfaction, $F(5, 1942) = 249.91, p < .00$. Healthy eating, measured by fruit and vegetable consumption, was not found to be a significant predictor. This initial model suggests that general variables including self-esteem and respondent's opinion of own weight are the most significant predictors of body image satisfaction for young women of all ages, but that social relationships with friends and family as well as level of physical activity are important in understanding body image satisfaction.

Regression Results: Predictors of Body Image Satisfaction, Age 12-14

Following completion of a general prediction model of body image satisfaction, participants were separated based on age categories as defined in the CCHS, with groups including women ages 12 to 14 years, 15 to 19 years, 20 to 24 years, and 25 to 29 years of age. For girls between the ages of 12 and 14, three variables emerged as predictors of

body image satisfaction, with multiple regression statistics presented in Table 4,

Table 4

Stepwise Regression for Social and Health-Related Variables Predicting Body Image of Girls Age 12 to 14.

Variable	<i>B</i>	<i>SE</i>	<i>R</i>	ΔR^2
Step 1				
Satisfaction with self	.49	.06	.48	.24
Step 2				
Satisfaction with self	.45	.06		
Perceived weight	.28	.07	.56	.31
Step 3				
Satisfaction with self	.38	.06		
Perceived weight	.28	.07		
Social support: Family	.20	.05	.59	.34

$n = 408, p < .00.$

accounting for 34% of the variance in body image ratings. In Model 1, satisfaction with self was the strongest predictor of body image satisfaction, $F(1, 356) = 111.07, p < .00$, with those more self-satisfied rating themselves higher in body image. Step 2 found that self-rated body size was positively related to body image, $F(2, 355) = 81.05, p < .00$, with girls perceiving themselves as smaller evaluating their bodies in more positive ways. In Step 3, the equation showed that satisfaction with family was also positively related to body image satisfaction, $F(3, 354) = 62.94, p < .00$. In summary, for girls between the ages of 12 and 14, positive body image was significantly related to having a good sense of self and viewing oneself as closer to normal weight than over- or underweight and, socially, having higher levels of family relationship satisfaction.

Regression Results: Predictors of Body Image Satisfaction, Age 15-19

Table 5 presents multiple regression statistics on teenage girls' body image

Table 5

Stepwise Regression for Social and Health-Related Variables Predicting Body Image of Girls Age 15 to 19.

Variable	<i>B</i>	<i>SE</i>	<i>R</i>	ΔR^2
Step 1				
Satisfaction with self	.44	.05	.44	.194
Step 2				
Satisfaction with self	.42	.04		
Perceived weight	.28	.07	.53	.273
Step 3				
Satisfaction with self	.36	.05		
Perceived weight	.29	.07		
Social support: Friends	.15	.05	.54	.292
Step 4				
Satisfaction with self	.35	.05		
Perceived weight	.29	.07		
Social support: Friends	.15	.05		
Physical activity	.07	.04	.55	.295

$n = 643, p < .00.$

satisfaction. A similar analysis was conducted for participants ages ranging from 15 to 19, which provided a more specific model indicating the importance of satisfaction with self/self-esteem, evaluation of one's own weight, relationships with friends, and physical activity level, and accounting for 29.5% of the variance in body image satisfaction.

Replicating results of the broader model, body image was positively associated with self-satisfaction, $F(1, 597) = 145.28, p < .00$, showing that as overall self-satisfaction increases, so too does body image. Similar results were found in the second step, as

respondents' opinions of their own weight status was associated with body image, $F(2, 596) = 113.10, p < .00$, with smaller teenage girls rating themselves as more satisfied with their bodies, consistent with expectations. Thirdly, the positive social support of friends was important in predicting teenage girls' body image satisfaction, $F(3, 595) = 83.02, p < .00$. Lastly, in this important stage of changing body composition, physical activity levels were positively related to body image, $F(4, 594) = 64.67, p < .00$, such that the more teenage girls were physically active, the higher their body image ratings.

Regression Results: Predictors of Body Image Satisfaction, Age 20-24

For young women between the ages of 20 and 24, the focus moved entirely toward satisfaction with self and personal evaluations of weight class, statistically presented in Table 6, accounting for 40% of the variance in body image. Satisfaction

Table 6

Stepwise Regression for Social and Health-Related Variables Predicting Body Image of Women Age 20 to 24.

Variable	<i>B</i>	<i>SE</i>	<i>R</i>	ΔR^2
Step 1				
Satisfaction with self	.49	.06	.49	.24
Step 2				
Satisfaction with self	.41	.05		
Perceived weight	.41	.07	.63	.40

$n = 444, p < .00$.

with self emerged as the strongest predictor of body image, $F(1, 404) = 127.63, p < .00$, showing that, as in the general model, a more positive sense of self is associated with body image satisfaction. For evaluation of weight class, those rating themselves closer to normal or underweight significantly predicted positive body image satisfaction, $F(2, 403)$

= 133.59, $p < .00$. This regression equation, as mentioned, illustrates the singular importance to young adult women of both self-esteem and perceived weight class, above all other social or health-related variables.

Regression Results: Predictors of Body Image Satisfaction, Age 25-29

Finally, a stepwise multiple regression analysis predicting the body image of young women aged 25 to 29 was conducted and is presented in Table 7, reinforcing broad Table 7

Stepwise Regression for Social and Health-Related Variables Predicting Body Image of Women Age 25 to 29.

Variable	<i>B</i>	<i>SE</i>	<i>R</i>	ΔR^2
Step 1				
Perceived weight	.50	.06	.50	.253
Step 2				
Perceived weight	.44	.06		
Satisfaction with self	.36	.05	.618	.380
Step 3				
Perceived weight	.44	.06		
Satisfaction with self	.36	.05		
Physical activity	.09	.04	.624	.386
Step 4				
Perceived weight	.44	.06		
Satisfaction with self	.33	.05		
Physical activity	.08	.04		
Social support: Family	.08	.06	.629	.391
Step 5				
Perceived weight	.44	.06		
Satisfaction with self	.32	.05		
Physical activity	.07	.04		
Social support: Family	.08	.05		
Healthy eating	-.07	.06	.633	.395

$n = 619$, $p < .00$.

findings of all young women. This final analysis revealed that as young women grow older, health behaviours and social relationships with family, specifically, drive the equation, accounting for 39.5% of body satisfaction variance. First, the model suggested that participants' opinions of their weight class was the most significant predictor, $F(1, 583) = 198.67, p < .00$, with those perceiving themselves as smaller feeling better about their bodies. Self-satisfaction or self-esteem was revealed by Step 2 as another significant predictor of women's body image, $F(2, 582) = 179.85, p < .00$, with those feeling overall positively about themselves generalizing this feeling to specific body satisfaction. Physical activity emerged as a predictor in Step 3, with those who were more active feeling better about their bodies, $F(3, 581) = 123.53, p < .00$. Fourth, family relationship satisfaction was important in body image satisfaction, $F(4, 580) = 94.88, p < .00$. Finally, regular consumption of fruits and vegetables was significantly invoked in prediction of body image satisfaction, $F(1, 404) = 127.63, p < .00$. This equation differentially illustrates the importance of a wider breadth of variables to younger women approaching thirty, when compared with those between 20 and 25. Please see Table 8 for a summation of these statistical findings. Given the sizes of adjusted R^2 across all age groups, it is clear that results are not artifacts of the large N but instead are products of true significant effects.

Table 8

Summary of Statistical Findings.

Age	Predictors				
	1	2	3	4	5
12-29	Self	Weight	Friends	Exercise	Family
12-14	Self	Weight	Family		
15-19	Self	Weight	Friends	Exercise	
20-24	Self	Weight			
25-29	Weight	Self	Exercise	Family	Eating

N = 2114, *p* < .00.

note: Self = self-satisfaction; *Weight* = perceived weight class; *Friends/Family* = satisfaction with these relationships; *Eating* = healthy eating

Study 2: Qualitative Method

Approach and design

Although a variety of quantitative research currently examines the social and health variables under question in distinct and specific studies, few results allow for an interpretation of the processes *underlying* findings of correlation and prediction. Instead, studies frequently call for future research to examine such processes and to bridge a variety of variables addressed in separate studies. In Study 1, as in most quantitative studies, limited deductions could be made about underlying processes of the variables, and any simultaneous or isolated interactions. Bridging two approaches and opening the door for a broader context, qualitative methodology uses systematic, non-probabilistic sampling in which "the purpose is not to establish a random or representative sample drawn from a population, but rather to identify specific groups of people who either possess characteristics or live in circumstances relevant to the social phenomenon being studied" (Mays & Pope, 1995, p. 10). Using this framework as a guide, three focus groups were conducted in which semi-structured questions attempted to elicit the lived experience of participants regarding the health and social variables in question.

Participants

The qualitative portion of this study sought to examine relationships between variables related to body dissatisfaction in terms of how post secondary-aged women experience body image issues, including social support, self-esteem, and exercise and eating behaviour. A convenience sample of fourteen young women was drawn from recruitment in four undergraduate courses, and three focus groups with four to five

participants in each were conducted. Women had a mean age of 19.5 years (range: 17 to 23), and were at a variety of stages in their undergraduate and graduate work, ranging from first-year university to second year graduate studies, with majors in the social and medical sciences, human kinetics, and in undecided disciplines. See Table 9 for Study 2 participant demographic information, and for a detailed contextual

Table 9

Study 2 Participant Demographic Information

Pseudonym	Age	Year	Faculty
Francine	19	2nd	Undecided
Victoria	18	1st	Human kinetics
Fiona	22	3rd	Social science
Ashley	23	2nd (graduate)	Social science
Amy	17	1st	Human kinetics
Suzanne	22	3rd	Social science
Amanda	18	1st	Undecided
Nicole	21	3rd	Social science
Kayla	22	3rd	Social science
Heather	20	2nd	Social work
Rachel	18	1st	Undecided
Lauren	18	1st	Science
Emily	18	1st	Medical sciences
Melissa	18	1st	Human kinetics

description of participants, please see Appendix B.

Ethical Considerations

An ethical application for Study 2 of this project (see Appendix A, as mentioned) was approved by the ICEHR at Memorial University of Newfoundland, and was applauded for careful consideration of important ethical issues arising from the research and provision of appropriate protections where necessary.

The process of obtaining participant consent began when interested participants were given a verbal synopsis of the study, and the harms and minor benefits incurred by their participation in focus groups were explained. The anonymous nature of transcribed data was emphasized, as well as the uncertainty of confidentiality among other focus group participants. Participants in the focus groups were told that anonymity would not be maintained during focus groups, unless they choose to use a pseudonym during the sessions and if only strangers were involved in the same group. However a brief discussion was held at the outset of the focus group about the hopes of maintaining confidentiality providing the intended *potential* for confidentiality among participants following the focus group. It is impossible to know if this request was followed.

Although participants gave informed consent before sessions began (detailed descriptions of consent with appendix references to follow), they were free to withdraw at any time, and any data contributed to the group would have been removed from transcription and the written report. However, no participants removed themselves from the groups once started.

Participants who wanted to participate but would not consent to other aspects of the study were able to do so (although this did not take place). The informed consent form had the option to consent to individual aspects of the project, including focus group participation, recording of session, transcription, and use of content in analysis. Participants were informed, however, that no one but the researcher and supervisor had any access to the raw data, and that the transcriptions and report would not have any names or identifying characteristics. Raw data were stored on the researcher's personal computer.

This written report uses pseudonyms, and any identifying characteristics brought up during the sessions have been altered to protect the identities of participants now and in any future use of this data.

Procedure

During recruitment, four undergraduate psychology, sociology, and human kinetics courses were addressed, and were briefly informed of the study aims, objectives, and the importance of studying women's body image using qualitative methodology. After describing the general nature of the focus groups, the students were informed that discussion topics would bridge participants' thoughts about their own or others' body image, health, and social behaviours, guided by specific statistical relationships and predictions found during quantitative analysis. Please see Appendix C for a summary document of focus group recruitment talks given.

By completing a potential recruitment consent form (See Appendix D), female students were able to anonymously indicate if she wished to participate in the study or wanted to receive further information before deciding whether or not to participate.

Those who indicated that they wished to participate were contacted by email with a list of available time slots, and scheduling was done in this manner. Students who wished to receive further information before deciding to participate were contacted by telephone, and scheduling arrangements were made if participation was desired. Please see Appendix E for follow-up emails and telephone scripts for participants after the decision to potentially and definitely participate was made.

Before beginning each focus group, the aims of the study were outlined and participants were introduced to one another in a casual and comfortable manner and setting. Participants read and filled out a consent form in their own time before the groups began, which were then examined by the researcher in a separate room to ensure full informed consent for participation, recording and transcription had been granted (Please see Appendix F for a copy of the consent form and Appendix G for the verbal introduction and instructions to sessions). The focus groups began with simple topics not requiring in-depth or revealing responses (e.g., demographic information and why each participant decided to participate in the group), and slowly approached the more complex topics (e.g., social support and body image) as participants became more comfortable with one another and with the discussion. Introductory responses tended to be brief and directed at the researcher only, but as participants began to listen to one another's unique responses, strict answering quickly became intergroup discussion. Focus groups lasted approximately one hour or until topics had been fully exhausted. The discussions were digitally recorded, and later transcribed to allow for content and thematic analysis.

Focus group topics were in line with those questions addressed in Study 1,

first exploring what the term body image fundamentally meant to participants. Please see Appendix H for the interview guide; however, due to the qualitative nature of inquiry, topics were variably worded across groups. The following themes addressed how social relationships with family and friends, self-esteem, eating behaviour, exercise behaviour, and everyday quality of life were influenced by the individual's body image, and in turn how those variables influenced sense of body satisfaction. Participants were encouraged to discuss not only their immediate experiences with body image, but also those of close friends or family members where appropriate.

Individual transcripts were analyzed thematically as outlined in Green and Thorogood's (2005) discussion on generating and analyzing data, by initially searching each for significant recurring themes and later cross-referencing themes across groups. The analysis initially used inductive methods, in which transcripts were reviewed specifically for themes developed in response to established interview questions. As such, themes were further developed, and inductive reasoning was used with each transcript, whereby unique themes emerged from the data that were not directly elicited. Transcripts were merged following topical development of such themes, providing a contextualized understanding of the topics. Once final and recurring themes had emerged, the transcripts were repeatedly reviewed in order to substantiate initial thematic elements and to document supporting quotations or passages from the text. For a detailed description of various important differentiations between contexts of the three focus groups, please see Appendix I.

Reliability of preliminary thematic analysis was verified through interrater comparisons between the analysis of the primary researcher, and the research

assistant. Both noted the majority of the key themes, and those that were highlighted by only one individual were discussed at length, collaboratively deciding if the particular theme was central to the research question. Preliminary models and conclusions based on the individual analyses were created, in order to facilitate the next phase of thematic analysis conducted by the primary researcher.

Study 2: Qualitative Results

Defining Body Image

Participants were initially asked to discuss and elaborate upon their opinions of what the term 'body image' referred to, in order to evaluate the variety of issues young women associate with this highly charged term. Participants began with straightforward, non-evaluative and textbook-like definitions that included perceptual characterizations, such as the perceived shape of one's body from the perspective of the self and of others. However, definitions quickly moved toward more social designations, including evaluative dimensions. One participant described:

VICTORIA:...If there was an imaginary mirror in front of me, that's what I would see without actually looking at myself.

Others defined body image as the salience of weight or shape at a given moment in time, designated by whether or not the individual was able to *ignore* the assumed judgments from other people. Still other participants described body image as a concept pertaining to the constant struggle with the perceived negative opinions others held regarding her body.

FIONA: I'm a bigger girl, so I always wonder how do other people see me, like do people just look at me and see this like *cow*...

Many used self-handicapping, and Rachel associated body image with the thin ideal

presented in the media and by those around her who emulated these societal ideals:

If you say body image I just think of my Barbie doll friends who are obsessed with going to the mall and want to do their hair, "Oh I look fat..."

Taken together, these representative quotations illustrate the often-negative associations tied to this neutral concept, such that according to young women, body image tends to refer to a general struggle with weight, shape and appearance. Ashley reflected on this almost automatic association of body image with weight and shape specifically:

It's kind of cool that body image has been associated with...weight loss. Because, it can be in other ways...if you don't like your nose, or if you need to gain weight, like there's a lot of pressure to gain weight, if you're too thin.

Although at times consumed with their personal body image struggle when defining the term, participants recognized the pervasiveness of body image dissatisfaction among individuals of *all* shapes and sizes, concluding that image distortion is derived not simply from the 'overweight' or 'obese' label, but instead by perceptually-based body hatred. Along this vein, Nicole suggested:

I think it's more self-esteem related, if you could have a perfect body in terms of what society thinks and you know be 120 pounds, you know, blonde hair blue eyes long hair, whatever, and you could have the shittiest self-esteem ever and I guarantee you that you're still gonna be thinking, "Oh I'm not perfect enough, I need to be skinner," it's all self-esteem I think.

Fiona commented that underweight women likely experience body image dissatisfaction in the same or similar manner to those who perceive themselves as overweight:

A lot of times me and my friends will see this girl and she'll be really thin and really gorgeous and the first thing they'll say is like, "Oh she definitely has an eating disorder." And I'm like, "Sometimes girls are really just...thin!" Like sometimes girls do have a good metabolism and I think that that's sort of, under looked at compared to overweight girls. Like, underweight girls, like

that's probably a problem for them too, like it's probably really hard for them to find like pants, like it is for me and stuff like that so, but in our society it's not considered like a bad thing like being overweight is but it's probably just as unhealthy I'd imagine.

In line with the literature, participants concluded that body image dissatisfaction may be a mental health problem rooted in unattainable societal ideals, which depends not on strict physical adherence to the thin ideal, but rather on the self-esteem and thin-ideal internalization in women of all shapes and sizes. Rachel reasoned that this desire of so many women is based largely in the Western ideals of attainability:

Every aspect of life you always want something that you can't have....everything. You're never satisfied. It's ridiculous.

According to Fiona, women's attempts to achieve a thin and fashionable ideal are temporarily resolved through purchase of advertised commodities frequently worn by or displayed on models and similar co-actors, resulting in a quick fix but also in a long-term cycle of dissatisfaction and relentless body hate:

I'll check out every single person that's walking past, what they're wearing, what they look like, what their shoes are, what their jewelry is, and I'll go like "Oh my god that's gorgeous." And either I'll think like, "Oh they would never make that in my size," or, "My clothing isn't good enough," like I don't [look] good enough. So I'll go out and buy more and newer clothes and after I wear it for like a week or two I'm like, "I don't like that anymore," because I've almost tarnished it to myself...whereas if it was one of my friend's shirts or something I would probably love it for years. But I start hating everything that I own, just because I own it.

Participants understood body image as a negative concept, intertwined with discussion about the consumerist-based notion of thinness as desirable, further endorsed by the girls and women to whom the advertisements and concepts are targeted.

Origins of the Thin Ideal

Without prompting, participants freely discussed thin-ideal origins, attributing the majority of blame to societal-level interconnections of Western culture and the media. This often was derived from general societal trends, including food availability and family size, as well as more specific movements within the mainstream media. Identifying ideal thinness as a product of food availability, Lauren spoke to the group about the cultural paradox of desirable body sizes:

If there's not very much food in a country, usually fat is viewed as like the ideal, whereas if there's a lot of food available, skinny is viewed...I guess it comes into view here because you have so much junk food that's out there, you have McDonalds, you have everything, and then, thin. Is the way to be. Right? Whereas everybody, because of all the stuff out there, everybody is really gaining weight.

According to Ashley, thinness became desirable through a decline in the traditional nuclear family and a Western focus instead on having few children and, presumably, on the pursuit of career and gender equality:

I would imagine that in cultures where families are very big and women have a lot of children, that the ideal they wouldn't be stick thin but would be actually to be a bit bigger. But here in North America our families are getting quite small and we're not having lots of children. So...we're able to be super skinny, I guess, or have that as our ideal?

For participants, however, not only broader cultural trends toward thinness were assigned blame for thin-ideal promotion, but responsibility was also placed upon the media, family and even peers for the explicit popularization of this phenomenon. As Nicole described it,

It's all society driven I think. And also like your family, your peers, but mainly society. Like media, and – the image that they have out there now.

Specifically, participants suggested that 'the media' encompasses the modeling industry and celebrity culture, through their promotion of individuals who are far below any attainable degree of thinness, rather than any previously-held ideals of fertility represented through natural female figures:

RACHEL: My old history teacher [said that]... women are supposed to have pouches. That's just like how it is. Like, just to give birth, you're supposed to have a pouch. So.

HEATHER: Well that's how it used to be. It's only recently that models are stick thin.

Participants were critical of the trend toward the thin-ideal presented in culture, the media and reinforced by family and friends, often feeling exasperated at the unrealistic and unhealthy expectations women are placed under by such strong social forces. Discussions tended toward the consequential development of body image dissatisfaction in women, often regarding its origins in childhood.

Childhood Origins of Body Image Dissatisfaction

Derived from both personal experiences with body image dissatisfaction as a child as well as from observations of the same among young children, participants spontaneously discussed the development of body image dissatisfaction in youth. Although research frequently focuses on the teenage years as a critical temporal period for changes in previously-healthy body image, participants described a much earlier stage of negative body image development.

SUZANNE: I have a question, and that is: What is everyone's first memory of being conscious of the size of your body?

VICTORIA: It was really young, actually the first time it was traumatic I remember like kindergarten someone was making fun of me cause I was fat (shocked reactions from the group). And like I went home, I was like "Woah, I don't understand what's going on!" Heh.

SUZANNE: I know my brother made fun of me when I was really young, but I became, like it was really on my mind from grade 5.

ELIZABETH: ok.

AMY: I'd say probably that age for me, cause I was really active in gymnastics. So I mean when you're a gymnast at a young age, your body is just, that's pretty much how I got my stature right now, is from gymnastics. I probably would've been you know like...big. I was active so I wasn't really thinking about it you know what I mean?

The majority of participants had direct experience with body image in the early to mid elementary school years, strongly suggesting that this might be a critical period of body-salient development, and the ensuing questioning of one's own body acceptability. Participants reflected on recent experiences with younger children who were particularly focused on their own bodies, reinforcing the pervasiveness of childhood body image dissatisfaction into present-day. In contrast to participants' memories of developing a desire for thinness for acceptance purposes, reflections illustrated a more shocking sense of adult-like appearances among young girls wishing to be thinner or embracing their childhood slimness only for this reason.

Suzanne reflected:

My niece actually a while ago, she was like 7, and she was like, "I like the jeans that are tight on top cause they show off my skinniness."

Melissa recalled her experiences with a younger cousin wishing to display her body in adult ways:

I have a cousin who is like 9 years old, she lives in Ontario, I hadn't seen her for like a while. She was down during the summer and she had like short short shorts on, and she was just saying like, "Oh my mom tried to make me buy shorts that were longer but I don't like the way they look on me, I like that you can see my legs, and stuff."

Francine echoed this sentiment regarding the young age with which young girls may begin to be conscious of perceived facial imperfections:

I even see it in the elementary schools cause when I'm home I tend to do a lot of presentations in the elementary schools...I've helped out with camps and

stuff, and the kids that are like grade 4 and stuff, are like, "I need to check to see if my face is still on."

Clearly, participants suggest that body image dissatisfaction has been prevalent among young women for some time; however, the increased emphasis on adult-like appearances seems to be a relatively new phenomenon. A particularly informative discussion hypothesizes that a reduced age in childhood idols and increased emphasis on stars' real lives rather than simply on stage performances, as well as a simultaneous mainstreaming of adult-like appearances, may be partly to blame.

SUZANNE: Um, I think it's more out there all the time. The image of sexuality and stuff. And that women are supposed to be these sex symbols is more and more pushed, and I think that kids are seeing it more often, and they want to be more adult-like in that way...like sexually adult-like. You know...I think sex has become more mainstream, so they're seeing it more.

MELISSA: Like actors are getting younger too now.

SUZANNE: Kids clothes now, looks like adults clothes...

VICTORIA: I think cause like actors, you can see like they're getting younger, right, like Miley Cyrus and just people like that.

KAYLA: Oh yeah, like I don't remember growing up and having those types of role models, I don't remember having a Lindsey Lohan...

MELISSA: Like the Spice Girls and stuff, but...they were like 30 and dressing like that...they weren't 16 and dressing like that...You knew that they were old and that was like their job, it wasn't like, if you turn to a teenager and look like that, then you're gonna be famous too. Like you don't...

SUZANNE: ...Like when we were kids we had the knowledge that this was her job to dress like this. She didn't dress like a hooker because...because I should do it too. It was her stage outfit, she didn't wear that in the real world. And we understood that when we were kids. I don't think there's a difference now. I don't think that kids perpetuate the idea that you should wear hot pants on the street...

And I think we were *told* the difference too. I think our parents told us the difference more. That this is a stage person as opposed to a real person...I think it's partly...when you are in high school and elementary school and stuff it's all about being the same. When you get older it's about making yourself different. But um, if your friend is really skinny and wearing really tight clothes, then you want to be really really skinny and wear really tight clothes. Which causes either you to go really skinny, or you to rebound and go the other way. I think there's a lot of fluctuation you see now, it's like the two extremes, as opposed to like when I grew up, I noticed a lot of people who

were you know, an average size. Whereas now you notice a lot of people who are one or the other of the extremes.

This interesting exchange reinforces understanding of the young age at which children begin to perceive their own bodily flaws. Participants suggest that awareness of the body and its perceived imperfections begins at an early age, based in both the media's portrayal of supposedly-similar others and in adult-like appearances of childhood idols.

Stability of Body Image

Although body image is often labeled as a stable construct that varies little between situations (Grogan, 1999; Wardle & Foley, 1989), participants' lived experiences strongly suggested a larger degree of fluctuation within a relatively stable but large range. For those who described themselves as having a poor body image, this construct was highly susceptible to a variety of feedback and situations, often transforming otherwise pleasant experiences into strongly negative ones. Participants commented on the importance of situational comfort level, the presence of others, and satisfaction with physical appearance in nearly all scenarios. Because different situations appear to hold different ideal body shapes among women, consistent satisfaction among those initially dissatisfied with their bodies is highly implausible. Victoria related the strong salience of appearance in situations with which she felt uncomfortable:

I find when I'm in a less comfortable...place and I don't feel comfortable with myself, I feel like I'm not as adequate as everyone in say like class. If I'm not, don't feel like I know what everyone's talk about, I'll find when I'm feeling, "Oh my god everyone's looking at me, I don't want to look like I'm looking. Wish I could go and change!" [my clothing/appearance].

SUZANNE: Yeah, I agree. Your body image I guess would, I guess, affect your self-confidence. Or vice versa, your self-confidence would affect your

body image in certain situations. I mean, if I feel, you know, if I feel fat today or if I feel like my outfit is whatever, [poor] umm or you know my makeup or my hair looks lousy, then I'm not as confident in other areas, you know.

Participants also discussed the importance of attempting to adhere to images of physical perfection in a variety of situations, with different scenarios requiring different body types.

VICTORIA: I find like the ideal body size that I think of is like, different where I am. If I go to the gym, I think of different ideal body size. Or at the mall or the club or like... (discussion and general agreement)...If you go to the gym you're thinking like toned, like more...

MELISSA: There's a girl on our team and she's like, when we're out and were going to clubs and stuff I'm just like, "Oh yeah you look good and stuff." But for some reason when we're like playing, we're training, she just looks so good. But her legs, are like, huge, I'm not gonna lie. She has huge legs and they're just muscle. And she has a 6 pack. I'm like, "Oh my god. Wish I could be like that" (agreement from Amy). But at the same time when we go out I'm like, "Well, you just look really muscular." It doesn't necessarily look that great. It's just...

VICTORIA: At the mall, it's more casual or something so I think of someone not so curvy, just like fit. But like the thing I like at a party, and one person you're not wearing a lot of clothes, most people, you're showing a lot of skin. It's like, curves, pretty much. Like everyone's thinking about curves and stuff, so.

MELISSA: I know when I go like downtown and stuff I see these girls, ...cleavage and stuff, I'm like, "Ohhh why can't I have that" (laughter).

Participants clearly felt that within a stable broad range (e.g., Grogan, 1999; Wardle & Foley, 1989), body image is a fragile construct that is highly susceptible to changes in specific situations, comfort level, and on the presence of certain others.

Psychosocial Factors

Self-esteem. Research has identified self-esteem as an important and positively correlated construct with body image. The terms are frequently used interchangeably, under the assumption that those with low self-esteem are likely to have negative perceptions of their bodies as well, and although direction of causation is currently

unknown, it is often suggested that self-esteem predicts and influences body image.

Emphasizing this relationship, Lauren reflected that:

I think that there's a base insecurity for everybody. But then the more insecure you are the more likely you are to feel so much more, and probably act on it.

Heather agreed, believing that:

I think that it depends on how much it takes up of the person's personality. If they're obsessive in any way then they could kinda focus on that and, different people...lose weight for different reasons, they tend to look a certain way for different reasons like you were saying.

Suzanne articulated the thoughts of some participants well, indicating that self-esteem was strongly predictive of, but not entirely correlated with, body image.

I think it's definitely related, um the more self-esteem you have the more, you know, be more confident with your body. But not necessarily completely at par...there are other things that have to do with self-esteem that don't have to do with your body. I mean you could have high self-esteem in the fact that you're an extremely intelligent person, but still think that you're the most hideous person in the world. Um. But it's at least a little related. The more self-esteem you have chances are the more you view your body as more beautiful...

Other participants, however, felt that body image is such a strong and significant construct for many young girls and women that it entirely predicts self-esteem.

Ashley suggested that:

I do believe there's a relationship between body image and self-esteem that people who obsess over their bodies or have low body image I would presume that they have low self-esteem. Um, that people without a body image problem, they could also have low self-esteem, it's not necessarily that it's high.

In line with this sentiment, these individuals believed that for those who feel poorly about their bodies, all other aspects of self-esteem are negatively impacted by this sense of dissatisfaction. For example, Fiona felt that her global self-esteem was entirely dependent on her body image dissatisfaction:

Yeah... I'm not really, I have low enough self-esteem that it wouldn't matter what he said to me, like I don't get knocked down by people any more, because I already am down...

KAYLA: If I was already that low, I'd kinda feel like I wasn't even there any more...like if you knock yourself down that far, but you're not even on that scale any more, you don't even care...

FIONA: Yeah, exactly, I'm like well I *know* that girl is prettier than me, so if he [her boyfriend] thinks it too well GOOD cause that's right, you know what else am I gonna expect from him.

This low sense of self derived from poor body image echoes many other participants who suggest that body image is increasingly predictive and influential as it becomes more negative:

EMILY: Well if you have like a positive image of yourself, like if you view your body as positive, then you're gonna look at other things as being positive too...Keeping like a high self-esteem, then you'll feel good about yourself. Like it wouldn't matter how you actually looked as long as you were healthy...

Consistent with the moderate, positive correlation found between self-esteem and body image in Study 1, it is qualitatively evident that some degree of interrelationship does exist. For girls and women who have an extremely negative body image, it appears, however, that body image is the point of influence over self-esteem, carrying over from dissatisfaction in one area of life to many or all.

Familial social environment. The support of immediate family members is found to have an important influence on the body image satisfaction of the girls and young women growing up in these networks. The majority of participants described positive family environments in their past and present family lives; however, this did not imply body satisfaction among the same individuals. Frequently, participants who perceived themselves as overweight or unattractive instead described a happy childhood and upbringing, and currently-enduring positive relationships with parents and siblings. Nicole felt that family plays an important role in the body image

development of teenage girls, by modeling positive and negative self-attitudes and behaviours:

I think that it is a...critical time period where you're supposed to have good support system, and...the way you think and perceive others and yourself is kinda taught by your parents and stuff, and that will – that teaching that they do, what you learn from them, is what then you can, you know, perceive your own body image in either an negative or a positive way, so I think family, like parents and stuff, has a real big impact on it...just in terms of your self worth...

Consistent with more general body image research, Nicole also believed that family experiences not pertaining to the body strongly influenced self-esteem and body image:

I think it correlates a lot with like what you think of your body image and just your self-confidence and self-esteem kinda thing, cause they do coincide, body image, you know, and self-esteem, and like me personally growing up. I did not have the best childhood at all, like my father was actually an alcoholic and stuff, and that actually...plays a big part on your self-esteem and body image, and so for the longest while like just in high school I never had any self-worth or anything like that, and body image was – big thing you know. Like always conscious about what other people you know thought of me, like, is that person looking at me right now, I don't know. You know? But – where I'm growing up, and I'm being around people who – who we have like – around people who can have an intellectual conversation, and they're not just solely about, you know, we gotta have the hair all nice and everything, I can actually look at myself with some self-worth kinda thing. You kinda grow out of it and learn –

This succinctly illustrates the negative body image influences of poor familial social environments, particularly in the teenage and young adult years. However, for the majority of participants who experienced strong parental support as a child and teenager, there remained a large degree of body image dissatisfaction, frequently rooted in both the positive and negative body-related attitudes of parents.

Although the family as a whole appears to play an important role in the body image development of girls and young women, it became clear that this relationship

was broken down further based on specific familial roles, frequently implicating the mother-daughter relationship beginning at a very early age. When first exploring issues of body dissatisfaction, Victoria's mother helped her work through these negative influences, likely putting off poor body image development for a number of years:

When I was like really young, I had a really bad way of looking at myself. And then, my mom, any time I'd see anything wrong she'd be like, "Oh you shouldn't be thinking about that, you're way too young to be thinking about stuff like that." She wouldn't leave like a scale in my house she just wouldn't let me think about that stuff...I moved to away to live with my coaches for a little while. And it's not that they put any pressure on me, it's just that they had a different way of looking at it. It was normal for them to comment on body size and stuff like that, so I found that really hard to get adjusted to...the coaches being like, "Don't eat that, cause you're gonna see that cookie on your hip"...you're like, "Oh, god."

Often participants placed their mothers in a double bind, such that both negative *and* positive body image influences were criticized. Fiona discussed her mother's intended support; however, even genuine positivity and de-emphasis of the thin ideal produced a negative and lasting influence on her vulnerable daughter's body image satisfaction:

My mom, she was - she always told me I was beautiful - always. She would never, ever say like you need to fix...she always stressed that what other people thought of me wasn't important, but she would say things like, you know, "Oh sweetie, I think that you're beautiful, and some day some boy (if I was upset about a guy or something), some day a boy will think so too..." Like there are other more important things than how you look. Like you're intelligent and things like that, (that's great) and it IS great but at the same time she would always say "It doesn't really matter that you're not conventionally pretty, because you know you're really overweight because you're smarter than everybody else," you know. So I always had that. That thing that she'd never ever say I wasn't attractive but she'd kinda say that being attractive wasn't important, even though it was to me, she kind of like undermined my own feelings.

Even the most well-intentioned mothers can exert negative influences on their daughter's body image at this sensitive and impressionable developmental stage.

Mothers' explicitly negative body image comments directed at themselves and at their children frequently led participants, at a young age, to internalize the importance of thinness and physical attractiveness throughout childhood and into young adulthood. Kayla remembered her mother's weight gain regrets playing a significant role on her own perceptions of personal attractiveness, and that of her sister Sara:

My mom was very obsessive about everything being a certain way....she was very outgoing girl in high school, she was thin, pretty, played all the sports... And she got married and she put on weight or whatever and then she's the kind of mother that has regrets and she doesn't want her kids to have them as well. So she's she'll be like, "Your hair's a bit funny today, just let me fix that." And I'll be like okay mom...I think that's why my younger sister is so skinny, is because when she was growing up she kinda got a little chubby, and my mom was like, "Sara you can't be chubby, you can't, don't do that to yourself, don't turn out like me, and because of that she's had a lot of problems with eating, a lot of problems with eating disorders and body image and stuff...

Similarly, Suzanne thoroughly absorbed and emulated her mother's preoccupation with her own weight and shape, creating an enduring unhealthy and complex relationship with food and body weight:

I think that your friends and family affect how you see yourself. I mean, growing up, my mother was always really hard on herself about her weight, and really hard on me for my weight...I think it just caused a complete food obsession in the house. You begin to notice everything, and I think the more you notice what you're eating and what you're doing, sometimes the worse it is...I think that has a negative effect especially, I think a lot of girls have problems with their mothers, picking on them about their weight, or about their own weight.

These quotations are representative of the variety of mother-daughter discourses that arose during the three focus groups, illustrating the significant roles mothers play on their daughter's body image satisfaction, and the less-important distinction between a presence or absence of maternal social support.

Similarly, participants discussed both positive and negative implications of paternal social support; however, the direction of effects was instead based on fathers' *explicit* expressions toward their daughters' body image issues, rather than the more abstract conceptualization of body image demonstrated between mothers and daughters. Francine experienced strongly negative social support from her father pertaining to eating and a lack of sensitivity to his daughter's discomfort with eating in public, expressed several times throughout the discussion:

I know this one time dad and I, we were gonna have like daughter-dad time, and he was like, "Oh we'll go out for dinner," and I was like "okay," but then he took me to McDonalds, and I was like, "No I don't want anything here," and he was like, "This is all you're getting." So, I had McDonalds and I felt like absolute shit after that and I don't know, I didn't even feel comfortable ordering...It was the fact that I could be seen eating this I guess, and I, not even so much being seen...I kinda felt like when I finished eating what I had, even though it was like, a Happy Meal, because I didn't want to get something too big, I still felt like I had gained like 40 pounds just from eating it. And I was like wow, "I kinda look a lot bigger now..."

Despite the apparently blatant display of disregard for his daughter's feelings, Francine's specific experience with her father is not likely rooted in an overall negative paternal social environment. In contrast with the negative body image support received from her mother, Kayla describes the positive impact her father's consideration of her appearance, as she internalizes to some degree his positive everyday feedback.

My dad will randomly say, "That's a really nice shirt, I like that shirt," ...Or like, "You look really pretty today," so I used to get a lot of that from my dad, and that used to make me feel really good about myself, even like when I woke up in the morning, dad would be like, "Your hair is really nice when you just wake up." And like those types of things make me feel really good, where my mother is kind of the opposite... Yeah, I don't know, my dad he had like three girls and that's what he did, he like he was a really good dad that way. Like he always talks about how nice we look, like my sister came over to the house and he's like, "I really like that shirt you're wearing, it looks really

good on you,” or he’d be like “Are those new jeans? Cause those jeans are nice.” My dad’ll do that.

Although both participants would likely endorse positive items of familial and parental social environment, this demonstrates the more specific construct of body-related social support rather than a generalized term encompassing a variety of related behaviours. Thus it is essential to look beyond the presence or absence of familial social support and instead examine specific aspects of the body image environment. This trend appears to generalize toward siblings of young women, such that sisters, specifically, often can contribute to negative body image perceptions among others. Francine’s sisters were frequently critical of her body and style, echoing the negative food-related feedback from her father and in contrast to the positive body image support of her mother:

Jessica and Stephanie, they’re my two sisters...I’ve had a few problems in the past with like depression or I’ve had like I guess I’ve had really bad acne and stuff, and Stephanie, she’ll like to point it out a lot, and I don’t know it kinda got to me. So it didn’t really help with that. And Jessica, she just doesn’t think I have fashion sense...I kinda brush that one off now...I’m at the point where I’m trying to deal with like, getting past this, well like, I don’t want to be like *that*, but I still have that body image problem so...

Again, it is important to remember that this participant discussed in general a positive family life, emphasizing the roles of complex and more specific aspects of familial social environment. Despite experiencing body-related support of both valences, participants frequently reported some degree of body image dissatisfaction that was similarly reflected in the discourses of support among peer groups.

Peer social environment. It seems intuitive that increased peer support levels are related to body image satisfaction among girls and women. Current results indicate, however, that the distinction between positive and negative social

environments is not simply clear-cut, and that positive effects of peer social support depend on a wide variety of variables. Many participants described the buffering effect against body image dissatisfaction of having close friends in their home communities, whereas established friendships in their university lives contributed little or no benefit to body image satisfaction. According to Francine,

I think as far as like my friends, they're pretty supportive. Like, the ones from home and stuff, the ones here it's kinda weird...I kinda feel like weird around them at times because they're all so naturally pretty, I don't see that in me really, and so, I mean like I don't wear makeup usually. I will once in a while when I feel like, "ok today I think I'm actually going to do my hair and I'm actually gonna put on makeup if I happen to have it"...I just find that it's kinda...weird being around them. Just because I don't think that I really – I kinda feel like I stand out when I'm with them...instead of like blending in with the crowd where I kinda...feel like I should sometimes.

Other participants discussed the importance their friends place on physical attractiveness, often generalizing to participants themselves if they are not, as with the case of Fiona, as 'made up' as they may expect:

My best friend she lives away, but like any time she visits, any time I'm up there I wear makeup like every single day. Cause if I didn't she would like ask me...I mean I love her dearly. But she'd be like, "Oh aren't you gonna put on makeup before we leave?" I'd be like "ohhh..."

This representative statement summarizes feelings of numerous participants regarding both the positive and negative effects of peer social environment, such that friends may cause damage to a girl or woman's existing body image satisfaction, or conversely help her with her negative feelings.

In all focus groups, participants discussed 'fat talk,' or body-based social rumination, in which girls use social groups as an outlet for their perceived weight problems, dissatisfaction with size or appearance, and even in some cases helping one another with dieting. They often mentioned fat talk as something that they either

engaged in themselves or, more frequently, heard from their friends. Fiona was interested in whether other participants discussed body image feelings within their social network, also emphasizing her discomfort with being confronted by potential responses to fat talk.

But do you guys, talk about it? Like I have so many girlfriends, bigger or smaller, like there was, "Oh I'm so fat, blah blah blah." Except for because we're in this setting like I do NOT talk about it...Because nobody else wants to hear my shit...It's like for you to say to one of your friends, "Oh yeah I'm so fat," is basically like what are they going to say? "Oh yeah, you are?" Like it's just how I feel, and I don't feel the need to share with other people cause I know that they're either gonna say that I'm not, and either they're lying or they're wrong, or they're gonna be like yeah you totally are. And then, they're a bitch. Cause that's a mean thing to say about your friend, even if it is true.

Similarly, Francine expressed feelings of frustration and body image dissatisfaction when being subjected to the 'fat talk' of friends she perceived to be thinner than herself:

My friend from last year, she was like really skinny...we'd go to the gym a few times, and like, I always felt weird because like I'm not super skinny like she was. And she's like "I need to go get fit, I need to go get in shape"...Just the way she said it, it seemed like she didn't think she was like good enough...and I was like, "Yah well you look so nice, compared to me." And like, and then she'd go for a run or something, and she'd be like "Let's go do a run," ...So I'd do a few laps and I'd stop, because I'd be so self conscious of how I feel, running next to her...I'd feel like if more people look at me [running] by myself they'd still see like...a cow...But when I'm next to super skinny model person, I felt like even *bigger* than that.

Even the few participants who were satisfied with their bodies were negatively affected by 'fat talk' within their social groups. Ashley mentioned:

When someone is talking about themselves, just being like, "Oh I wish my stomach were flatter," or whatever, then you start to think about it, at least I start to think about it in myself, and shapewise?

Lauren explained her reactions when faced with a similar scenario among friends, arousing some discussion regarding the unfair direction of 'fat talk' against thinner girls as a replacement for overweight insecurities:

I don't have a problem with my weight, but then other people use me as reference, right? And they might joke around with me, "Oh Lauren you're so fat," and stuff like that, and then you just start thinking about it. Even though you know it's not true there's still that nagging doubt there. So other people, just kidding around or even you, maybe they're voicing the wrong insecurities.

HEATHER: People do it a lot, and they only do it with skinny people. Like they don't do it onto people who are bigger. [agreement from others]

RACHEL: But then you shouldn't do it because it seems like kinda biased one way or the other, not everyone's equal, and then that prejudice stuff does come out. If you only joke with skinny people... And if that's the pattern then it pretty much consumes everyone's lives.

Although participants expressed wishes toward body image equality among friends, there still existed some degree of social condescension toward friends of larger body sizes. Participants felt unable to judge the eating or exercise behaviour of larger friends; however, still proceeded to do so, placing the responsibility for body image dissatisfaction directly upon their friends:

AMANDA: Because my friends who are overweight, they're usually quite down on themselves. They sit there in front of the TV eating chips and things, but like, she said well, "I'm bigger, so it wouldn't matter." Like one thing that really upset me was that, I know I shouldn't judge, but I'm trying to help her in a way that she wants to be healthy, but she...sits at a restaurant and says she wants a burger. Now how is that going to help her, if she has a burger and fries? But I can't say that, because it's not my body. But she's not doing it properly. I'm not the professional but.

Clearly, peer social environment is a significant contributor to women's body image satisfaction; however, the outcome is not wholly dependent on the presence or absence of social support. This important finding carries over to the romantic social

environment, expressed in the current study as male romantic partners of young heterosexual women.

Romantic social environment. Participants discussed the significance of their romantic relationships in influencing body image satisfaction in a positive or negative manner. Nicole's body image was significantly impacted when she saw her partner looking at other women, such that her previously-positive body image was negatively affected.

If I'm by myself with my friends and stuff, I don't think about it [body image] very much. But if I'm with my boyfriend, and I think that he's looking at you know other women, or comparing me or something to them, like it hits hard.

Interestingly, Fiona was bothered by her partner's lack of apparent consideration or appreciation for her physical appearance, leaving her hoping for externally-based compliments but yet ashamed of this wish:

I have no doubt in my mind that my boyfriend loves me, but I don't think that looks matter. I don't think that he thinks that I'm attractive; I just think that he doesn't care. Because he's honestly that *not shallow* that my...personality, who I am on the inside matters and how I look on the outside doesn't. Like I don't think that he thinks that I'm pretty and he's wrong – like I was saying with some of my friends – I just think that he's – just doesn't care.

NICOLE: Does that bother you?

FIONA: Yeahhh...!...It's really hard to get compliments. He doesn't ever say that I'm pretty or anything like that... I don't hold that against him because I don't either...I don't *expect* him to say that...but a lot of my friends say that, I'm pretty or whatever. But I just don't believe them. At all. - - yep.

In terms of relationship support, it is clearly important for partners of body image dissatisfied girls and women to explicitly express their feelings of attraction and appreciation for their significant other's appearance, given that women's evaluations of partner preferences are largely skewed by their own personal biases and self-perceptions.

Other social environment. As women's body image often significantly fluctuates based on changeable environmental events including the influences of her family or friends, so too is body image susceptible to social feedback from strangers and ingroup members perceived as more popular or attractive. Participants discussed the implications of receiving positive feedback from strangers, as well as that of negative feedback from those in other social groups. This illustrates the unstable nature of body image within an established range and its changeable nature among those who are dissatisfied, depending on those external to the individual's social circle. Kayla most representatively described this scenario, in which her body image confidence was boosted by compliments from a stranger:

Like you find somebody who likes you and thinks you're pretty and stuff and you're like, wow, your self-esteem kinda goes up a little bit...Or if somebody flirts with you...I had some random person hit on me once, and I was like, that's nice you know...that kinda like boosted my self-esteem and then I started to think about my body image, like, "ok maybe I don't look too bad, maybe it's alright..."

But yet her body image was also easily reduced by criticism from outgroup members:

My mom could come home and say "You're gorgeous," dad can be like "Fantastic dress," whatever, I could have my best friends calling me up and saying "Your hair looked really nice today." But those kids at school that I don't, aren't in my social network, if they did something like that, if they said anything or gave me a weird look, commented on something – I still remember grade 11, and someone saying my pants were too short, and that I looked stupid, and I still remember that...that affected me, that day was terrible from then on, and you know I never wore those pants again cause they were too short for me...having a strong network that's close to you, definitely good, but you still have all those outliers, you still have all those people you don't really know.

Fiona more generally elucidated this sentiment, explaining that the influence of external peer group exclusion on body image may in some cases be more significant

than internal social influence, regardless of whether the exclusion pertains to physical appearance:

Yeah, I think peer exclusion is another thing too, cause you might have a lot of really good friends but if there's this group of people that are putting out the image that to be part of their group is desirable, you're always gonna kind of want to fit in with that group because they're basically saying, we have something that you don't, and you want it. So that's hard.

This section illustrates the interactional and socially-dependent nature of body image shaped by relationships to others, in that regardless of any degree of positive social support and the experience of a positive environment among family and friends, there may be no buffering effect against the damaging effects of body image dissatisfaction. Furthermore, even criticisms or positive feedback from strangers or outgroup members may be enough to influence an individual's body image satisfaction, often causing drastic changes to her perception of the day's events as well as her fundamental sense of body- and self-esteem. Social environment and support are clearly important aspects of women's body image, and a closer examination of context and variability *within* context reveals much about the depth and pervasiveness of body image and its ensuing maladaptive cognitions.

Social comparison. The current research clearly suggests that social comparison is a significant aspect of women's body image in line with the literature (Kraye, Ingledew, & Iphofen, 2007), as participants spontaneously and consistently discussed experiences of body comparison to friends and strangers alike. Upward social comparison (e.g., Festinger, 1954) was a main theme emerging from the qualitative analysis, dominating all focus group discussions. For many participants, regardless of body image satisfaction level, comparison occurred often multiple times

daily, depending on situation and comfort level. Even among closer female friends, participants discussed subtle evaluation between group members, frequently producing high levels of body image dissatisfaction:

HEATHER: Friends definitely influence your body image, in so many ways. Like you compare yourself to your friends...I'm sure everyone does. You compare yourself with someone.

Participants often described constant appearance praise that took place between groups of female friends; however, beneath the surface always existed a consequential level of judgment and comparison. Rachel explained this overt flattery and the underlying negativity that often arose:

Depends on who the group is. Definitely if you're a loving group, than go eat, if it's a tight group of friends they're not going to care. What you look like. But then the nitpicky part of them in the mirror, you're just like, "ok," I guess. HEATHER: You and I pick each other apart sometimes too. RACHEL: You don't care what the other person looks like but underneath you're still staring at them...

There was much outward discussion among participants about self-handicapping (Brehm, Kassin, & Fein, 2002) themselves as the 'ugly friend,' whereas others were portrayed as stereotypically beautiful, frequently provoking an additional level of friendship among those perceiving themselves as less than ideal:

FIONA: Like all of my friends are like, smoking hot. Except for one or two are also bigger like me, and I think that we kind of like bond on that level. But a lot of my friends are like, really really, like...stereotypically attractive.

Others described comparison between friends on a more specific level of attractiveness, as in Nicole's case, procuring some degree of body image satisfaction based on this downward comparison.

But, my friends are kinda skinnier, but they aren't attractive in terms of their face and stuff. I think I have the pretty face. I might have the bigger body and stuff, but the face...is all good there.

This, however, is illustrative of the disjointed nature of appearance satisfaction, in which attractiveness moves from the holistic approach to beauty to more discriminating definitions. Happily, Nicole is satisfied with her facial appearance in comparison to her friends and to others; however, she still acknowledges the perceived inadequacies of her weight, illustrating the ever-constant importance to many women of achieving and maintaining all aspects of stereotypically attractive appearances.

Even among those who do not perceive themselves to be overweight, friends provide a key target to which women compare themselves, often resulting in a more negative sense of self. The following discussion illustrates the extent to which constant comparison impairs dissatisfied and satisfied participants alike:

AMY: I think friends have a big, big impact...if you're a little overweight, and you got a friend whose fit and got a nice body you kinda feel intimidated a little, and you don't...

VICTORIA: It's like you're always comparing yourself.

MELISSA: ...You don't have to be overweight. I'm not even close to overweight and...some of my friends are fit...And it just makes you feel like...oh...

AMY: Like, oh. I want to be like that.

MELISSA: You might not even be that far away [from the ideal], you just compare to every last detail.

SUZANNE: You walk across campus, and you're like, wow. I would pay to have her...[body] ...and you just walk by, and you're like, "Man. Can I just take a picture and take it to a plastic surgeon. Give me this!" Horrible.

Although implications for body image appear relatively mild, further discussion reveals a darker aspect of peer social comparison. Lauren recalled:

The girls I hung around with, most of them weren't concerned with their weight, one was. And I think she had an episode with an eating disorder...it might have been who she was hanging around with. Cause me and my friends generally are skinny, and she is bigger. Maybe she was comparing herself to us...

This illustrates the real significance of social comparison among peers, such that individuals perceiving themselves to be larger than close friends may in some cases turn to extreme measures to achieve a slimmer figure. Participants also spoke more generally, explaining comparisons they may engage in regarding unknown others in a variety of situations. Often these comparisons were situationally repeated: upon entering new scenarios, women immediately evaluated others' bodies in comparison with their own:

FIONA: I check out girls way more than I check out guys.

NICOLE: Yes I do too!...

FIONA: ... I'll look at the girls, yeah...

KAYLA: Compare yourself to them.

NICOLE: Exactly. I still look at them and say, "Oh she's really pretty, she's really beautiful" – it's always in comparison with myself.

This representative discussion typifies the upward comparisons that participants consistently described engaging in, evaluating their own bodies against those of similar others.

Physical appearance and social comparison. The focus group discussions tended to centre on the theme of physical improvement, such that most participants wished to alter some or all aspects of their appearance in favour of a more stereotypically-ideal image. However, those perceived to have an ideal body and appearance were often negatively evaluated, in turn, as placing too much of an emphasis on beautification. For example, this discussion typifies many others that downplayed any potentially positive traits held by ideal-looking women, suggesting that their focus on appearance is unacceptable and even unattractive:

NICOLE: Cause you know my friend, the one I was talking about earlier, 115 pounds, two hours to go to the mall whatever, she'll look at, say if somebody

like her was blonde and she'll look at her and say, "She's really pretty, you know." Whatever, and I'd think, "She probably has one of the shittiest personalities ever."

KAYLA: If a girl does herself up that much, I don't find it attractive.

NICOLE: No I don't find it attractive.

KAYLA: No. Like, I like when people look natural. When they put so much effort into it, it kinda makes the personality seem fake.

Others similarly associated the term 'fake' with other women allegedly embodying an ideally beautiful image, without any consideration of personality or other nonphysical traits:

RACHEL: It's the only way of saying it's just fake...Girls like that...There's way too many fake people...that's not who they are when they go home.

These judgments often carried forward to ideal others' daily activities, describing the negative impact of appearance maintenance on friends' or acquaintances' everyday lives, while simultaneously downplaying personal appearance investment:

NICOLE: I actually have a friend she's a hundred and fifteen pounds and she likes to go to the mall shopping, and she will literally spend two hours if not more just putting on her makeup, making sure her hair is so straight and everything like that before she even leaves the house...it's crazy. Heh. And I would spend like probably 15 minutes to go get up and go to class...

KAYLA: Oh yeah no I've gotten up and just like mm clothes gone,

FIONA: Oh yeah like five minutes – I can do it in three (laughter)

KAYLA: Definitely. Like my sister wakes up and she has five minutes she'll go back to bed. No, I don't have enough time to get ready, I can't go. And there's definitely more girls out there like that.

FIONA: And that's debilitating, when you can't go out in public because you know you don't have – coloured clay on your face...

KAYLA: I know, my mom's the same way, she has, if she hasn't put her makeup on and isn't dressed properly she will not leave the house.

Participants frequently assumed that women highly focused on their appearances were not making maximal use of their time, while again creating positive associations to those who, like themselves, care little about their physical appearances:

FIONA: I almost see sometimes that women that wear less makeup or put less effort in, I almost see them with like a little bit more self confidence

(mmm)...the girls that like spend an hour and a half on the hair in the morning before they go to school, like who has time for that, like why aren't you sleeping...or doing homework...or something...

KAYLA: ...You see some girls that come in like literally go into the bathroom in between classes and girls putting the full thing of makeup on (yeahhh) and like making sure their hair is...curled the way they did it that morning, put some more hairspray on...I just cant imagine spending that much time –

Although participants frequently placed negative judgment upon those allegedly placing too much stock in physical appearances and thinness, participants acknowledged the enjoyment and satisfaction taken from spending time on appearances. By showing that appearance was still highly valued, despite the negativity expressed towards others perceived to be thinner or more beautiful, this finding illustrates how upward and downward social comparison work in tandem, attempting to create some degree of balance between feeling poorly and feeling good about one's body and appearance.

FIONA: I mean it can be fun, it can be nice to sort of doll yourself up (yeah) and you know put that extra effort in...

NICOLE: Well it's also like the amount of time you put into, you know putting your makeup, making you feel all great, that has an impact on you're confidence.

FIONA: Yeah definitely.

NICOLE: The more you put I the more you feel like "Oh, I'm really hot today."

FIONA: It's almost like hiding yourself in some ways, like it's like more comfortable for you because when you know when you like crap or you think you look like crap you know you think like everyone's looking at you, but then if people look at you and you know that your makeup is perfect you know that you're hair's perfect, you know that little zit's covered up, like et cetera, you know then you're gonna, -

NICOLE: People are still looking at you, but in like a nice positive light.

This discussion concedes the importance of appearance to both participants and those to whom they compare, emphasizing social comparison constructs in assessing body image satisfaction. Kayla admitted similar feelings:

Yeah I still feel that [poorly], even though I try to make it seem like I don't care what other people think. I still look at my stomach and stuff and say like "Ugh, no, why can't it be like this or I should do that or something like that" and you know...

The themes of both upward and downward social comparison dominated the focus group discussions, regardless of current topics of conversation. Whether participants were talking about eating, exercise, social support, self-esteem or body image in general, this seems to be the main thread running through the discussion.

Health-Related Variables

Exercise and body image. The quantitative results of Study 1 as well as the literature suggest that exercise is an extremely important component of body image, and focus group discussion reinforced these findings. Exercise is construed as a method of weight loss or weight maintenance, as well as exercising for health, athletic performance or enjoyment. I directly inquired about participants' exercise behaviour and experience of exercise; however, it often spontaneously arose during other discussions. Those who exercised solely for athletic reasons often seemed to have a more positive attitude toward both exercise and their own bodies. Participants who did not exercise or did so only for weight loss purposes tended to have a more cynical view of activity and of their body image. This carries implications for health and exercise promotion, emphasizing the importance of motivation in exercise adherence. Although there was clearly a difference among those who exercised for athletic and for body image reasons, few differences were observed between the *benefits* of exercise experienced by participants. Whether or not the activity was enjoyable, there was an air of positivity concerning how women felt after exercise, independent of

body image satisfaction. Sisters Heather and Rachel describe their goal-oriented motivation toward exercising:

HEATHER: ...But the more I exercise the better I feel. Much better. Cause I know what it does for my body, I know it's good for my body, it makes me feel better in that way. So.

RACHEL: You can see it too, if you move around, your muscles, you can see them developing and so physically.

HEATHER: It's accomplishment, it's kind of like you're trying to reach a goal, and then you're there. [...] There's kind of 2 sides to it. Do you look good or do you feel good? It's different. You could look at exercising as a certain way that I like, there's all these endorphins and it makes you feel better that way, that it makes you thinner and I think boosts your self-esteem, really.

RACHEL: Yeah, if you feel better than you're just sort of, eh. Find a way out, you're not going to care about the skinniness, or the body image, if you feel good.

Body image appears less important when participants recall the positive, healthy feelings experienced during and following exercise, and associate increased body image satisfaction not with potential weight loss but with the health benefits of activity. Suzanne felt that:

No matter who you are you feel great after activity, and that's whether you're big or small, and I know cause I've been both. Umm you feel great, like you've accomplished something, once you've accomplished physical activity...

AMY: Yeah I was gonna say, just physically, it makes you feel like so good. Like when you exercise, oh my god. It's just like adrenalin and like endorphins makes you feel so good...

SUZANNE: But nothing feels better than some cardio and some weight training. mmm. You feel like super woman. You could probably only lift like ten pounds but you still felt like ...like you could lift that huge box in your living room, like you know what I mean? You always feel like you totally could.

When discussing recently embarking on a physical activity routine, Kayla described a similar feeling:

I felt so good about myself those first 2 weeks, I felt so great, I thought I looked nice, I started to feel like slightly toned...

Others, however, have a similar outlook but yet correlate body image satisfaction with weight loss through exercise, as well as the general health benefits:

NICOLE: I think it's very positive...you exercise and not only do you feel great and have more energy but you actually are losing weight or you're getting firm and healthier. And that affects body image. Just - well it *is* body image, so.

In line with this idea, Melissa felt that exercise, as a significant component of her life, was the main contributor to her current body shape:

If I wasn't doing stuff like that, if I wasn't playing sports, I'd have so much time, and I know I would just eat, and eat and eat and eat. Cause I'd just be home, and I wouldn't do anything!

Although the majority of participants engaged in exercise of some form, whether on a regular basis or intermittently and for a variety of reasons, all of the women discussed positive benefits of activity. However, a significant number of participants had equally negative feelings about the *implications* of exercise or the barriers to exercise, including scheduling, intimidation and inhibition, and a general dislike for activity. The following demonstrates how women intimidated by the gendered and thinness-oriented nature of gym settings may not follow through on a regular exercise routine for this reason:

FRANCINE: I'm a bit in between - like I'm fine with exercise...if I'm with someone and there aren't other people around. Especially guys...I think I feel a bit more scared of what guys think, than girls, just because they've been like the main person you have been putting me down and like affecting how I think about myself usually...so like usually I think it's cool that we can go to the gym here cause were a student, like go for free any time, but it's like, I don't know, like I won't go there until I'm at a certain point where I feel okay about that - and -

KAYLA: I'm the same way.

FIONA: Oh, I hate the Works for that. Because like, at the beginning of the year, or right after Christmas, there's lots of different body types and stuff, but after that and you go there, and it's already really thin, fit people, and I'm just like...man. I must look like such a cow to these people. Like, -

NICOLE: Oh, I feel the same way. Yeah, it's brutal. I don't want to be running on the treadmill and...it jiggles right here. [Gesturing to her stomach]
 FIONA: I can't even go on the treadmill. I make so much noise. Like I go on the treadmill, it's like, boom boom...I'm just like..no. I can't do it.

As she grew older in a gym setting, Victoria developed similar feelings of aversion toward exercise:

I actually feel sometimes well, not so much any more but when I was young, I used to like love going to the gym with my dad. And once I started looking around I'd be like "Oh my gosh, those girls are so fit, how am I supposed to measure up to them!"

Other participants flatly disliked exercise. Although she and others had previously recognized the inherent physical and even emotional value of exercise, Fiona explained her strong aversion to exercise, exemplifying the theme of cognitive awareness of the benefits of healthy lifestyles, but yet an affective dislike to it in actual practice:

I hate exercising. I really do. [Healthy] eating for me, not so much of a problem, but I hate exercising. It's partially cause I'm lazy, it's partially because when I move I jiggle. And so the whole time I'm working out...when I'm eating, I have to eat, so it's fine, I'm putting something better into my body than something worse. That's totally fine. But, if I'm super busy with school like I always am, and I'm taking time out of my day to like go and exercise or whatever, the whole time I'm thinking about how shit I feel about myself. Like I obsess over it when I exercise. Like if I'm running, doing crunches, or whatever, I'm just like, this isn't good enough, this isn't good enough. And then I end up working out for like four hours – and that doesn't happen again – because you know like I've shirked everything else and I start to really obsess over it.

Several participants elucidated this point further, explaining the importance of exercise in youth and adulthood in the form of sports or other enjoyable activities. They felt that without this affective satisfaction in physical activity, women would have difficulty maintaining a consistent and lifelong exercise routine, potentially

impacting their body image satisfaction in a negative manner. Melissa felt that body image dissatisfaction often begins during inactive childhoods:

I think as a young child if you're not active, if you start to get bigger, and you see like kids around you that are active, you're kinda like, "I want to be that way." So I think that starts it. A little. It has an effect I guess. Cause if you're not active you don't feel as good... I feel great after activity.

Rachel expressed a similar sentiment, extending the importance of activity enjoyment into adulthood for maintenance of a positive body image:

...I've been in sports all my life so it doesn't matter, but I'm not in them now so I go to the gym. But people who aren't in sports need to work on different things to lose weight, cause people who aren't in sports...don't understand that your muscles aren't just *like* that. You're working out and you don't even realize it cause you're having fun, you're just doing it. But everyone else who isn't doing sports isn't like, it's not there. So the extra effort has to be there, without the fun, sometimes.

Although social comparison in gym settings was a common discussion topic, participants varied in comparison target. Some were intimidated by the presence of other, fitter women, whereas others were more threatened by men. Comparisons in some cases led participants to strive harder toward their goal when they perceived others to be actively observing or out-performing, whereas at times the intimidation forced participants to leave workouts mid-way. Suzanne candidly expressed her views on this subject, explaining the experience of negative feedback when comparing both her body and athletic performance to that of other women:

I think that I got on this machine and everybody's looking at me, so if I don't do the 20 minutes that's allotted...cause when I watch somebody, I'm like, "Wow they got off after 10 minutes!..." Well they could be, but that's what I think in my head. So when I get on in public, there's more of a push for me to continue, as opposed to if I'm home I'm like, "Ugh I'm tired." I'm gonna get off my treadmill, cause I have a treadmill at home...it's still in the back of your mind, whether you know, you're thinking, "Wow she knows that I got on here 5 minutes [ago], cause she got on 5 minutes before me. She got on the same time as me, she knows, she's looking at her clock, she knows." So you

think, she knows she's going faster than me. Cause I know what she's going. I'm looking. So I think it influences what you're doing a lot when you go to the gym a lot like.

Whereas other times, the same participant identified the loss of her daily exercise routine as a result of an upward comparison toward another gym member:

It can take you back down too. I went to the gym once and there was this girl who sat down with her legs stretched out and wrapped her elbows around her feet, this girl was smoking. And I was like, "Wow I want a brownie now." And I actually *left the gym* that day, I was like "Wow. You're quite blowing my mind right now."

Other participants who exercised more for athletic gains than that of appearance were equally frustrated and even impaired by comparisons to others perceived as better.

When discussing her experiences as a new member at a facility designed specifically for advanced athletes, Victoria mentioned:

It's just it was a totally different experience. Everyone was so focused on what they were doing and becoming better at what they are, and I was like, "I don't think I can be super man like that." Jeez.

Melissa expressed a similar sentiment, illustrating the impairing nature of exercise comparison in physical activity facilities:

Yeah, sometimes I'll go to the gym and like, pushing myself and doing cardio and stuff, yeah that makes you feel good. But if...we're on a weight training program for hockey. And people are doing like, legs and people are doing 80 pounds and I'm just like, "Oh my god." Like 60 is killing me. Then you just, that's another time you just...feel inferior.

Similarly, she felt intimidated exercising beside high-performing men, an unfortunately negative sentiment expressed by many participants:

Oh, no I just can't go to the gym by myself, because I know, especially here, the way the weight room downstairs in the PhysEd building, its always guys and they're all massive. They're just like pumping 200 pounds an arm, like going nuts, and I'm just like I feel like they're looking at me going like, "That girl is so small, what's she doing here?"

Participants discussed a variety of solutions to these negative and harmful feelings and experiences, centred primarily on an avoidance of those to whom they were comparing themselves. Amy preferred to go to the gym by herself to avoid judgment from others, whereas Melissa chose to go with friends as a safeguard against criticism. Suzanne's representative statement about the value of comparison escape exemplifies accounts produced by the majority of participants, in their own manner of avoidance:

As long as nobody knows me I feel more comfortable. I loved the Y. I didn't know anybody...when I go to The Works there's always people that I run into that I know. And I feel like "Oh my god there's that girl that I know from home, and she's running twice as fast as me. And she's totally seeing my flabby legs. And I bet she's telling me – you know it's not true but I bet she's telling everyone from out home how flabby my butt is. And how I ran half as fast as her." We all think it, you know it's not true, but you think about it. So I'd rather go where nobody knows me. I mean it has nothing to do with how many people are in the room. There could be 600 people in the room. So long as I don't know them.

Despite the variety of comparison anxieties in which participants engage, the common thread is the avoidance or inhibition of physical activity, whether it is directly by failing to exercise on a given day, or indirectly, by feeling poorly about athletic performance.

Eating behaviour. In discussions about eating behaviour, conversation quickly turned to the difficulties participants faced regarding integration and maintenance of healthy eating within their long-term lifestyle. Many women discussed the negative physical aspects of regularly consuming unhealthy food, suggesting that there is a general cognitive awareness about the differential implications between eating healthy and unhealthy foods, defined not only in feeling physically unwell, but also in a strengthening of body image dissatisfaction. In line with this, Rachel felt that:

...the more unhealthy food you eat you just feel sluggish, anyway...It's all about what you put in your body anyways. If I eat a lot of junk or something or even a lot at one time, like overloading cooked dinner or something either, your face just, you just swell (laughter). You should go move, you just want to lie down, you don't want to do anything...

Here, Rachel implies a variety of negative implications not only for physical well-being, but for activity level. Similarly, Heather felt that unhealthy eating on occasion often transitions into a regular occurrence:

The worse I eat, I'll eat worse more often.

Although later she mentioned that unhealthy eating can be counteracted by healthy eating and exercise in her lifestyle, suggesting that the cyclical nature of unhealthy eating is not set in stone:

I'll always justify when I eat something bad, say "ok well I ate like this today, that was a little better," and then you know. Everyone needs this. I'm eating DQ tonight. I think cause I exercise.

This statement shows a more positive balance of regular healthful eating intertwined with a natural enjoyment of food; however, such balanced statements were not dominant in the focus groups. Instead, however, engaging in unhealthy eating often held negative implications for focus and application in school settings, as Kayla described:

It really definitely affects how I feel. Like when I pack my lunches when I go to school, I have the same thing every day, I have a wrap with like, as much vegetables as I can put into it, and maybe a bit of ham, and like just so I know that I'm not eating crap so that I won't feel crap about myself while I'm at school. Cause if I go in and I eat something shit, and then I feel crappy, that's gonna distract me from my work, that's gonna screw up my classes in the afternoon, I'm not gonna pay attention in this class, or I might go home, or anything like that...

This illustrates the pervasively negative repercussions for those engaging in regular unhealthy eating, in terms of school or workplace success and motivation. Similarly,

Nicole felt that consumption of unhealthy food items affected generalized body image satisfaction, as well as enthusiasm for exercise:

If you have low self-esteem and you know you're thinking of your body image, it's much more healthier to go and exercise and just have that body that you want, kinda thing. But it's so hard! It's easier just to eat. And have comfort that way, that's what I would usually do. I think they come hand in hand. If you eat crappy...you're gonna have a crappy body image, in terms of what you perceive to be, and if you...already have a crappy body image of yourself, you're probably gonna eat really crappy foods to try to...comfort yourself.

Again, she emphasizes the cyclical nature of eating expressed by many participants, such that unhealthy eating on occasion easily leads into regular engagement in this behaviour, and may adversely impact women's healthy lifestyles in general, including exercise. Trying to engage in healthful eating for these various reasons, Francine found, is more difficult than a simple decision to be conscious of nutritional food values:

I don't feel any better when I'm eating healthy, but when I do eat unhealthy I kinda feel bad about myself. Like I mean sometimes it's hard to avoid it in meal hall and be all healthy because there'll be like certain things that are really disgusting. And you're like, "I guess I'll go with like the chicken burger tonight, and fries," and then I'm like sitting there and eating it, and I'm like...I don't know. Kinda feeling bad. And it doesn't make me feel very good. And then I kind of feel like I'm getting sick from it. And I also find like um, - if I go too healthy...there's like some things that just don't fill you in a way, and so I kind of feel like...for instance, in dining hall they have these tiny bowls for salads. And sometimes I just want a big salad. But uh, I don't like - so I'll get one salad, but that's all I'll eat. I'll leave hungry because I don't want to be seen getting up and walking to the other side of dining hall a few times to get these another small salad, cause I'm scared people are going to be like, "Oh look at that fatty."

Other participants found that the situational and social aspects that invariably accompany food consumption strongly affected their decisions and ability to make healthier choices. For many, being in the company of others for whom unhealthy

eating is the norm strongly increased the chances that they, too, would not eat healthier food items:

SUZANNE: I have some friends that are much more overweight than I am. And um...it kinda makes it more ok to eat...hah. And that makes you more comfortable to eat. Which isn't really a good thing, if you had more friends that were more, you know, more physically active, perhaps it'd go that way. So I think it depends on what they're like, rather than whether or not you *have* them...not that you have the social support to do it....I have a friend who can't cook so she eats takeout, perpetually...she's a really big girl, in general, she's like 6 foot tall, built like a football player. And um she went away a couple summers ago and got really big. And so I think she's kinda lost all faith, and she eats *a lot* of takeout. And like when I hang out with her, I'm way more prone to eat out, to eat takeout, to eat more, whereas when you're with other people, you're like, "Nah." Like, "No way." So I think it really depends on who you're with. Whether the situation depends on whether or not you're gonna eat. Like if you have friends who are more judgmental about food, you're more likely to eat better or eat less. Or if you have friends who are more lenient, I think you are likely to go along, a lot of times, really. I don't think I'm alone in saying that.

For Suzanne and for many other participants, the presence of others and their choices are strong influences on women's eating decisions, illustrating the futility of focusing on health benefit knowledge alone and the importance of peer interactions, which may predict poor body image. The majority of participants cognitively acknowledged the importance of incorporating healthy eating into regular lifestyle practices, although clearly a variety of more affective occurrences interfere with this decision. Amy was the exception to this rule, demonstrating her control over unhealthful eating if she wished to make that choice, regardless of the influence of others.

I'm kinda like the opposite way. If I have a friend who is like, stick like, deadly body, but they're one of those people who can just...eat as much of whatever they want, but the don't gain a pound. I'm like, "I hate you! Oh if I had..." I have a slow metabolism anyways, like I'm bloated right now from eating that cookie. Because like, it's just all like, I don't know. So to see somebody else who can eat twice as much as me and look the exact same as they did before, it just makes me mad. I'm like "Well I can't do it, I know I

can't, I'm not gonna eat as much as I can just cause they did." Cause I know how it will affect me.

Her cognizance of personal limits in terms of food consumption is not typical of the majority of focus group participants, but demonstrates an important exception to the generalized rule of situational and social influence.

As some focus group participants were active in sports, the discussion about food and eating repeatedly provoked discussion about the pressure toward thinness in the world of athletics. Regardless of sport type, organized athletics exert a strong push for female athletes to achieve a thinner figure, often manifesting in pressure to reduce food intake. Victoria spoke at length about her experiences in competitive skiing, in which degree of food consumption was a major issue for the coaches and athletes:

Mostly I just think about things that are said in the dressing room...there were two coaches and the other coach that wasn't mine, she'd always like pressure the other athletes into not eating junk food. Like if we were in the lobby we'd have to hide our food if she walked by...even though it wasn't directly on me, I felt the same way. I was like, "Oh man. I shouldn't be eating this either if they're not." Like it affected me.

Amy discussed a similar experience in which the pressure toward thinness in competitive sports drove a friend to develop an eating disorder, thereby reducing her athletic abilities and performance:

There was a girl who was on the team last year and she used to be like, elite, top model there. And then she just, she got an eating disorder. And then all of a sudden she was just like, bad at sports. Cause she couldn't perform, like her legs were like this big [indicating that they were too small]. So how are you supposed to have power, or anything...

The pressure toward thinness among female athletes and non-athletes is incredibly strong, and frequently the affective desire toward thinness and adherence to external

demands for thinness can override women's cognitive understanding of the importance of both healthy and regular food consumption.

Discussion

The current study sought to understand factors related to the body satisfaction of girls and young women within the context of both a standardized national survey, and at the most local and intimate level of qualitative focus groups. Although methodologies of both Studies 1 and 2 were very different, convergent results from both add robustness to the findings of each, indicating the importance of addressing both psychosocial and health-related variables when examining body image dissatisfaction. Previous research consistently finds that despite the almost universal exposure of girls and women to social-level pressures toward the thin ideal, not all women's body image is solely affected by these influences (Kelly, Wall, Eisenberg, Story, & Neumark-Sztainer, 2005). Instead, a large and, to some degree, normative sample of Western women are at risk of dissatisfaction based on a number of more direct social environment variables, and attitude toward health and fitness (Kelly et al., 2005; Rodin, Silberstein, & Streigel-Moore, 1985). The media and its broader societal pressures toward thinness are, of course, significant contributors to conceptualization and internalization of our current thin-ideal 'requirements' for women's bodies, but the current research supports the real significance of important social relationships, social comparison, self-esteem, and attitudes toward and engagement in regular physical activity and healthy eating. Positive endorsements of these items, both quantitatively through survey responses and qualitatively through focus group discussion, suggests that an individual is more likely to be satisfied with

her body when compared with those for whom these variables may not be rated as favourably.

Study 1

Study 1 was conducted to take advantage of an underused data source, the CCHS, benefitting from its large sample size, standardization of items, and random and representative selection of participations. Although the study was limited by the very nature of a national database through restriction of items to those available in one province, limiting generalizability, the questions asked relating to variables of interest provided an excellent opportunity to study women's body image. By selecting out girls and young women by age category, cross-sectional results were able to identify the growth and development of poor body image from the age of 12 to 29 years. Results indicated that the importance of self-esteem/self-satisfaction and perceptions of one's own weight were all-important variables, consistently emerging as the main predictors of body image for women in all age categories, as well as within smaller subgroupings of ages. This is entirely consistent with the body image literature indicating the often interchangeable nature of self-esteem and body image satisfaction, such that those who feel poorly about their bodies tend to feel significantly worse about themselves as a whole (Abel & Richards, 1996; Connors & Casey, 2006). Similarly, results suggest that respondents' self-rated categorizations of their own weight, ranging from underweight to overweight, were highly predictive of body image satisfaction. Participants *perceiving* themselves as smaller in weight and shape were more satisfied with their bodies and, presumably, with many unrelated aspects of their lives, consistent with the literature (Kelly, Wall, Eisenberg, Story, &

Neumark-Sztainer, 2005; McCabe & Ricciardelli, 2003; Stice & Whitenton, 2002).

Although responses based on self-rated weight categorizations were unverified with actual weight, the primary aim of this project was to focus on *perceptions* of weight rather than BMI. This is because self-ratings of weight are most significantly related to body image satisfaction, and BMI presents serious problems with irrelevant and inaccurate categorization of weight class.

Although Study 1 found a high degree of consistency in prediction of body image through self-esteem and weight perceptions, variations across ages were found, illustrating the often-volatile nature of body image satisfaction. It is logical that children between the ages of 12 and 14 still would be young enough to base their social existence largely through family rather than outside influences, and consistent with this concept, girls' satisfaction with family relationships was the third predictor of body image satisfaction in addition to self-esteem and weight perceptions. However, for teenagers between 15 and 19, family environment was not a significant predictor of body image, replaced instead by the importance of satisfaction with friends and the degree to which they engaged in regular exercise. Given that adolescence is a time of great change in social networks through the strong influence of friendships and a decline in value placed on family, these results are not surprising. Girls at this age frequently have their first experiences with significant body composition changes through biological maturation, often most prominently displayed through weight gain and development of an adult figure. Intuitively, those who are highly active may experience these changes differently, providing context for the positive relationship between regular exercise and body image satisfaction. These

results replicate those expressed by young women in a collection of body image-related essays (Torres, 1999), in which girls between ages 13 and 19 emphasize the trials of growing up and learning to experience the world through the lens of body expectations. Young authors discussed the important situational influence of family and friends - those comprising the dominant social networks at various times throughout adolescent development, rather than simply the suggestive influence of the media on body image satisfaction.

Between ages 20 and 24, however, the current research suggests that self-esteem and perceptions of one's own weight are the *only* psychosocial or health-related predictors of body image satisfaction, with little impact derived from other factors in determining how young women feel about their bodies. This is consistent with the literature studying body image among women of this age group, which illustrates the all-important effects of self-esteem and weight perceptions upon body image satisfaction (Shea & Pritchard, 2007).

However, results from participants in the 25 to 29 year age range are the only age demographic within the current study to use self-rated weight status as the dominant predictor of body image, with self-esteem entering the equation at the second step of prediction. Women of this age are often beginning to start families, committing to marriage or to long-term relationships, and may in some cases decrease physical activity level due to increasingly difficult time conflicts in both personal and work life. Some degree of weight gain may ensue, making perceived weight class the most important predictor of self-esteem given the global importance placed upon thinness. When social and health-related variables are contrasted with women of the

younger age category, the body image of women in their mid to late twenties is also predicted by level of physical activity, evaluation of family environment and support, and food consumption. Those with increased levels of exercise and healthy eating, as outlined above, are more likely to perceive themselves as healthy and of a normal weight, likely enhancing a more positive sense of embodiment. In terms of social variables, results suggest that participants in this age range, in contrast to those in younger age groups, regard family relationships, likely including in this age group significant others and young children rather than parents, to be significant in their lives

When examined holistically, these results illustrate a transition from adolescence and very young adulthood, in which friendship and in some cases exercise level, self-esteem and evaluation of weight status predict body image, to a demographic period where family members and overall lifestyle are more important contributors to body satisfaction. Social support, therefore, is inherently defined not by enduring relationships with family or friends regardless of age group, but instead by those which are most meaningful to girls and women depending on demographic age. Throughout the various life stages from girlhood to young adulthood, social and health-related variables are highly important contributors to body image satisfaction (Kelly, Wall, Eisenberg, Story, & Neumark-Sztainer, 2005), demonstrating the importance of studying individual within social environments and the health-based activities women engage in, rather than relying simply on weight-to-height ratio measurements for prediction.

It is interesting to note that regardless of age, body image satisfaction remains most strongly predicted by perceptions of weight status and self-satisfaction/self-esteem among girls and young women, despite all other social and health-related variables. This illustrates the impact of feeling good about oneself as a whole and perception of thinness on how women feel about their bodies. In terms of health promotion implications, such findings are encouraging, in the sense that targeting generalized self-esteem rather than developing specific body image interventions is in many ways easier to implement and positive results might carry beyond body image satisfaction alone. By encouraging girls and young women to feel better about themselves as people, results indicate that improvements in body image satisfaction and perhaps an increased focus on healthy lifestyles may result from such self-image changes, as demonstrated in recent school-based interventions (McVey, Tweed, & Blackmore, 2007; Neumark-Sztainer et al., 2007; O'Dea & Maloney, 2000).

However, these results are also disheartening given the importance girls and young women place on the attainability of thinness, which is encouraged at various levels of our social existence (Beausoleil, 1999; Grosz, 1994). Unfortunately, women appear to have strongly internalized the thin ideal, in which only those perceiving their bodies to approach this ideal are satisfied (Thompson & Stice, 2001). Health promotion implications, from this perspective, are much more complex, given the current conflation with health and weight in mainstream media and governmental health organizations alike (Oliver, 2006). Through exposure to messages that stigmatize overweight status and obesity as undesirable and unhealthy, individuals who take up and endorse such a healthist discourse (Rail & Beausoleil, 2003)

convince themselves that they are unacceptable as individuals (Beausoleil, 2009).

These results reinforce the much-needed shift in health promotion endeavors toward keeping healthy through activity and healthy eating, as well as feeling good about oneself (e.g., Health Canada, 2004), rather than emphasizing only 'healthy' weights which, as these results reveal, becomes psychologically problematic for the large number of girls and women not embodying these healthist and thin-ideal requirements (Rice, 2007).

Study 2

Study 2 was conducted to investigate at an individual level the findings of Study 1 based on a common experience of female embodiment between both samples, and to explore variance statistically unaccounted for by social and health variables. Although the initial study revealed a great deal about the importance of social and health-related variables to prediction of women's body image satisfaction, little can be concretely explained or understood about *why* such relationships exist, and how they operate both together and independently. To address this concern, qualitative focus groups were conducted based on variables used and key findings derived from Study 1, revealing interesting connections between concepts that were highly consistent with quantitative findings but yet gave depth and breadth to the story of body image dissatisfaction in girls and young women.

Participants understood body image as a concept laden with negativity and self-deprecation, dependent not on simplistic labels of body size, but instead on a complex interplay of factors related to weight loss, weight gain, comparison to others, and societal pressures to attain the thin-ideal image of mainstream media. They

perceived this negative construct to originate largely in early childhood - often among those who have not yet begun grade school - as they become aware of the social importance placed on weight and shape, leaving children vulnerable to the damaging effects of this sense of dissatisfaction. Origins of body dissatisfaction are based not only in the expectations of our thinness-oriented society, but also in the mainstream adult-like appearances of increasingly younger media stars and a normative pressure for followers to imitate their behaviours and appearances with a staggering sameness. Such findings emphasize the importance of health interventions directed at encouraging self-esteem and critical media awareness, as outlined above; however, effective programs must begin during childhood, as girls become aware of the ideal. Rather than beginning in the teenage years, when body image satisfaction becomes a more salient issue, it appears that instilling positive self-esteem and body image values at an early age would produce more effective and long-term results. Discussions of the origins of the thin ideal presented in the media and taken up and endorsed by girls and women arose during the groups, providing a key insight into the social development of body image dissatisfaction from the perspective of those who are most affected.

Body image was found to be a relatively unstable construct within the realm of a broader and more reliable range of self-satisfaction. Consistent with related literature (Beausoleil, 1992; Beausoleil, 1994), body image was frequently dependent on women's personal state of mind, satisfaction with the day's outfit, food consumption, daily exercise level, physical feelings of fatness, situational pressures to various subcategories of idealization, and even comfort within situations irrelevant to

body image. These findings build upon the quantitative results referenced above, given that such outcomes could not be derived when utilizing a broad-based survey database alone.

Young women in this sample understand the term 'body image' in both a perceptual and socially evaluative manner, encompassing the negative and in some cases positive feelings felt toward one's body. It was seen in this sample as a pervasive issue that affects women of all shapes and sizes regardless of physical adherence to the thin ideal, and appears to be rooted in the broader Western culture, filtered down through the media, family and friends to individual girls and women. From the feminist perspective, dissatisfaction with something as pervasive and normative as body dissatisfaction can have a major capacity for female disempowerment. By creating negative feelings about one's body in a significant proportion of the population, perceived expectations of thinness and bodily control place women in a double bind between adhering to societal expectations to both indulge and to be slim. Although men certainly face perceived body expectations in a variety of forms, no comparably normative level of personal dissatisfaction exists, ultimately resulting in unequal levels of power between men and women in terms of body image satisfaction and its broad implications. Participants recalled their body image dissatisfaction beginning in early childhood, and identified a similar development in today's children, although it was one more explicitly based in adult appearances and idol imitation than simply adherence to the socially expected norm of thinness. Body image of participants appeared to be stable across temporal periods (e.g., Grogan, 1999; Wardle & Foley, 1989), but a variety of situations elicit

significantly varying degrees of satisfaction and body esteem, suggesting that broader interventions may not target the degree to which differences in situation may influence the salience of body image.

Previous research has found self-esteem to be an important mediating factor between body image satisfaction and day-to-day psychological and social functioning (Abell & Richards, 1996; Davison & McCabe, 2005; Gilbert & Meyer, 2005).

Consistent with this, the current study found poor body image and self-esteem to be concretely tied to one another, emphasizing the strong correlation found in Study 1. For participants who felt positively about their bodies, it could be taken for granted that self-esteem was evaluated in a positive manner. When examining body image from a health promotion perspective, this again suggests the real importance of targeting general self-esteem when attempting to positively influence the social environment surrounding body image, rather than targeting body satisfaction independent of environment.

As discussed, body image satisfaction was found to be a relatively unstable factor, created by an interaction between a variety of social and health-related factors. The current study finds that many diverse variables underlie the importance of positive familial, peer, romantic and general social support. Depending on the strength of general relationships between family, friends, and significant others, as well as the specific body-related issues arising among these social groups, body image as a relatively unstable construct appeared not to be dependent on social support.

Data from the focus groups revealed that social environment was significantly related to body image, such that more positive familial, peer, romantic, and general social support was significantly related to body image evaluations. However, it is important to note that, consistent with Study 1, when considering all types of social environment, effects on body image were not the presence or absence of such support but its subjective *quality* and *evaluation*, often specifically related to body image. This suggests that participants may on the surface be protected by the presence of social support networks; however, they may simultaneously receive and engage in fat talk rumination in these groups, resulting in a poorer sense of body satisfaction.

Familial social environment, in the context of body image, is often largely based on maternal support, and frequently interpreted in a negative manner. Regardless of mothers' best efforts to encourage body satisfaction in their daughters it was often interpreted negatively, whereas paternal social support was frequently construed in a more positive manner, unless direct negative allusions to weight and shape were made. Similarly, when discussing generally positive relationships among female friends, participants discussed impairing and unhelpful interactions amongst peer group members encouraging body image dissatisfaction. This is consistent with previous research illustrating the predictive relationship among friends of drive for thinness and attitudes and behaviours toward dieting (Paxton, Eisenberg, & Neumark-Sztainer, 2006). Study 2 found that the presence of important social networks for body image satisfaction was not as important as understanding participants' satisfaction with a variety of social and familial relationships. Future quantitative research in this area should consider such findings, integrating more specific

questions concerning social support and environment when assessing its impact on body image satisfaction, rather than merely the presence or absence of this support.

Although not asked for by the researcher, social comparison was a variable that repeatedly emerged throughout all focus groups, demonstrating the complexities of social environment when examining body image satisfaction (Jones & Buckingham, 2005; Kraye, Ingledew, & Iphofen, 2007). The majority of participants had significant personal and observational experience with upward social comparison, in which a variety of everyday life aspects were consistently impaired by the perception of others' bodily superiority. Levels of food consumption and exercise were similarly affected by upward comparison to that of other people, so that others perceived as more attractive were often intimidating sources of concern regarding food intake and athletic performance, at times encouraging inhibition of eating and exercise behaviour. Participants frequently related their experiences with social comparison by describing uncomfortable scenarios, in which thinness and attractiveness comparisons were immediately made while women ascertained their comfort level with ambiguous settings. From a social psychological perspective, this reiterates the importance of examining social comparison when examining body image satisfaction from both quantitative and qualitative perspectives. Consistent with previous research (e.g., Kraye, Ingledew & Iphofen, 2007), upward social comparison is an essential variable to examine in relation to body image, and its inclusion would likely influence the broader ability of quantitative research in pinpointing direct body image influences.

Focus group participants further elaborated on findings from Study 1 pertaining to exercise and eating behaviour, indicating that both cognitive and affective attitude toward healthy lifestyles were important in determining levels of activity and food consumption. Cognitive or instrumental attitudes are the encoded positive or negative attributes associated with the attitude object (Breckler, 1984; Millar & Tesser, 1986), which may include reasons why performing certain behaviour is evaluated as good/bad, wise/foolish or harmful/beneficial (Ajzen & Fishbein, 1980). Affective attitudes pertain to the feeling and emotive reactions to the prospect of behavioural performance, including items measuring the degree to which the activity may be boring/interesting or unenjoyable/enjoyable (Ajzen & Fishbein, 1980). Generally, researchers find that congruency between attitude components makes behaviour more predictable (Millar & Tesser, 1986; Skar, Sniehotta, Araujo-Soares, & Molloy, 2008), as individuals have considered and articulated attitudes toward a behaviour, whereas those with inconsistent attitudes are likely to exhibit behavioural ambivalence and cognitive intention and attitude may not predict performance (Chaiken & Baldwin, 1981). Despite the general cognitive agreement among women's attitudes about the importance of exercise and healthy eating, in line with similar attitude research (e.g., French, et al., 2005; Lowe, Eves, & Carroll, 2002; Payne, Jones, & Harris, 2004), this did not imply congruence between attitude and actual behaviour. Instead, for those who only cognitively endorsed the value of regular healthy eating or exercise but affectively disliked either, both behaviours were viewed as a chore and were not integrated into lifestyles. Conversely, those who positively viewed exercise and eating, such that participants affectively *enjoyed*

consuming healthy and balanced foods on a regular basis and being active in various ways (e.g., having fun during exercise, like the activity and enjoy the social aspect) were more likely to consistently engage in these behaviours.

Findings from Study 2 lend support to the quantitative exercise and eating behaviour findings, in part explaining specifically *why* positive attitudes toward both did not always imply regular engagement in physical activity and healthy eating, variables that significantly predicted body image satisfaction for women of various ages. Further quantitative research in this area should examine not only women's self-rated eating and exercise behaviour, but also their attitudes toward physical activity from both a cognitive and affective perspective, in order to attain a more holistic perspective on health-related behaviours. These results suggest that simple education about the importance of healthy lifestyles, including both exercise and healthful food choices, are not always enough to encourage regular positive eating behaviours among young women. Instead, focus should be placed upon how both healthy eating and regular exercise can be integrated into a normal lifestyle in a realistic, enjoyable and more sustainable manner.

Discussions in the focus groups often moved in the direction of physical activity, such that gyms were described as a major place of comparison for the majority of focus group participants. This setting evoked feelings of body envy and criticism toward friends, acquaintances and strangers, often resulting in a greatly reduced body image satisfaction among women who were initially sensitive to weight and shape issues. This illustrates the significantly negative impact of upward comparison related to exercise upon girls and young women, through a reduction or

abandonment of what should be a healthy and enjoyable regular activity for all individuals. Although the majority of participants engaged in upward appearance and exercise social comparison, the dissonance-reduction technique of downward social comparison in other areas of appearance was often used. Women who feel that others are of more value in appearance and exercise ability (upward social comparison), in an attempt to reduce dissonance, may develop negative views on those placing a high value and time investment on appearance maintenance (downward social comparison). Many women are unable to develop or maintain a regular healthy eating routine, because of self-esteem, the presence of others and situational differences, a general inability to break an unhealthy eating habit, or even the pressure to appear as a light eater.

Results from Study 2 indicated an overall pervasive impact of body image satisfaction on women's everyday lifestyle behaviours, and happiness. As a result of the constant focus of most participants upon dieting, weight loss, and comparison to others perceived as superior, those who negatively perceived their bodies expressed the generalized negative impact of body image dissatisfaction upon lifestyle. By understanding the contextual environment within which women may feel poorly about their bodies and themselves, our appreciation of the quantitative issues contributing to the statistical predictions and conclusions about body image satisfaction is richly enhanced. Specifically, simple predictive ability of body image by all items is substantiated by findings that although certainly present, these relationships are not in all cases straightforward.

Integrating Study 1 and Study 2

The real significance of social and health-related variables was illustrated throughout findings of both Studies 1 and 2, demonstrating the importance of examining girls' and young women's body image from a holistic, developmental, and socially-based perspective. Self-esteem and participants' perceptions of weight status were dominant predictors of body image satisfaction among women aged 12 to 29 in Study 1, and this was supported and replicated by qualitative results in Study 2 in which self-esteem emerged as a dominant theme in discussion. Participants consistently expressed that those without a strong sense of self were significantly more likely to feel poorly about their bodies, regardless of potentially positive ratings in other aspects of study. Conversely, participants reported that those who feel badly about their bodies were highly likely to have an overall negative self-esteem/self-satisfaction rating, given that body image dissatisfaction was described as an important factor influencing all other aspects of one's everyday life. Similarly, women's self-rated evaluation of their weight emerged as a dominant predictor of body satisfaction across ages in Study 1, corroborated by strong and specific expressions of the thinness ideal among all focus groups. Often equated with body image, the desired yet apparently unattainable goal of thinness was found to be of paramount importance in evaluating whether women were satisfied with their bodies or not. Thus, results of both studies indicate the significance of the relationship between self-esteem and self-appraised embodiment of thinness among both girls and young women, suggesting that future health promotion interventions must work to simultaneously emphasize the importance of feeling good about oneself and to de-

emphasize the value placed upon thinness as embodied throughout our culture (Neumark-Sztainer et al., 2007).

Social comparison also emerged, qualitatively, as a major factor influencing whether women felt positively about their bodies. Given that only self-esteem and body weight factors were found, among women of similar ages to those participating in focus groups, to quantitatively predict body image, this is not surprising. In all focus groups, upward social comparison was emphasized to such a large degree that it dominated any discussion of body image. It is conceivable that social comparison with similar others' bodies acts as a mediating factor, along with self-esteem and perceptions of body weight, in determining whether those predisposed to feel poorly about their bodies in actuality do (Jones & Buckingham, 2005; Kraye, Ingledew, & Iphofen, 2007; Leahey, Crowther, & Mickelson, 2007; Shomaker & Furman, 2007; Tiggemann, Polivy, & Hargreaves, 2009). Existing quantitative and qualitative research supports these findings, demonstrating the importance of the social context and the presence of co-actors on situationally-based personal evaluations (e.g., Beausoleil, 1994). In line with this research, participants verbally oriented their appearances and self-perceptions depending on various situations and audiences within their social networks, namely family and friends, depending on relative developmental stage. Future research from both domains of research methods must, therefore, examine the important and potentially mediating role of social comparison on body image satisfaction in order to understand and modify its negative effects.

When examining subfactors contributing to body image prediction, current results suggest that gaining an understanding of women's satisfaction with their social

environment is essential to understand body image. Frequently, participants in Study 2 noted that the presence or absence of social support was not important in determining body image satisfaction, as may be evaluated in a variety of studies, but rather the valence of those relationships determined whether a buffering effect was present. In both Studies 1 and 2, those who expressed a strong sense of satisfaction with various sets of social relationships were significantly more likely to experience positive body image satisfaction, often based more in family relationships among children and young adults over age 24, and in the friendships of teenage girls. Family and friendship-based social groups, when evaluated positively, appeared to have a buffering effect against the perilous influence of poor body image, emphasizing the importance of a positive social environment and sense of support. It is essential for further research to examine body image satisfaction within the context of social support and social environment in order to develop a complete picture of social influence and its potentially buffering effect against the negative ramifications of body dissatisfaction.

Finally, both studies revealed the importance of regular physical activity and healthy eating on body satisfaction. Those who frequently ate well and were active consistently evaluated themselves as satisfied, whereas those to whom both were a chore or an avoidable event were often dissatisfied with their bodies. Consistent with other research (Martin & Lichtenberger, 2002), keeping regularly active and eating healthy food play important roles in regulation not necessarily of body weight but of *perceptions* of slimness. Those who moderately engage in these positive health behaviours may not appear to be physically different from those who do not;

however, the psychological health benefits of both enjoying and participating in regular healthful eating and exercise are often revealed in positive body image ratings. Both perceptions of the importance of living a healthy lifestyle and affective enjoyment of such behaviours significantly contributed to body image among girls and young women, and future research must emphasize both the cognitive and affective aspect of attitude in order to appreciate the full spectrum of predictive ability offered by these factors. Such findings demonstrate the socially-based nature of health-related variables which may, on the surface, appear straightforward. However, the qualitative approach to Study 2 speaks to the real importance of the complex broader social context in such inherently social behaviours as diet and exercise that involve varied and diverse co-actors. The presence of others, combined with societal expectations, appears to exert a strong influence on the everyday health-oriented choices of girls and young women, and therefore must continue to be included in studies in this area.

In summary, the current research illustrates the implications of women's healthy lifestyle behaviours and engagement in positive social networks on body image satisfaction, potentially mediated or buffered to some degree depending on positive ratings of self-esteem and perception of thinness. By examining these variables together in a mixed-methods study, this project identifies the need to focus on prevention of a variety of negative cognitions associated with body image dissatisfaction as well as encouragement of enjoyment and engagement in a long-term healthy lifestyle and positive social environments. Given the negative impact found in this study of dieting and weight loss, emphasis must be placed not on these unhelpful

targets but instead on a holistic range of social and health variables interacting to contribute significantly to women's body image dissatisfaction.

Why Mixed Methods?

When considering women's body image as a research topic, one can approach this task using a variety of research methods, utilizing either quantitative or qualitative methods, or a combination. Each methodological choice carries with it its inherent advantages and disadvantages, and when carefully guided by the research question, a combination can be optimally used to further our understanding of psychology. It is essential, of course, to establish large-scale prevalence rates of women's body image dissatisfaction and any predisposing or mediating factors that may aid our prediction and prevention of body image. Health promotion often bases its programming on findings from quantitatively-based research projects, illustrating the very real value of staying within the political bounds of numerical research in order to transform the discipline (Tolman & Szalacha, 1999). However, applied health research is increasingly recognizing the importance of studying the context within which a given health behaviour occurs, integrating the "how" and the "why" into results from more mainstream projects (Green & Thorogood, 2005). Qualitative research, although very different in outlook and theory from quantitative methods, similarly uses standardized principles of design and analysis, emphasizing findings at a contextual level rather than aiming for large-scale generalization. When used independently or in conjunction with quantitative research methods, results may be understood in context and calls for future research to investigate underlying phenomenon can, in some ways, be addressed by this alternative method of inquiry.

For this reason, the current research project was designed using both qualitative and quantitative aims and methodologies in mind, in order to pinpoint psychosocial and health-related predictors of body satisfaction broadly, and to simultaneously glean a better understanding of complex interplays between variables under examination. Focus groups were selected as the method for Study 2 of this project rather than individual interviews, given not only their simplicity and relative ease of facilitation, but more importantly because of the strong advantages of intragroup communication when discussing a topic as reactive as body image. Advantages of focus groups draw from the unique insights this context provides, including naturalistic communication, openness to sensitive topics, a synergistic building of information through elaboration and disagreement, and a familiarity with language used in target population discourses (Wilkinson, 2004). All of these potential advantages were realized in focus group discussions, in which participants interactively discussed body image satisfaction at a level of seriousness and frankness that would likely not have been available to a researcher using individual interviews or surveys. Social comparison, for example, became a major component of the study in addition to other planned social and health-related variables, adding a background level of depth to the evaluation of body image satisfaction that largely explained both quantitative and qualitative outcomes. The current research illustrates the importance of understanding body image from both a very broad and very specific outlook, contributing to the holistic approach taken to understanding study outcomes.

Limitations and Future Directions

Although data from Study 1 was derived from the CCHS 2.1 database based on the advantages of using an established and standardized national dataset sampling overall from health regions across the country, some limitations did accompany its use. The survey was composed of 25 minutes of common content, 5 minutes of sub-sample content, and 10 minutes of optional content. Common content modules consisted of varied health topics such as smoking, eating, and exercise behaviour that were asked of all survey respondents, comprising the bulk of items asked in questionnaire completion (Statistics Canada, 2003b). Optional content modules included more diverse areas of health interest, including self-esteem, social support, eating issues, and satisfaction with life. Provinces were given the opportunity to select optional variables of interest depending on their health and research interests within the context of each province, limiting generalizability across the country. A variety of modules of interest to this study were included in the optional content; however, only participants in provincial health regions that were also asked to respond to all *other* questions of interest were available for study. This constrained my ability to select items based on content rather than available participant responses; however, 2,114 women, who comprised the dataset for this study, ultimately answered all items of interest. Rather than viewing this solely as a limitation of this study, it is more important to view this as a limitation for Canadian body image research. The CCHS is an underused but highly valuable dataset, and with standard common content ignoring body image satisfaction and variables important in predicting a wide range of study variables, its usefulness is somewhat limited. Because body image satisfaction has

been inextricably tied to poor self-esteem, and frequently manifests itself in a variety of global health behaviours including depression, anxiety, suicidal ideation, disordered eating behaviours, eating disorders, and reduction in or obsession with physical activity (e.g., Brausch & Muehlenkamp, 2007; Grossbard, Lee, Neighbors, & Larimer, 2009), it is essential to examine body image within these surveys in a mandatory rather than optional manner. Upcoming versions of the CCHS should include variables important to body image satisfaction and issues with other similar correlates as common content in order to better assess these topics from a national perspective. In this manner, researchers using future datasets may more accurately and broadly address body image as a significant cost to women's global mental health given its normative discontent (Rodin, 1985), allowing result to best be generalized to Canada's female population.

It is important to note that participants in Study 1 were randomly selected from a broader population and included four age categories, whereas those sampled in Study 2 were (intentionally) nonrandom, belonging to one representative age group. Similarly, self-selection based on topic interest may have played a role, as suggested by one focus group participant, "We all volunteered for this, but I wonder how many girls just didn't care about it enough, it wasn't a big deal in their lives so they didn't want to do it, or girls that were so bad that they could not talk about it in front of a group of strangers..." Similarly, the researcher/focus group facilitator was of course not blind to study hypotheses, however again the qualitative and non-random nature of inquiry sought not to obtain an objective sample but instead to elicit an in-depth discussion between representative members of the study population.

Unfortunately, participants sampled in Study 2 were also not representative of a variety of cultural, socioeconomic, and sexual orientation backgrounds, limiting the scope of this study primarily to young, heterosexual Caucasian women of middle class backgrounds. Similarly, age-based results from Study 1 could not be extended to results of the qualitative focus groups, based only in one category (18 to 24).

However, among focus group participants, age strongly emerged as a theme of discussion in terms of the developmental trajectory of body image satisfaction, illustrating the age-based diversity of body image even among only young adult women. Future research in this area using similar methodologies should attempt to draw from a more diverse student population in order to achieve a greater richness of discussion among women of various backgrounds, and may include focus groups with both younger and older women in order to confirm age-based findings from Study 1.

The current research demonstrates the importance of examining a variety of social and health-related behaviours from both a qualitative and quantitative approach in order to understand the predictors of women's body image dissatisfaction at an in-depth level. Future work might benefit from combining predicted and unexpected variables that emerged as predictors from both survey and focus group results into an integrated quantitative survey, in an attempt to increase the variance accounted for in body image satisfaction. Such an instrument would add not only to the ability to predict body image satisfaction among girls and young women, but also to prevention efforts.

Current results in this area demonstrate the strong influence of social and health variables on body image satisfaction, with self-esteem, weight perceptions and

social comparison emerging as dominant variables that may mediate the effects of other constructs. By focusing on positive self-esteem, acceptance of weight and shape diversity, a healthy lifestyle including keeping active, eating healthy and feeling good about oneself, and encouraging more positive social relationships (Health Canada, 2004), as other researchers are currently doing (e.g., Beausoleil, 2009), body image satisfaction might be more positively affected among those actively taking up messages of such health promotion programs. Continued emphasis on prediction and prevention at the population level rather than on post-hoc problem solving at the individual level may lessen the burden of body image dissatisfaction and its ensuing maladaptive cognitions and behaviours on both our health care system and those who live within its structure.

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Appendix A



Interdisciplinary Committee on
Ethics in Human Research (ICEHR)

July 22, 2008

ICEHR No. 2007/08-154-SC

Ms. Elizabeth Russell
Department of Psychology
Memorial University of Newfoundland

Dear Ms. Russell,

Thank you for your submission to the Interdisciplinary Committee on Ethics in Human Research (ICEHR) entitled "*Exploring psychosocial and health-related predictors of body dissatisfaction: a quantitative and qualitative approach*". The ICEHR is appreciative of the efforts of researchers in attending to ethics in research.

The Committee has reviewed the proposal and we agree that the proposed project is consistent with the guidelines of the *Tri Council Policy Statement on Ethical Conduct for Research Involving Humans* (TCPS). Full approval is granted for one year from the date of this letter.

The ICEHR applauds you for careful consideration of important ethical issues arising from the research and provision of appropriate protections where necessary. The committee would like to point out one ambiguity in the application that should be addressed, however. You indicate that the participant may keep the signature pages, but it would appear that you need to keep these since you need two copies of each signature page to attach to the information letters. This is probably the intent, but is not clear from the letters to the participant. Addressing this ambiguity would be very useful."

If you intend to make changes during the course of the project which may give rise to ethical concerns, please forward a description of these changes to the ICEHR Co-ordinator, Mrs. Eleanor Butler, at ebutler@mun.ca for the Committee's consideration.

The TCPS requires that you submit an annual status report on your project to ICEHR, should the research carry on beyond July 2009. Also, to comply with the TCPS, please notify us upon completion of your project.

We wish you success with your research.

Yours sincerely,

A handwritten signature in cursive script that reads "Lawrence F. Felt".

Lawrence F. Felt, Ph.D.
Chair, Interdisciplinary Committee on
Ethics in Human Research

LF/emb

copy: Supervisor - Dr. Ken Fowler, Department of Psychology

Appendix B

Participants' Stories

Note: To ensure maximum accuracy and confidentiality, individual participants have read and approved their particular 'story,' and pseudonyms have been used.

Francine was 19 at the time of the focus group, and was a second year undecided-major undergraduate student from outside the province, who had lived in residence throughout her first year of study. Her sisters and parents played important roles in her body image satisfaction, which throughout the focus group, was presented as extremely low. She was a shy and quiet girl who, when given the chance, had a great deal to say about body image. Francine explained that major aspects of her life would have been different and would continue to be different if she felt positively about her body; however, this impairment frequently led to negative fallout in her lifestyle. Francine volunteers for a lot of activities, and this group was no exception, being the main reason she decided to participate.

Nicole was a 21-year-old upper-year undergraduate student in the faculty of science at the time of the focus group. She had overcome a great deal of adversity in her youth, which often led to poor body satisfaction at that time. More recently, however, she had come to perceive herself and her body in a more positive light, and candidly expressed this transition to the group. She provided insight and help to others looking to feel better about their bodies, and in later communication with me, explained that she benefitted from the experience of talking openly about body image to the group. She came to the group, initially, to have a discussion about body image and for the sake of volunteerism.

Kayla was a 22-year-old upper-year undergraduate in the faculty of science, who came to the group out of interest for this particular topic and a desire for qualitative methodological experience. Again, her family members and her sister Sara, in particular, played a major role in her own experience of body image. Her sister had struggled with eating issues throughout their teenage years, and this in turn shaped her perceptions of the major influences that body image dissatisfaction can have. She had a lot to say during the discussion, and often provided specific stories explaining various theoretical viewpoints under discussion.

Fiona was also a 22-year-old upper-year faculty of science student at the time of the focus group, at the undergraduate level. When discussing participant's reasons for focus group attendance, she cited her own rationale as:

Because um I have a lot of what I guess what I would call body image issues and I thought it would be good to sort of you know share how I felt about it to maybe help other people in the future.

She was very vocal throughout the group about her severe body image dissatisfaction and its negative implications for all aspects of her life, strongly impairing her ability, in some instances, to separate body image from life in general. Her discussions often drew other participants in to relate at a similar level, which brought a very interpersonal and interactive context to the focus group.

Ashley was a second-year graduate student in the faculty of science who came to the study out of interest for the topic. Ashley was not from the city in which the group took place, having come from another large Canadian metropolis to study, bringing viewpoints from outside the immediate locale. She had a keen and

alternative way of viewing body image as a topic, often generalizing it beyond weight and shape issues and toward overall topics of physical dissatisfaction.

Heather was a 20-year-old undergraduate in the social sciences (faculty of arts) at the time of the focus group, who came from a community outside of the city centre. She came to the group out of interest in the topic, and brought with her a stable and very thoughtful sense of body image that contributed well to my understanding of all participants' ideas, allowing them to reference their more scattered ideas with that of Heather's, producing overall more cohesive results. Although Heather seemed to have a positive sense of her own body, she still appeared to struggle with body image issues similar to that of other participants.

Rachel was the 18-year-old sister of Heather, who was in her first year of university and still deciding upon a major. Similar to her sister, Rachel had grown up playing sports but upon coming to university had decreased this activity, and brought the resulting body image perspective to the group. She had very precise references to positive and negative body image satisfaction in her own life and in observations of others', which added a degree of specificity to the discussion and to the analysis.

Lauren was an 18-year-old first-year faculty of science student living in residence at the time of the focus group. She regarded herself as quite slim, and having no real body image problems to speak of, brought this interesting perspective to the group. Nonetheless, her experiences within groups of girls who themselves suffered from body image dissatisfaction reflected at times upon her own satisfaction, putting her almost in the position of a scapegoat in which "fat" jokes could be reversed upon the thinnest friend. Ashley related well to this throughout the group,

finding herself in a similar position. Together this outlook brought a real sense of diversity to the focus group and ensuing analysis.

Emily was an 18-year-old potential medical health sciences student in her first year who was living in residence at the time of the focus group and was friends with Lauren. Although quiet throughout most of the group, her comments did illustrate a real sense of thoughtfulness and introspection toward body image issues, which added depth to thematic analysis.

Suzanne was a 22-year-old 3rd year faculty of science student at the time of the focus group for whom body image issues were extremely pervasive in her life. She expressed her struggles with weight throughout life, candidly explaining the negative impacts of weight gain on her self-esteem and general happiness. She frequently reflected on social comparison issues to the group, explaining the important impact of constant upward comparison to others perceived as thinner, better-looking, or more talented, and elicited lively discussion from other participants.

At the time of the focus groups, **Amanda** was an 18-year-old student in her first year, pursuing entrance into the school of social work. She brought her experience with body image as a disabled individual to the group, providing a point of comparison between issues faced by disabled and able-bodied women. Sometimes the issues diverged; however, most often, issues faced by Amanda and the other participants were entirely similar.

Victoria was 18 at the time of the group, and was studying in the school of Human Kinetics and Recreation. She was heavily involved in competitive sports outside of the university, and had travelled to central Canada to train in her sport. This

unique athletic experience allowed her insight into body image issues among young athletes across the country, as well as forcing her to address her *own* within the context of serious competition. Although very quiet throughout the group and frequently but unintentionally verbally cut off by other participants, Victoria's contributions were significant and insightful, often providing me with concrete and important examples of her ideas on body image satisfaction.

Melissa was an 18-year-old first-year student in the school of Human Kinetics and Recreation who also was highly involved with competitive sports, although in this case within the university community. Her experience in sports throughout her entire life somewhat diluted the experiences of body image dissatisfaction, at least throughout childhood, allowing her to focus not on her body but on enjoyment of sports and exercise. This perspective provided a nice contrast with those who, whether athletic or not, had experienced severe body dissatisfaction from an early age.

Amy was a very interesting member of the final focus group. At the time of the group she was 17 years old, studying in the school of Human Kinetics recreation, and like her friend Melissa, she was also involved in varsity athletics at this university. Although not a stranger to body image issues, she admitted to having been outwardly critical of others' body weights as a child, although as an adult she was not proud of this. Amy appears to have developed a sensitivity toward the weight and shape of others, presumably when she began to develop a somewhat more thoughtful sense of body image. Although primarily satisfied with her body, she did relate experiences of upward social comparison toward thinner others and some body

dissatisfaction with her own weight, despite the fact that she did not perceive herself as overweight. During discussions that were critical of the small sizes of runway models, Amy gently disagreed with the group, expressing that to her, models did not seem too skinny and instead looked good in their clothing. This is an example of the variety of divergent remarks Amy made to the dominant force of the group, illustrating her resistance to group polarization and uniqueness of body image opinions.

Appendix C

Focus Group Recruitment Guide: Verbal Presentation

- Introduction of myself, my research interest in body image
- Summary of project:
 - Quantitatively looking at statistical relationships in a database that has already been created
- e.g., body image and social and health variables such as what you eat and how you exercise, and how social aspects of your lives influence body image
 - Qualitatively I want to examine these findings by talking with local young women about body image satisfaction
- Participants required: I want to talk with female students, in confidential groups, to see what they have to say about these relationships
- What I am asking: If you would like to consider helping me in my work, please have a look at the sheet in front of you for a summary and, for instructions, refer to the italicized portion
- If you want to participate, please sign and include your contact information so I can contact you to arrange a suitable time to meet as a group. Check Box #3 and return
- If you are thinking about participating but are not sure, please check Box #2 and include your contact info. You will be contacted with more information or to discuss potential participation.
- If you do not want to participate, please just leave the form blank and return
- If you want to participate in the group but do not want to talk to strangers only, you are welcome to bring along a female friend. When you are contacted for scheduling, please mention that you want to bring along a friend and their information, so I can then contact that person directly.

Appendix D

Recruitment Consent Form

September, 2008

Dear Participant,

My name is Elizabeth Russell, and I am a working on thesis as part of my Master's degree in psychology at Memorial University of Newfoundland. The purpose of the study is to investigate women's body image, in relation to health-related aspects of lifestyle, as well as social variables such as self-esteem and social support. I would like to discuss how these different and important aspects of life impact young women living in this area, by talking with groups of women in an informal and comfortable setting. Please consider being a part of such a group.

Also, please note that your participation in this study is voluntary and you are free to end your participation at any time. Your responses to questions and comments will be confidential to the research team (myself and my supervisor), as all names and identifying characteristics will be altered in transcription and use of data. There is no guarantee that other participants will keep your identity confidential, however the group will begin with a brief discussion about my hopes to keep participant and content information between the group only. If you should wish to keep your identity anonymous, please introduce yourself with a pseudonym of your choice, and this will be used throughout the group discussion.

If you choose to end your participation before the focus group is complete, you are free to withdraw at any time. Also if you later decide to withdraw your information from the study, all data you contributed will be removed and destroyed.

The focus group session will be digitally sound recorded on my computer, so that later analysis remains true to precisely what was discussed during the sessions. If you choose, however, the computer recording can be stopped at any time. Copies of the recording will be moved to a CD kept in a secure location, and access to it will only be granted to myself and my supervisor. When the session is transcribed to allow for data analysis, pseudonyms will be given to participants and any identifying characteristics (e.g., place names, schools, places of employment, etc) will be changed to ensure anonymity.

If you would like to take part in this study, please sign the attached sheet, including your phone number and email address (so that I can contact you with further information and to arrange a focus group time), and place (face down) in the folder at the front of your classroom. If you choose not to participate, please leave the blank form in the folder. You may keep this page for your information or to contact me directly if you decide later to participate.

The proposal for this research has been approved by the Interdisciplinary Committee on Ethics in Human Research (ICEHR). If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the ICEHR at icehr@mun.ca or by telephone at (709) 737-8368.

Thank you so much,

Elizabeth Russell

erussell@mun.ca

765-3362

Signature Page

This sheet is to be signed by you, the potential participant, if you are considering participation. Please read it carefully:

	NO	YES
1. I have read the information sheet.	<input type="checkbox"/>	<input type="checkbox"/>
2. I would like to be contacted with further information about the study before I decide to participate.	<input type="checkbox"/>	<input type="checkbox"/>
3. I would like to participate in the study, and am willing to be contacted to arrange a time for the focus group.	<input type="checkbox"/>	<input type="checkbox"/>

Signature of potential participant

Date

Email address most often checked

Phone number(s)

Best time period to call

Time period not available

Appendix E

Follow-Up Recruiting Email/Phone Call for Students Indicating *Potential*

Participation

Hello,

I visited your class earlier this month, recruiting participants for my Master's thesis concerning women and body image, broadly. You indicated that you might like to participate, and so I would like to give you a bit more information, and you can reply to me with your decision at this address. The study uses qualitative methods to examine how young women perceive their own bodies and those of others, and how this affects their everyday lives. Rather than conducting statistics and questionnaires that may not capture your everyday lived experience relating to body image, I would like to have an informal discussion with small groups of young women about these topics, generally. Groups will have about 5 students in each, will last 1 to 1.5 hours, and only occur once per person. You are welcome to bring a female friend along to participate if this would make you feel more comfortable.

If you would like to help me out with this study, or to gain more insight into conducting psychological research, please choose a date below that is suitable for you to come to the psychology department for some snacks and a chat.

Monday, **October 6**, 7 pm, SN 2057

Tuesday, **October 7**, 7 pm, SN 2057

Wednesday, **October 8**, 7 pm, SN 2057

Please don't hesitate to contact me with further questions.

Thanks!

Elizabeth Russell
765-3362
erussell@mun.ca

Follow-Up Recruiting Email for Students Indicating *Definite* Participation

Hello,

I visited your class earlier this month, recruiting participants for my Master's thesis concerning women and body image, broadly. You indicated that you would like to participate, so I would ask you to sign up for one of the below focus group sessions next week. Groups will have about 5 students in each, will last 1 to 1.5 hours, and only occur once per person. You are welcome to bring a female friend along to participate if this would make you feel more comfortable-just let me know in advance before the groups if you can, so I can prepare enough food and drinks for everyone and make arrangements with that person.

Monday, **October 6**, 7 pm, SN 2057

Tuesday, **October 7**, 7 pm, SN 2057

Wednesday, **October 8**, 7 pm, SN 2057

Please don't hesitate to contact me with further questions.

Thanks!

Elizabeth Russell
765-3362
erussell@mun.ca

Appendix F

Informed Consent Form

Dear Participant,
2008

October,

My name is Elizabeth Russell, and I am a working on thesis as part of my Master's degree in psychology at Memorial University of Newfoundland. The purpose of the study is to investigate women's body image, in relation to health-related aspects of lifestyle, as well as social variables such as self-esteem and social support. I would like to discuss how these different and important aspects of life impact young women living in this area, by talking with groups of women in an informal and comfortable setting. Please consider being a part of such a group.

Also, please note that your participation in this study is voluntary and you are free to end your participation at any time. Your responses to questions and comments will be confidential to the research team (myself and my supervisor), as all names and identifying characteristics will be altered in transcription and use of data. There is no guarantee that other participants will keep your identity confidential, however the group will begin with a brief discussion about my hopes to keep participant and content information between the group only. If you should wish to keep your identity anonymous, please introduce yourself with a pseudonym of your choice, and this will be used throughout the group discussion.

If you choose to end your participation before the focus group is complete, you are free to withdraw at any time. Also if you later decide to withdraw your information from the study, all data you contributed will be removed and destroyed.

The focus group session will be digitally sound recorded on my computer, so that later analysis remains true to precisely what was discussed during the sessions. If you choose, however, the computer recording can be stopped at any time. Copies of the recording will be moved to a CD kept in a secure location, and access to it will only be granted to myself and my supervisor. When the session is transcribed to allow for data analysis, pseudonyms will be given to participants and any identifying characteristics (e.g., place names, schools, places of employment, etc) will be changed to ensure anonymity.

If you would like to take part in this study, please sign the attached sheet. Keep this sheet for your information.

The proposal for this research has been approved by the Interdisciplinary Committee on Ethics in Human Research (ICEHR). If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the ICEHR at icehr@mun.ca or by telephone at (709) 737-8368.

Thank you so much,

Elizabeth Russell

erussell@mun.ca

Signature Page

This sheet is to be signed by you, the participant, if you decide to participate. Please read it carefully:

	NO	YES
4. I have read the information sheet.	<input type="checkbox"/>	<input type="checkbox"/>
5. I understand that I am free to withdraw from the study at any time without having to give a reason	<input type="checkbox"/>	<input type="checkbox"/>
6. I understand that it is my choice to be in the study	<input type="checkbox"/>	<input type="checkbox"/>
7. I understand that I may not benefit from this study.	<input type="checkbox"/>	<input type="checkbox"/>
8. I agree to have the focus group tape-recorded	<input type="checkbox"/>	<input type="checkbox"/>
9. I understand that information provided in the focus group may be included in a written report that will be made available to the public, with the understanding that the names of participants and identifying characteristics will be removed from the reports.	<input type="checkbox"/>	<input type="checkbox"/>
10. I understand that I may request to have the recording device turned off at any time.	<input type="checkbox"/>	<input type="checkbox"/>
11. I agree to take part in this study.	<input type="checkbox"/>	<input type="checkbox"/>

 Signature of participant

 Date

Appendix G

Verbal Introduction to Focus Group Sessions

After focus group participants sign the informed consent forms, the researcher will outline again the main purpose of the study, emphasize the anonymous nature of data transcription as well as a hope that individuals will keep one another's identities confidential, and ask if participants have any questions before discussion begin. The sessions will last from half an hour to approximately two hours, depending on the nature of participants and the discussion.

First, interested participants will be given a verbal and/or written synopsis of the study, and the harms and minor benefits incurred by their participation in focus groups will be explained. The anonymous nature of transcribed data will be emphasized, as well as the uncertainty of confidentiality among other focus group participants. However they will be reminded that individuals recruited from the same classes will be distributed between different focus groups to ensure that in-class embarrassment or self-consciousness after the group will not happen. All attempts will be made to ensure participants in focus groups are strangers, unless they wish to be in a group with a friend or acquaintance. Further, participants will be told that they may choose to use pseudonyms during focus groups, in order to obtain anonymity.

Participants will be reminded that focus group transcriptions will use pseudonyms, and any identifying characteristics brought up during the sessions will be altered to protect the identities of participants. These changes will be carried over to the written report of the study, and any verbal discussions held at a later date.

Although the focus group participants will have given informed consent before sessions begin, they will be reminded that they are free to withdraw at any time, and any data contributed to the group would be removed from transcription, and thus from the written report as well.

Participants in the focus groups will be told that anonymity will not be maintained during focus groups, unless they choose to use a pseudonym during the sessions and no classmates (if applicable) are involved in the same group. However this discussion at the outset of the focus group about the hopes of maintaining confidentiality will be held, with the prospect of confidentiality among participants. They will be informed, however, that no one but the researcher and her supervisor will have any access to the raw data, and that the transcriptions and report will not have any names or identifying characteristics.

Appendix H

Focus Group Discussion Guide

- Introduction all around – (if desired by participant):
 - Name
 - Where you are at in school
 - Why you wanted to come to this group?
- What does body image **mean to you**?
 - Positive or negative?
- How do you feel your personal body image impacts your **own everyday life**?
- How do you feel your **relationships with friends and/or family members** is influenced by your own body image?
 - e.g., is social support influential on your own body image.
 - Do you find this is similar for your peers?
 - Research suggests that there is a relationship between those with strong social support and positive body image, but also, that it is not necessarily protective against poor body satisfaction.
 - What do you think about this relationship?
- How do you think your **self-esteem** is related to your body image?
 - Do you think this is similar for your peers?
 - Research suggests higher self-esteem is related to more positive body image. Do you feel this is accurate, how would you relate this to your own life?
- Do you feel that **the way you eat** influences how you feel about your body?
 - Do you think this is similar for your peers?
 - Research suggests healthy eating (e.g., fruit and vegetable consumption, etc) is related to better body image – what do you think of this finding?
- Do you think that your **exercise behaviour** (any level, including none at all) is related to your body image?
 - Do you think this is similar for your peers?
 - We found that increased exercise is related to more positive body image, what do you think of this?
- Is your **everyday quality of life** related to how you feel about your body?
 - Do you think this is similar for your peers?

Appendix I

Focus Group Dynamics

Note: To ensure maximum accuracy, individual participants have read and approved the particular description of the focus group in which they participated.

It is interesting to note that although participants in all focus groups were individually assigned to the three available time slots based on availability alone (with the exception of the sister and friend pair), and that groups were asked identical questions in the same order, there was a great variety in the dynamics and themes arising from each of the three focus groups.

Focus Group 1 seemed to be comprised entirely of participants (Francine, Nicole, Kayla, and Fiona) who perceived themselves as overweight or needing to lose weight, in stark contrast to the second and third groups. Discussions between Group 1 participants focused entirely upon the experience of feeling fat and its impact on everyday functioning, relative to each specific topic of discussion. Participants keenly felt that their lives had, in major ways, been negatively impacted by their perceived excessive weight, and that everyday life would have in both the past and future been very different without any weight and shape preoccupation. The dynamics within this group were very expressive and at times hostile, not toward one another but through an aggressive building of group frustration targeted at unrealistic societal expectations of thinness and beauty. Participants perceived themselves as victims of these expectations, suggesting that their lives were being propelled in directions of negativity and inequality due to their perceived excess of weight. This dynamic helped me to understand the real impact of implicit and explicit thinness expectations

on overall quality of life and the mundane realities of girls and young women who internalize this pressure.

Similarly, **Focus Group 2** participants (Ashley, Heather, Rachel, Lauren, and Emily) expressed disdain for and frustration with these societally-based expectations of thinness projected upon women, however, with less aggression and personalization. Although participants certainly had experience with feeling fat and unacceptable, this was expressed more specifically through coping strategies such as healthful eating and exercise. Two participants did not struggle with body image issues directly; however they did take the brunt of negativity when friends projected weight frustrations onto these thinner women. This group was extremely informative in a specific manner as they explained the everyday ways that young women often actively negotiate thinness expectations and their impact on everyday functioning.

Although **Focus Group 3** participants echoed the same themes expressed throughout Groups 1 and 2, they were largely (but not entirely) presented in the context of sports and athletics. The group consisted of Suzanne, Amanda, Victoria, Melissa, and Amy, most of whom were or had been highly involved in team- or individually-based athletics. This experience coloured their interpretation of focus group inquiries, presenting a very interesting take on body image that complimented responses from previous focus groups. In discussing body image satisfaction in this context and more generally, there was a lot of explicit emotion evoked in this group, as well as questioning within the group independent of myself, and even advice-sharing between participants. One participant, though athletically involved, brought the perception of overweight from Group 1 into this discussion, producing an

assimilation of ideas from both those perceiving themselves as fat and those who did not. This group also involved a disabled individual, Amanda, who did not have direct experience with sports as did other participants, but could easily relate and bring richness to each athletically-based discussion due to the intense physicality required for her to self-power her wheelchair. The dynamics of Group 3 were both thought-provoking and diverse, yet similarly echoed the experiences of those perceiving themselves as fat in Group 1, and of those somewhat more personally distant from body image dissatisfaction in Group 2.

When qualitatively reflecting upon the dynamics and interactions in all focus groups, it is essential to consider the researcher's role in the co-construction of knowledge created by participants. As both a researcher and a young woman negotiating societally-based body expectations as are the participants, I felt at times compelled to answer my own questions in discussion with the participants, rather than passively attending to their comments, especially given the often-negative valence of the talk and my own views and readings on body image dissatisfaction. Although the aim of qualitative research is not to obtain a random and representative sample of generalized thought, I felt that my own comments would have directed the conversation, at least for a few minutes, toward myself. Instead, I felt that my time with participants was better spent listening and observing those who may have otherwise been my peers, instead reflecting after-the-fact on their comments and my own feelings toward these views. Thus my influence, although undoubtedly existent, did not, I believe, have a great effect on participants' discussions, and I instead remained a facilitator and observer of the important interactions before me.



