



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



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ABSTRACT

The definition of body image has evolved within research; however, less is known about the layperson's understanding of the construct. This study explored how members and student trainees of an exercise facility (designed for older adults, people with physical disability, and those with cardiac complications) defined body image. Nineteen participants completed a one-on-one interview, and seven of those participants took part in six additional focus group meetings. The following main themes were found: stereotypical assumptions about body image (e.g., it is solely a person's weight or merely a woman's issue), body image continua for positive and negative body image, degree of complexity of body image dimensions, broad considerations of body image (e.g., it is self-esteem), and limited knowledge about body image. These findings suggest a need for knowledge translation between researchers and the general public which informs future body image program design.

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1. Introduction

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

conceptualize embodiment as complex, moving beyond body appearance and dissatisfaction to include body functionality and positive body image (Cash & Pruzinsky, 2002).

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

Understanding body image and how it is defined in diverse populations, including older adults and those with disabilities, has been identified as a need in the field (Cash & Smolak, 2011). Research on body image in these samples has been equivocal. For example, in people with spinal cord injury, negative changes (e.g., decreases in sexual self-esteem and overall functionality, poorer sexual satisfaction and overall body image) have been reported (Burns, Hough, Boyd, & Hill, 2010; Moin, Duvdevany, & Mazor, 2009; Potgieter & Khan, 2005). On the contrary, other research with individuals with physical disability has found almost no difference in body image compared to general populations (e.g., Bassett & Martin Ginis, 2009) and even evidence of positive body image with acceptance

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of the disability (e.g., Bailey, Gammage, van Ingen, & Ditor, 2015; Taleporos & McCabe, 2002). This finding is consistent with research in individuals with multiple sclerosis (MS); one study found almost no difference in body image between college men and men with MS (Samonds & Cammermeyer, 1989). By contrast, Pfaffenberger et al. (2011) found individuals with MS scored significantly lower on self-ratings of attractiveness and self-confidence than those without MS. Research with older adults has demonstrated both similarities and differences in body image experiences to younger samples (Roy & Payette, 2012). For example, body dissatisfaction remains stable across the lifespan; however, older adults place relatively less importance on physical appearance of the body and more on physical competence (Roy & Payette, 2012; Tiggemann, 2004; Tiggemann & McCourt, 2013).

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

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

As body image research has expanded to include more populations (e.g., disability, age, geographical regions) and positive body image from a qualitative approach, the definition has been further challenged. Some qualitative studies have asked participants to explicitly define body image (e.g., Bailey, Cline, & Gammage, 2016; Bailey et al., 2015; Wood-Barcalow, Tylka, & Augustus-Horvath, 2010). These studies have demonstrated some variation in how participants understand the concept. For example, Wood-Barcalow et al. (2010) found women with positive body image and experts in body image were able to articulate consistently the definition of a positive body image. On the contrary, Bailey et al.’s studies of participants with spinal cord injury (2015) and older adult women (2016) who expressed negative and positive body images actually showed a great deal of variation in their understanding of the construct. These findings have important practical implications. When designing programs intended to improve body image,

congruence in the understanding of body image among researchers, and between researchers and participants, may be paramount to the program’s success. If program participants understand body image differently than researchers, then they may not effectively absorb and retain information intended to improve their body image. Further, participants’ expectations about the program outcomes may be different based on their understanding of body image, and if their expectations do not align with program content, they may not be receptive to the information, compromising treatment gains. We propose that participants and researchers have to “speak the same language” to ensure optimal program success. To date, researchers have seldom attempted to understand participants’ own understanding of body image within body image program pursuits.

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

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

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

that the body image perceptions representing this heterogeneous group were investigated. Therefore, the current qualitative study was designed to explore how participants of an exercise facility defined body image. The research questions were:

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

2. Method

2.1. Study context

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

2.2. Study design

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

2.3. Participants

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

2.3.1. Focus groups

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

2.3.2. One-on-one interviews

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

2.4. Research team

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

Table 1
Participant characteristics.

Pseudonym	Age	Gender	Interview length (minutes)	Program affiliation		
				Power Cord-SCI		
				Level of injury	Years post injury	AIS
Interview only participants						
1. Miranda	65	Female	47.55	L2	30	D
2. Cynthia	65	Female	46.03	C3	38	D
3. Samantha	63	Female	14.48	L3	5	D
4. Scott	68	Male	56.59		SeniorFit	
5. Dylan	73	Male	36.12		SeniorFit	
6. Jennifer	67	Female	47.04		SeniorFit	
7. Rachel	70	Female	48.27		SeniorFit	
8. Amy Lynn	56	Female	27.19		Power Cord-MS	
9. Larry	70	Male	41.54		SeniorFit	
Focus group participants						
10. Philip	40	Male	40.21	T10	1	D
11. Penny	61	Female	49.36	C6	1.9	D
12. Samuel	82	Male	57.55		SeniorFit	
13. Debbie	72	Female	37.09		SeniorFit	
14. Jessica	59	Female	47.40		SeniorFit	
15. Becca	69	Female	39.30		SeniorFit	
16. Elizabeth	67	Female	40.80		Heart Strong	
University student participants						
17. Trevor	21	Male	30.44		SeniorFit	
18. Melanie	21	Female	21.14		SeniorFit & Power Cord	
19. Michael	23	Male	35.50		SeniorFit, Heart Strong, Power Cord	

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

Table 2
Interview guide.

Now I would like to start off with you telling me a little about yourself
• Some background information?
• What made you become involved at the facility?
• What made you decide to join this research study?
• What resonated with you about this project/what made you want to participate?
What do you think body image is?
• How do you define body image?
What do you think having a positive body image means?
• How do you define positive body image?
• What are the important components?
• How do you recognize someone with a positive body image?
What do you think having a negative body image means?
• How do you define negative body image?
• What are the components?
• How do you recognize someone with a negative body image?
What is your experience with body image?
• How do you view your body?

2.5. Materials

2.5.1. Demographic form

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

2.5.2. Interview guide

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

with the interview guide before the interview to help improve the quality of data.

2.5.3. Focus group meeting schedule

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

2.6. Procedure

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

A total of 48 members attended the information sessions. Members who were interested in the study provided the first author with contact information. They were informed in writing and verbally that not everyone would be selected as a stakeholder because a range of individuals (age, gender, health, and ability) representing the diversity of the facility were needed; however, everyone would be invited to complete a one-on-one interview. The first author then contacted the 40 interested members by phone for a screening interview in order to select a range of individuals varying in age, ability, program affiliation, and health status who were interested in actively designing the positive body image program. Action

research is a methodology designed around personal investment by participants, and therefore personal investment was a criterion for the larger study (Bradbury Huang, 2010; Brydon-Miller et al., 2003). Personal investment was gauged by asking members why they were interested in body image. Members who expressed interest beyond study incentive and could represent the diversity of the facility were invited to become a stakeholder on the project. Three members declined to participate after being contacted. Seven of the 40 members were selected as stakeholders (and completed both focus groups and individual interviews), and nine additional members agreed to complete a one-on-one interview. In addition, three student trainees with experience across the programs were recruited by word-of-mouth for a one-on-one interview. Student trainees were selected to diversify the sample in terms of age and experience, to help broaden the sample to better represent the general community, to help improve the trustworthiness of findings, and to reach data saturation for analysis. Student trainees were university kinesiology or health science students learning about exercise principles and exercise programming for the specialized programs of the facility. Student trainees with current educational backgrounds in health and kinesiology could offer an important perspective on body image that was not captured by members, particularly given their differences in educational background and in body-related experiences.

All members who participated in the focus groups were compensated with a 3-month free membership to the facility. In addition, each participant was compensated \$20 for the one-on-one interview. All participants were informed in writing and verbally they could withdraw at any time. The first author outlined that anonymity could not be guaranteed but that participants' identities would remain confidential. Participants were also asked to keep all discussions confidential. They were provided information for support helplines, since the topic was sensitive in nature.

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

2.7. Analysis

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

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

insights developed in the last few interviews with the student trainees that were conducted.

2.8. Analysis rigour

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

3. Results

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

3.1. Stereotypical assumptions about body image

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

3.1.1. Body image is all about weight

One of the most salient themes reported by 13 participants was that body image is heavily focused on weight and appearance

Table 3
Thematic map of themes and subthemes of participants' conceptualizations of body image.

Theme	Example descriptions
Stereotypical assumptions (13/19) Body image is all about weight Body image is negative Body image is a woman's issue	<ul style="list-style-type: none"> • Body image program akin to a weight loss program • Body image defined by weight • Mostly negative evaluations provided • Body image more relevant to women than men
Body image continua for positive and negative body image (17/19) Negative and positive body images are opposite Negative and positive body images are distinct	<ul style="list-style-type: none"> • Satisfaction vs. dissatisfaction with appearance • Acceptance of the body vs. dissatisfaction
Degree of complexity of body image (13/19) Unidimensional Multidimensional	<ul style="list-style-type: none"> • Perceptual dimension only • Perceptual and affective components
Broad considerations of body image (14/19) Self-presentational influences Body image is a broader social image Body image is self-esteem	<ul style="list-style-type: none"> • Body image comprised of both impression management and self-perceptions • Body image more a lifestyle image • Body image and self-esteem are synonymous
Limited knowledge about body image (8/19)	<ul style="list-style-type: none"> • Felt unprepared to define the construct • Large variability in responses

Note: Number of participants who endorsed each theme represented in parentheses.

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

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

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

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

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

understood as central to one's body image, and for Becca and Penny being overweight was almost the worst thing that could happen to their bodies.

3.1.2. *Body image is negative*

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

3.1.3. *Body image is a woman's issue*

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

3.2. *Body image continua for positive and negative body image*

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

3.2.1. *Negative and positive body images are opposite*

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

3.2.2. *Negative and positive body images are distinct*

In this subtheme, six participants described negative and positive body images as being distinct from one another. In fact, Jennifer, who seemingly had some positive body image, described positive and negative body images as operating on separate continua, saying,

Positive . . . really ought to be about the enjoyment and appreciation of your body and acceptance is part of that but it’s more than acceptance. . . . The low end of the positive is that I’m good enough and then to be better than that.

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

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

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

3.3. *Degree of complexity of body image dimensions*

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

3.3.1. *Unidimensional*

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

3.3.2. *Multidimensional*

Eight participants described body image as more than one dimension. For example, Dylan said, “body image isn’t totally what you look like, it’s about how you feel, how good you feel about yourself” suggesting there are perceptual and affective components. Michael said, “I think it [body image] is multifactorial” and when

describing positive body image he said “I think it’s hard to define, there isn’t a single definition for positive body image. . . .” Miranda also believed body image to be complex. She said,

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

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

3.4. *Broad considerations of body image*

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

3.4.1. *Self-presentational influences*

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

3.4.2. *Body image is a broader social image*

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

3.4.3. *Body image is self-esteem*

Three participants believed self-esteem to be a central component to body image and even used these two terms interchangeably. For example, Cynthia said, “Body image is a full cycle. It’s the diet,

exercise, good self-esteem, being positive, all those things.” Larry believed body image was “how you feel, body esteem, self-esteem, and how you feel about yourself.” In the focus group meetings, participants would use the terms body image and self-esteem interchangeably until in later meetings when they understood the terms are not synonymous.

3.5. Limited knowledge about body image

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

4. Discussion

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

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

Not only did participants express narrow understandings of body image, some were very explicit in their limited knowledge of the construct. Since many of the participants intentionally volunteered for a study about building a positive body image program, it was presumed the participants had some conceptual knowledge and experience in the topic. Instead, some participants felt unprepared to define the term or discuss the components, while also demonstrating great desire to understand the concept better since they knew body image did impact their lives. Furthermore, the student trainees who worked at the exercise facility demonstrated a

similar lack of knowledge as the members who use the facility. This finding emphasizes the lack of knowledge translation between the research community and the broader public and professionals in related fields; it is clear that more trustworthy and evidence-based sources should be disseminated to people who need the information. Unfortunately, there is no available measure to assess people’s knowledge of body image to assess where exactly knowledge translation is needed.

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

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

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

towards selling products to ‘improve appearance’ in order to be perceived as more attractive by others. These types of appearance messages coupled with impressions others may have perpetuate the idea that body image includes perceptions held by other people about one’s body, rather than just one’s own perceptions.

4.1. Implications for research

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

4.2. Implications for theory

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

Within the scientific literature, a question has been raised as to whether positive and negative body images are opposite or

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

4.3. Practical implications

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

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

4.4. Reflexive analysis

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

4.4.1. First author

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

4.4.2. Second author

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

4.4.3. Third author

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

4.5. Limitations and future directions

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

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

be a strength of our study that yielded valuable insights useful for the development of our positive body image program.

4.6. Conclusion

The participants' accounts in the present study demonstrate diversity in perspectives concerning the construct definition of body image. Participants' knowledge base of the construct ranged from considerably limited information with ingrained stereotypical assumptions about body image, to more comprehensive conclusions including the complexity and multidimensionality of body image. This significant range in responses demonstrates the potential usefulness of psychoeducation about the construct definition within body image intervention pursuits, as participants in this study expressed a great desire to learn more about body image.

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