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Holistic health: Shaping women's experiences of positive body image

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**Holistic health: Shaping women's experiences of positive
body image**

This thesis is presented for the degree of

Doctor of Philosophy

Helen Elizabeth Monks

Edith Cowan University

School of Medical and Health Sciences

2018

Declaration

I certify that this thesis does not, to the best of my knowledge and belief:

- i. Incorporate without acknowledgment any material previously submitted for a degree or diploma in any institution of higher education;
- ii. Contain any material previously published or written by another person except where due reference is made in the text of this thesis; or
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Abstract

This PhD thesis seeks to contribute to a nuanced understanding of positive body image and how it is expressed among a group of women participating in holistic health culture in a modern Western society. Qualitative data were collected from in-depth ethnographic interviews with 25 women in Perth, Western Australia, to illuminate an understanding of their holistic health beliefs and practices, perceptions of appearance and health ideals, as well as their understandings of positive body image. Thematic analysis of the data through Nvivo revealed several overarching themes, demonstrating how certain aspects of holistic health culture may encourage or dissuade the development of positive body image. Overall, while some aspects of holistic health culture may help facilitate positive body image (e.g. a focus on wellbeing, embodying self-care, feminist identity), other elements of holistic health culture (e.g. nutritional regimes, rigid and idealistic health standards) have the potential to reinforce self-objectification processes, which are antagonistic to the development of positive body image. The findings from this thesis assist in considering the possible influences that may facilitate or dissuade features of positive body image among women, and provide timely guidance on the design of interventions to promote positive body image in the field of public health.

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Preface

This PhD research project is both personally and professionally motivated. It is in the vein of reflexivity that I open this thesis by presenting my personal experiences of positive body image, as illuminated through my own engagement in holistic health over the past decade. In doing so, the reader is made aware of my values and experiences as a researcher, and as an ongoing participant-observer in this culture. I also acknowledge in writing this preface, that there is no one truth waiting to be uncovered by myself as the researcher, but rather I construct a particular reality of the world as viewed through the lens of my own experiences, values and beliefs.

My interest in holistic health culture emerged through my own personal search for how to achieve a balanced and healthy lifestyle, while managing chronic illness. Like many who turn to holistic health, I was dissatisfied with conventional medicine and its limitations in explaining the nature of my illness and how it could be improved. I have participated in many holistic therapies and alternative treatments over the years, ranging from naturopathy, osteopathy, flower essence therapy, homeopathy and acupuncture. This journey was both empowering, as I came to learn more about myself and my body's needs and ways of working, yet also disheartening, as my health condition was not one that was easily resolved. So, while I was able to recognise the limitations of the holistic health paradigm in this way, I retained a number of treatments as part of my health maintenance regime.

In keeping with my shifting personal understanding of the phenomenon I was investigating, the trajectory of research and theory that I followed changed a number of times throughout the course of the study. At the outset of this research, I sought to understand more about what holistic health meant in terms of the body and relating to oneself. Initially, I thought that holistic health could provide a unique and more empowering way of viewing the body through its overall focus on 'wellbeing', as distinct from typical health messages promoting strict diet and exercise practices and a resolute focus on weight status. I thought the rise of holistic health blogs would provide a good opportunity to examine how this culture was emerging through social media. However, upon more detailed consideration, it became apparent to me that the portrayal of holistic health on social media was somewhat inauthentic, and did not

provide the opportunity to tell the story I wished to about the potential for holistic health principles to benefit women's understandings of health in a positive way.

Around this time, I was also alerted to the literature on Health at Every Size (HAES), which heralded to me what it truly means to completely reject weight-based notions of health in favour of a focus on wellbeing. I felt that this stance on weight and health was remarkably empowering. However, to change my course of research to emphasise HAES messages was conflicting for me as a researcher in the field of public health, as these messages are quite controversial in the context of an international commitment to obesity prevention and intervention. After this, I began learning more about social representations theory (Moscovici, 1998) and the value of lay (versus expert) understandings of health, which seemed a promising way to proceed with this research on holistic health, given that it allowed participants' voices and experiences to be represented positively and as a valued perspective in their own right. It was with this theory in mind that data collection was undertaken and the more informal ongoing process of analysis was pursued. As I continued on this path, it became clear to me that adhering to social representations theory, and how it related to holistic health, would mean a further departure from the original focus on positive body image. It was this topic of positive body image that promoted my interest in pursuing this PhD study in the first place. Also, as I considered participants' responses in terms of social representations theory, I realised I was interpreting participants' responses uncritically and without any real standpoint from which to be critical of this culture, so as to understand it more comprehensively and in more depth.

This represented a crossroads in my research, where I was conflicted about the story I was trying to tell and how it should be represented; essentially, I was asking myself "what was this research about?" I struggled to find a way to connect the two topics of holistic health and positive body image, and returned to the literature to help make sense of the data I had collected. It was at this time that I began reading feminist literature, and it was a casual reading of *The Beauty Myth* by Naomi Wolf (1991) that helped me make sense of some these issues and clarify my stance on the topic/s of research. I was originally plagued by doubts about the perceived 'seriousness' of positive body image as a research topic, and how others would view this throughout my future career. Yet, as I have learned, feminist research is about "making the [perceived] trivial important" and seeking "to examine the invisible, to study the

unstudied, and to ask why it had been ignored” (Reinharz & Davidman, 1992, p. 248). I also became immersed in the research literature on positive body image once again and noticed the parallels between holistic health culture and the themes of embodiment and self-care. Yet I also noticed the distinctions between the nutritional styles of eating promoted in holistic health, and the definition of intuitive eating, identified as the most adaptive eating style consistent with the development of positive body image. This brought me back to the meanings behind attuned and mindful self-care, and particularly how self-care behaviours should be informed by an attunement to, and mindful awareness of, the body’s needs.

It was this revelation and realisation that shaped the final ethnographic product that is presented in this PhD thesis. Should I have followed any of the other aforementioned trajectories in my research, this ethnography would have depicted a very different representation of holistic health culture, and the experiences of a group of women’s engagement within it. Perhaps more significantly, my ‘up and down’ journey also highlighted the reflexive nature of research, that required me to be open and honest about the research process (Maynard, 1994). As Kelly, Burton and Regan (1994, p. 46) observed, this approach rejects “the censoring out of the mess, confusion and complexity of doing research”.

The final presentation of qualitative data in this thesis, from interviews conducted with 25 women, aims to illustrate their holistic health beliefs and practices, as related to their expressions of positive body image. This is complemented by insights gained from my role as a participant-observer in this culture. The immersive qualitative engagement with the holistic health culture that formed part of the chosen ethnographic research approach is emphasised in this thesis by using a first-person perspective, particularly when discussing my personal observations that contributed to the study’s findings. Overall, this in-depth investigation provides a detailed understanding of the nuanced expressions of positive body image among a specific population, as informed by the voices of women themselves, and from the perspective of their own lived experience.

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CHAPTER ONE

Introduction

This qualitative research study aimed to investigate how a group of women experience holistic health culture and its potential to shape their experiences of positive body image. Specifically, this thesis describes how various aspects of holistic health culture appear to be consistent with the multifaceted construct of positive body image and which aspects may perhaps inadvertently hinder the development of positive body image.

1.1 Background to the research

This research project is situated in the context of modern Western society, where health and appearance are paramount concerns and women, in particular, can experience considerable pressure to maintain a bodily aesthetic that appears 'healthy' and is also consistent with the cultural ideal (Liimakka, 2014). This dynamic is further compounded by the closely intertwined discourses of health and beauty, which dictate ongoing and meticulous critical evaluation and self-surveillance of the body (Fullagar, 2002; Hesse-Biber, Leavy, Quinn, & Zoino, 2006; Wolf, 1991).

Appearance norms frequently transmitted to women are often communicated in tandem with prescriptive methods to attain the 'thin, young, attractive' ideal (Buote, Wilson, Strahan, Gazzola, & Papps, 2011). At the same time, women's health practices in the contemporary Western world are distinctly drawing upon alternative or holistic models of health (Broom, Meurk, Adams, & Sibbritt, 2014; Nissen, 2015; Sointu & Woodhead, 2008), which can have important implications for how women relate to their bodies (Sointu, 2012).

While commonly used to refer to the use of Complementary and Alternative Medicine (CAM), the idea of holistic health extends well beyond this to include a broader philosophy and set of beliefs about health, illness and healing (Robison & Carrier, 2004). Holistic health adherents function as members of a common community with a collective identity and a shared philosophy of health (Schneirov & Geczik, 2003), which centres on the recognition of all parts of the body ('the whole

person') as interconnected and interdependent, and strives for the unity of body, mind and spirit (Nissen, 2015). Women, in particular, express a strong affinity with the ideals and values of holistic health; this context can represent a feminised setting, providing an emancipating and empowering alternative for women to conceptualise and experience their own health (Keshet & Simchai, 2014; Sointu, 2013).

Holistic health has been suggested as a more inclusive alternative to corporeal and appearance-based standards of health, by promoting healthy living principles while favouring a broader focus on wellbeing (Robison & Carrier, 2004). Yet, such alternative views of health have also been criticised for being the same message in a new guise, or representing a new idealised standard for women to strive for (MacNevin, 2003; Sointu, 2005). Fundamentally, the holistic milieu can confer appearance standards and health ideals through dictating substantial engagement in alternative beauty practices, fitness and nutritional regimes, and therapeutic modalities to align mind, body and spirit (MacNevin, 2003; Sointu, 2005).

Holistic health adherents actively participate in recreating their bodies through autonomous self-care practices in a quest for perfect harmony and balance (Fries, 2013; Schneirov & Geczik, 1998). However, in their pursuit of "the aesthetic ideal of total wellbeing" and "the full achievement of perfect health" (Schneirov & Geczik, 1998, p. 447), the body is positioned as a site for transformative change, which has the potential to normalise practices of habitual self-monitoring, and reinforces the notion of the body as an object of discipline (Nissen, 2015). The broader focus on wellbeing inherent to the realm of holistic health may also mean that multiple aspects of an individual's life are subject to scrutiny and regulation according to a different standard of health that people feel a moral obligation to achieve (Barker, 2014). Thus, it should not be assumed that holistic health practices are necessarily more health promoting than conventional health practices.

As described, existing research highlights how holistic health may contribute to more aesthetic notions of health and habitual self-monitoring practices that, drawing from Frederickson and Roberts' (1997) objectification theory, are likely to be detrimental to body image and mental health. However, the implications of holistic health for promoting positive body image remain unexplored. This thesis, therefore, seeks to describe how women experience holistic health in the context of their everyday lives,

and how aspects of holistic health are consistent or inconsistent with current understandings of positive body image.

Indeed, developing positive body image has become increasingly recognised as a critical goal in promoting women's health and wellbeing (Grogan, 2010). Positive body image is distinct from a neutral or negative body image, and encompasses an appreciation of the body's appearance and function, an awareness of and attentiveness to the body's experiences and needs, and a self-protective way of processing body-related messages (Menzel & Levine, 2011). A multitude of beneficial physical and psychological health outcomes are associated with positive body image (Andrew, Tiggemann, & Clark, 2016a; Avalos, Tylka, & Wood-Barcalow, 2005), including the potential to help protect against the negative effects of body dissatisfaction (Andrew, Tiggemann, & Clark, 2015; Halliwell, 2013). Positive body image research is a field in its infancy, and furthering our understanding of how positive body image is experienced among different populations can provide a more nuanced representation of this construct (Halliwell, 2015).

1.2 Research aim and objectives

The current research aims to contribute to a more complete and thorough understanding of positive body image, including its expression among different social groups. Specifically, this thesis seeks to explore how holistic health culture shapes women's experiences of positive body image, and the potential for holistic health beliefs and practices to either encourage or dissuade the development of positive body image. The findings from this thesis provide timely guidance on the design of interventions to promote positive body image in the field of public health.

The central research question guiding this research was:

- How do a group of women experience holistic health, and in what ways does this encourage or dissuade the development of positive body image?

The sub-questions that were addressed include:

- How do these women perceive the appearance and functionality of their bodies, as relevant to their engagement in holistic health?

- How do these women describe their nutritional self-care regimes, and what are the implications for the development of positive body image?
- How do this group of women experience mindful self-care, embodiment and spirituality through holistic health?
- How do these women reconcile the various messages of holistic health with appearance ideals and sociocultural standards of femininity?

1.3 Structure of this thesis

Chapter One: Introduction is the first of the eight chapters that comprise this thesis. This introductory chapter provides a background to the research project and outlines the key research questions that directed this study. This preliminary chapter also refers to key literature that helped shape the approach taken to examining this research topic.

Chapter Two: Literature review provides a more detailed review of the relevant literature in which this research is situated. To place this research in context, there is an overview provided of the traditional pathology-based focus on negative body image and body dissatisfaction, then leading into a comprehensive review of the literature on the positive body image. The theory of self-objectification (Fredrickson & Roberts, 1997), which underpins this study, is also described, as well as the related embodiment theory of positive body image (Menzel & Levine, 2011).

Chapter Three: Methodology outlines the methodological foundation of this research study, including the rationale for choosing a qualitative methodology. The interpretive, social constructivist stance of this research is also discussed, in addition to the ethnographic principles that guided this research. This chapter also details the recruitment and ethical processes involved in this research, and describes the procedures followed for the participant observation and in-depth interviews with 25 women who follow a holistic approach to managing their health. Limitations of the study are also addressed.

Chapter Four: A description of holistic health culture presents a comprehensive description of the landscape of holistic health, to assist in contextualising findings from the interviews with women participants, and insights gleaned from participant observation. This chapter details the core values and defining characteristics of a

holistic model of health, drawing on the existing academic literature and textual artefacts that signify common values shared among this culture.

Chapter Five: Constructing the body's appearance, functionality and nutritional self-care through holistic health presents women's narratives about their holistic health practices and beliefs, as related to physical appearance and body transformation. In particular, this chapter discusses the implications of their constructions of appearance, body functionality and nutritional self-care behaviours for the development of positive body image.

Chapter Six: Cultivating mindful and attuned self-care through holistic health extends the focus of the previous chapter, to consider more embodied forms of self-care practiced among participants, such as yoga, spirituality, connection to nature, mindfulness and the use of holistic therapies, as well as describing the women's unique ways of knowing about the body and attitudes of self-compassion. This chapter discusses how these aspects of holistic health culture may encourage a more embodied experience of health.

Chapter Seven: Contesting ideals of appearance, health and femininity considers how the women in this study perceive appearance ideals as promoted through mainstream media and holistic health culture, and how they cope with body-related challenges encountered in their everyday lives. Participants' understandings of femininity and broad conceptualisations of beauty are also discussed, with a focus on how feminine values and a feminist identity can facilitate women's capacity to challenge sociocultural appearance ideals.

Chapter Eight: Implications for promoting positive body image among women synthesises findings from the preceding chapters to discuss the overall contribution this study makes to research in the field of positive body image. Specifically, this chapter provides guidance on how certain aspects of holistic health culture can be appropriated to help promote positive body image in public health. The role of broader societal-level intervention to encourage positive body image is also discussed. How this research ties in with other contemporary issues relevant to body image will also be considered, including grassroots advocacy efforts to counter body dissatisfaction, and the role of anti-obesity discourse in public health.

Overall, this research illustrates the complex and diverse experiences of positive body image as expressed by a group of women participating in a holistic health culture, to help contribute to a comprehensive understanding of the construct of positive body image. The implications of women's alignment with a holistic health ideal are considered in-depth, providing valuable guidance on the design of interventions to promote positive body image in the field of public health.

CHAPTER TWO

Literature review

This thesis is focused on the implications of holistic health culture for the development of positive body image among women. To contextualise the current research study, this literature review will firstly provide an overview of research on body dissatisfaction, highlighting the underlying processes of self-objectification, and the conflating ideals of appearance and health. This will be followed by a discussion of the emerging field of positive body image, including its fundamental components, and how women's experiences of positive body image can be shaped by their engagement in holistic health culture.

2.1 *The 'normative discontent' of body dissatisfaction*

Body image is the psychological experience of embodiment and refers to an individual's body-related thoughts, feelings, beliefs and behaviour (Cash, 2004). The desire for thinness is particularly common in females in Westernised cultures due to the pervasiveness of gender-specific appearance ideals communicated through sociocultural norms (Fredrickson & Roberts, 1997; Tiggemann & Lynch, 2001) and the subsequent internalisation of the 'thin-ideal' (Sands & Wardle, 2003). Women, in particular, are conditioned to strive to attain gendered beauty ideals (McKinley, 1999; Wolf, 1991) and may feel personally responsible for their inadequacy to measure up to the idealised slim body shape (Wright, O'Flynn, & MacDonald, 2006), thus leading to the assertion that fat is a feminist issue (Orbach, 1998). Indeed, the ubiquitous nature of body dissatisfaction among women in modern Western society is such that it has been described as a 'normative discontent', with one recent prevalence study of over 5000 participants reporting that the majority of female adults are dissatisfied with their own body weight (Matthiasdottir, Jonsson, & Kristjansson, 2012). The high prevalence of body dissatisfaction in the population, and the associated health implications, qualify body image as a critical public health issue in its own right; however, this remains an often-overlooked and understudied topic within the field of public health (Bucchianeri & Neumark-Sztainer, 2014).

The risk of body dissatisfaction is especially concerning among young women, with a quarter of Australian girls aged 8-10 being dissatisfied with their bodies (Tiggemann & Slater, 2014) and just under half of Western Australian young females aged 15-19 reporting body image as a major concern in their lives (Buckley et al., 2012). However, researchers have identified that while body dissatisfaction intensifies across adolescence, it also persists throughout the lifespan until older adulthood for women, although the importance and value placed on body shape, weight and appearance may decrease with age (Tiggemann, 2003). Furthermore, while the desire to lose weight is more common among individuals classified as overweight or obese, it is also a considerable issue among women of normal weight, with almost two thirds of women (64%) in this category believing they need to lose weight (Matthiasdottir et al., 2012).

The impact of body dissatisfaction on the public's health is evident through its association with an array of detrimental health outcomes. Body dissatisfaction is predictive of depressive mood (Paxton, Neumark-Sztainer, Hannan, & Eisenberg, 2006) and the onset of depression among adolescent girls may be partially explained by the body image risk factors that emerge after puberty (Stice, Hayward, Cameron, Killen, & Taylor, 2000). Body image is also associated with self-esteem during adolescence and throughout adulthood for both men and women (Davison & McCabe, 2005, 2006; Paxton et al., 2006), with concern about how others view their appearance being particularly important for adolescent girls in determining their sense of self-worth (Davison & McCabe, 2006). Body image also impacts on social functioning, with girls experiencing negative body image likely to have impaired interpersonal relationships with their same sex peers, and boys' negative body image linked to poor opposite sex peer relationships (Davison & McCabe, 2006). During young adulthood, negative body image is also associated with difficulties in interpersonal functioning, such as more anxious romantic adult attachment (Cash, Thériault, & Annis, 2004b). Lower levels of body satisfaction are also predictive of reduced physical activity among adolescents (Neumark-Sztainer, Paxton, Hannan, Haines, & Story, 2006a), and overweight girls, in particular, may face discomfort when engaging in physical activity in co-educational physical education classes (Neumark-Sztainer, Story, Hannan, & Rex, 2003).

Body image disturbance is a robust risk factor involved in eating pathology and the development of clinical eating disorders such as anorexia nervosa, bulimia nervosa, and binge eating disorder (Hoiles, Egan, & Kane, 2012; Stice, 2002; Stice & Shaw, 2002). These mental illnesses can have severe psychological and physical health consequences (Klump, Bulik, Kaye, Treasure, & Tyson, 2009) and represent a serious social and economic burden to society (The Butterfly Foundation, 2012). As noted by Hesse-Biber, Leavy, Quinn and Zoino (2006), eating disorders are typically approached as a disease to be treated within the individual or family unit, and subject to a cure that lies within the medical realm. However, the authors argue that while body image disturbance and eating disorders can be clinical problems with contributing psychological and psychiatric factors, individuals are not divorced from the public spheres in which they live. Rather, according to Hesse-Biber and colleagues (2006), the sociocultural influence on body dissatisfaction is such that weight preoccupation is near ubiquitous and normative among a large proportion of the population, and does not discriminate based on ethnicity, economic privilege or even gender, as was initially thought to be the case.

Body dissatisfaction is also implicated in the development of sub-clinical eating disorder symptomology and disordered eating behaviours, including binge eating and unhealthy weight control practices (Neumark-Sztainer et al., 2006b; Stice & Shaw, 2002; Swanson, Crow, Le Grange, Swendsen, & Merikangas, 2011). For instance, women who are dissatisfied with their bodies are likely to turn to dieting behaviours in an attempt to modify their body size, with some reporting the use of unhealthy or extreme methods of weight-loss including binge eating, fasting, smoking, taking diet pills or using laxatives (Neumark-Sztainer et al., 2006a). While they may lack the psychopathology associated with clinically defined eating disorders, for the most part, these patterns of sub-clinical disordered eating behaviours are un-problematised by society and even considered normative practices among women (Hesse-Biber et al., 2006).

A complex interplay of factors are involved in determining one's body image, including personality characteristics, interpersonal experiences, physical attributes and cultural socialisation (McKinley, Cash, & Tiggemann, 2011). Genetic and other biological factors may also contribute to vulnerability to body image concerns. Specifically, at least 50% of the individual variability in body image is likely to be

due to genetic factors, although the heritability of body image problems in pre-adolescence is much lower than that in adolescence and adulthood (Suisman & Klump, 2011). Furthermore, although women report greater body dissatisfaction than men, there is a growing body of evidence indicating appearance concerns are also an issue among men. Indeed, evidence suggests that appearance may have assumed a more important role more recently among men, possibly due to increasing marketing trends depicting a male-orientated beauty ideal (Mellor, Fuller-Tyszkiewicz, McCabe, & Ricciardelli, 2010). In contrast to female body image concerns, which are often centred around internalisation of the 'thin-ideal' (Sands & Wardle, 2003), male body dissatisfaction may stem from wanting to lose weight, increase weight, become lean and/or increase muscle size (McCabe & Ricciardelli, 2004; Pope, Phillips, & Olivardia, 2000).

Body image does not develop in isolation but instead is influenced by the media, peers and parents, who can reinforce appearance ideals such as the desirability of thinness in modern society (McKinley et al., 2011). Indeed, the 'ideal' body is culturally constructed and changes over time (Hesse-Biber et al., 2006). Notably, body dissatisfaction and a desire for thinness was typically considered to be more of an issue in socioeconomically developed or Westernised cultures, compared to less socioeconomically developed societies or non-Westernised cultures, for whom larger and more robust bodies may symbolise success (Swami et al., 2010). However, as a result of increasing globalisation, body dissatisfaction may be emerging as an international public health problem, particularly following the introduction of Westernised television media depicting the thin-ideal (Becker, Burwell, Gilman, Herzog, & Hamburg, 2002; Swami et al., 2010), as well as increasing levels of obesity in developing countries which may give rise to the pursuit of thinness (Doak & Popkin, 2001; Swami & Tovée, 2005). Moreover, there is also evidence that body dissatisfaction can have a similar influence on individuals, regardless of their socioeconomic status (Matthiasdottir et al., 2012).

2.2 *Feminist theories of body image*

Feminist perspectives on body image contend that body dissatisfaction is not a matter of individual pathology or a health issue per se, but rather is a systemic social phenomenon, arising from the sexual objectification of women's bodies (McKinley et

al., 2011). As prominent feminist scholars argue, the pervasive influence of mass marketing of the 'cult of thinness' projects the view that body weight is a measure of true success and health, and only those who are thin and beautiful are truly valued and deemed worthy of love (Hesse-Biber et al., 2006; Wolf, 1991). In this way, a woman's social worth and self-esteem are intricately tied to her perceived level of attractiveness as determined by body weight (Hesse-Biber et al., 2006).

Frederickson and Roberts' (1997) objectification theory postulates that girls' and women's experience of living in a sexually objectifying society can lead them to turn this objectification on themselves (Calogero, 2012). Specifically, in their anticipation of others' evaluation, girls and women learn to view themselves through a self-objectified lens and engage in vigilant processes of self-surveillance and body monitoring, leading to appearance anxiety and body shame, and resulting in serious mental health risks (Frederickson & Roberts, 1997). In particular, self-objectification can result when women are exposed to appearance ideals in the media which become part of their own belief system through a process of internalisation (i.e. cognitive endorsement), leading to an increased drive for thinness (Calogero, Davis, & Thompson, 2005). Indeed, internalisation of the thin-ideal is a known risk factor for body dissatisfaction and eating disturbances among women (Thompson & Stice, 2001). The tenets of self-objectification theory have been confirmed by numerous empirical studies and, although these samples may be lacking in diversity, it is nevertheless demonstrable that the sexual objectification of women's bodies and the concomitant habitual self-monitoring of physical appearance is associated with deleterious consequences for their body image and beyond (Calogero, 2012).

2.3 Appearance and health as conflating ideals

Women's health practices and the health ideals they aspire to can have important implications for reinforcing processes of self-objectification. Cultural messages in Western modernity not only convey normative notions about appearance, but also prescribe the means by which these standards are to be achieved, such as the use of dieting, exercise, fashion and beauty products, as well as body-altering surgical and medical procedures (McKinley et al., 2011). Furthermore, ideals of health and appearance are often conflated by laypersons, such that they believe cultural representations of beauty also embody health (Kwan, 2009). Young women, in

particular, may experience considerable pressure to attain the 'appearance' of ultimate physical health, to the detriment of their overall subjective wellbeing (Liimakka, 2014).

Ironically, women's health magazines are just as likely to promote health behaviour to their readers for appearance reasons, as they are for health reasons (Aubrey, 2010). Likewise, the body shaping and weight-loss related content that is common to popular women's health and fitness often features an overemphasis on appearance compared to health (Willis & Knobloch-Westerwick, 2014). In doing so, these magazines tend to use objectifying phrases (e.g. "sculpt hot curves") that endorse the view of the human body as an object for observation, including by drawing attention to a specific body part to be enhanced or desired (e.g. "flat sexy abs") (Bazzini, Pepper, Swofford, & Cochran, 2015). This suggests that, despite the aim of women's health magazines being to promote a healthy lifestyle, they do so through a narrow lens (Bazzini et al., 2015), communicating the idea that "the reasons to do healthy things, is not just for health, but just as equally, for appearance" (Aubrey, 2010, p. 56). Even those magazines that lay claim to a holistic orientation (e.g. with the goal of improving mind, body and spirit) are likely to privilege women's physical appearance over their physical and emotional health (Aubrey, 2010).

The often conflated ideals of health and beauty both dictate ongoing and meticulous critical evaluation and self-surveillance of the body (Fullagar, 2002; Hesse-Biber et al., 2006; Wolf, 1991), and women may not only engage in potentially harmful social comparisons in the domain of appearance, but also in relation to eating behaviour and exercise habits (Fitzsimmons-Craft et al., 2014). Additionally, the framing of health advice primarily as a matter of appearance, can provoke women's feelings of shame, likely because they perceive themselves as failing to live up to the standard of strict health-related behaviours (Aubrey, 2010).

Women's health practices in the contemporary Western world are distinctly drawing upon alternative or holistic models of health (Broom et al., 2014; Nissen, 2015; Sointu & Woodhead, 2008), and the assumption of a holistic orientation to health can have important implications for how women relate to their bodies (Sointu, 2012). Women assume a central role in holistic health culture and demonstrate a clear affinity with this alternative conceptualisation of health (Keshet & Simchai, 2014; Nissen, 2015).

Holistic health can be portrayed as challenging mainstream appearance ideals and standards of health, beauty and fitness by favouring a broader focus on wellbeing rather than weight, and encouraging women to engage in caring for the self (MacNevin, 2003; Robison, 2005; Robison & Carrier, 2004). Yet, it has also been suggested that the holistic health paradigm serves to reinforce aesthetic notions of health, essentially by encouraging adherents' active participation in recreating their bodies through autonomous self-care practices in a quest for perfect harmony and balance (Fries, 2013; Schneirov & Geczik, 1998). Self-care regimes require mastery of specific practices that people engage in for the purpose of transforming their lives and achieving self-perfection (Schneirov & Geczik, 1998). Drawing from Foucault, these regimes constitute 'technologies of the self' (Martin, Gutman, & Hutton, 1988). It is argued that, by conferring appearance ideals to be achieved through substantial engagement in alternative health, fitness, nutritional and beauty practices (MacNevin, 2003; Sointu, 2005), the idea of women's lives as essentially body-directed is reinforced, and practices of habitual self-monitoring are normalised (Nissen, 2015).

In some ways, it is suggested that holistic health rhetoric serves to exacerbate practices of self-surveillance, as the range of human behaviour subject to scrutiny under the rubric of health is dramatically expanded. Specifically, individuals may feel pressure to self-monitor almost all aspects of one's life in the quest for optimal wellbeing (Barker, 2014; MacNevin, 2003). In the holistic sphere, health becomes "an everyday, embodied and transformative experience" (Nissen, 2015, p. 171) and beauty is seen to be "the outward expression of a deeper structure of order and balance" (Schneirov & Geczik, 1998, p. 442). According to Orbach (2009), a modern-day focus on the body has intensified to such a degree that 'looking after oneself' has become associated with moral superiority. In this way, she argues, bodies are becoming a personal project, charged with reflecting the values of health and fitness people are presumed to aspire to. These values are reflective of an increased health consciousness termed 'healthism' that denotes "the preoccupation with personal health as a primary - often *the* primary - focus for the definition and achievement of well-being, a goal which is to be attained primarily through the modification of life styles" (Crawford, 1980, p. 368). This is a critical issue for women and girls in particular, given the pervasive tendency towards self-objectification and habitual

body monitoring, with a plethora of associated negative consequences for their body image and mental health (Calogero, 2012; Fredrickson & Roberts, 1997).

2.4 *The multidimensional nature of positive body image*

Until relatively recently, body image research has typically focused on the negative aspects of this construct, such as body dissatisfaction, internalisation of the thin-ideal and consequences of negative body image such as eating disorders. In doing so, this has provided an incomplete picture of the nature of body image, as the absence of negative body image does not necessarily reflect the presence of a positive body image (Tylka & Wood-Barcalow, 2015; Wood-Barcalow, Tylka, & Augustus-Horvath, 2010). The rise of positive body image inquiry is partly guided by the rapidly expanding research area of positive psychology (Tylka, 2011), which argues against a restricted focus on the suppression of maladaptive characteristics of health. Rather there is a recognised need to reach beyond simply the absence of pathology, and foster positive/adaptive characteristics of health (Seligman, 2008; Seligman & Csikszentmihalyi, 2000; Tylka, 2011). In the same way, the field of positive body image is based on the premise that seeking to reduce symptoms of negative body image, without considering how to foster aspects of positive body image, may promote, at best, a neutral body image (Tylka & Wood-Barcalow, 2015).

Positive body image is qualitatively distinct from a neutral or negative body image, and encompasses its own unique properties, extending beyond appearance evaluation and issues of body shape and weight (Tylka & Wood-Barcalow, 2015; Webb, Wood-Barcalow, & Tylka, 2015). Specifically, the concept of positive body image emphasises acceptance and appreciation of the body and its functions, encourages a broad conceptualisation of beauty, and advocates taking care of the body through healthy behaviours, having a mindful connection with the body's needs, as well as processing and responding to body-related messages in body-protective way (Menzel & Levine, 2011; Tylka, 2011; Webb et al., 2015; Wood-Barcalow et al., 2010). As found in a study by Williams, Cash and Santos (2004), those with positive body image appear to comprise just over half (54%) of women.

Positive body image is associated with a myriad of beneficial health behaviours for women. For example, women with positive body image are less likely to engage in potentially harmful weight-loss behaviours, and report more engagement in physical

activity, as well as better adherence to recommended health screening behaviours (Andrew et al., 2016a; Kruger, Lee, Ainsworth, & Macera, 2008; McCabe et al., 2007). Further, body appreciation is associated with a reduced tendency towards body preoccupation and body dissatisfaction, lower levels of eating disorder symptomology, and reduced alcohol and cigarette use among adolescent girls (Andrew, Tiggemann, & Clark, 2016c; Avalos et al., 2005). Women can also experience improved psychological wellbeing as an outcome of body appreciation, including higher levels of subjective happiness, self-esteem, optimism and proactive coping (Avalos et al., 2005; Swami, Tran, Stieger, & Voracek, 2015). Markedly, emphasising positive body image can help yield more successful treatment outcomes for eating disorder prevention and intervention (Piran, 2015; Tylka & Wood-Barcalow, 2015), and help protect women from the negative effects of environmental influences on body dissatisfaction (Andrew et al., 2015; Halliwell, 2013). This demonstrates the need to focus on how to cultivate positive, adaptive characteristic of body image, rather than attempting to simply redress the negative (Gillen, 2015).

As noted, positive body image is conceptually distinct from, yet inversely related to, body dissatisfaction (Avalos et al., 2005). There exists considerable overlap between the study of positive body image and the investigation of body dissatisfaction, and many of the same variables that predict body dissatisfaction also play a role in determining positive body image (Menzel & Levine, 2011). For instance, lower levels of appearance-related media consumption, self-objectification, social comparison, and thin-ideal internalisation, which are implicated in the development of negative body image, have been found to predict positive body image (Andrew, Tiggemann, & Clark, 2016b). Still, it is important to recognise that positive body image is something well beyond the absence of body dissatisfaction and matters of appearance evaluation (Tylka & Wood-Barcalow, 2015). As such, women may be able to experience some level of body dissatisfaction while still being able to appreciate and respect their body in other ways (Tiggemann & McCourt, 2013).

2.4.1 Appreciating the body's appearance and function

The quality of body appreciation, encompassing a sense of gratitude related to the features and function of the body, is a core component of positive body image (Menzel & Levine, 2011). While some women may still buy into the dominant

cultural appearance ideals that value thinness, they can also respect and accept their bodies despite not matching this ideal (Halliwell, 2013). Indeed, qualitative research has described how women with positive body image express a sense of comfort with, and love for, their bodies, and choose to accept their perceived bodily flaws while focusing on their assets (Wood-Barcalow et al., 2010). Likewise, adolescents with positive body image demonstrate a satisfaction with their appearance and an acceptance of their perceived flaws (Frisén & Holmqvist, 2010).

Body functionality is a related component of positive body image that encompasses everything the body can *do* (Abbott & Barber, 2010), including physical capacities, creative endeavours, health and internal bodily processes (Alleva, Martijn, Van Breukelen, Jansen, & Karos, 2015). Adolescents with positive body image are likely to adopt a functional view of the body (Frisén & Holmqvist, 2010) and similarly, women with positive body image are likely to express appreciation of, and gratitude for, their body in terms of the functions it performs for them (Wood-Barcalow et al., 2010). Some women also indicate that their positive body image allows them to nurture their body in ways that enable it to function well, highlighting the reciprocal nature of this construct (Wood-Barcalow et al., 2010). As noted, objectification theory contends that modern Western society emphasises the aesthetic value of women's bodies, leading to the internalisation of the sexually objectifying gaze and habitual processes of self-monitoring which impact negatively upon body image (Fredrickson & Roberts, 1997). In contrast, it has been argued that focusing on the functional elements of women's bodies may offer a reprieve from such negative effects of bodily objectification, and help facilitate aspects of positive body image and body appreciation. Specifically, a focus on body functionality shifts attention away from negative appearance-focused evaluations of the body, and therefore it is inconsistent with self-objectification (Alleva et al., 2015; Webb et al., 2015).

2.4.2 Attending to the body's experiences and needs

An awareness of and attentiveness to the body's experiences and needs is an integral aspect of positive body image (Menzel & Levine, 2011). Women with positive body image report more self-care behaviours, which is likely because they have a more general awareness of and respect for their body's needs (Gillen, 2015; Tylka, 2011). As inherent to the cyclical nature of positive body image, it is likely that investment

in appropriate self-care will emanate from a positive body image and, once developed, will contribute to maintaining favourable body image (Wood-Barcalow et al., 2010). As described in this section, attending to the body's experiences and needs in a manner that is consistent with positive body image includes: practicing attuned and mindful self-care, facilitating embodiment, meeting the body's need for nutrition and movement, as well as practicing self-compassion.

Attuned and mindful self-care

Cook-Cottone's (2015, 2016) conceptualisation of attuned and mindful self-care encompasses practices such as mindfulness, spirituality, self-soothing and self-compassion. As she describes, mindful self-care enables a move away from critical self-judgement of the body, towards a positive and healthy way of being, through the embodiment of healthy behaviours practiced with an attitude of loving-kindness. In contrast to this dynamic, some individuals may succumb to external pressures and ideals, while abandoning or ignoring their inner, authentic self. As in the case of eating disorders, there is a tendency for the body to be judged or ignored, rather than sensed or experienced. According to Cook-Cottone, through teaching individuals how to take care of and appreciate the self, mindful self-care behaviours can help transform one's experience of both thinking about and being with their body. In illustration of this, mindful self-care has been associated with women's body-esteem and reduced eating disorder risk (Cook-Cottone & Guyker, 2017).

Embodiment

As postulated by Menzel and Levine's embodiment theory of positive body image (2011), embodying experiences of mindful self-care (such as those involving mind-body integration) can facilitate positive body image, through providing girls and women with the opportunity to relate to their bodies in non-objectifying ways. Those with an embodied connection to the body experience the body as trustworthy, comfortable and deserving of respect (Menzel & Levine, 2011; Piran, 2016). In particular, the embodiment theory of positive body image posits that embodiment can help to counteract the ongoing processes of self-monitoring and self-objectification that serve to distance a woman from her internal bodily cues and sensations (Fredrickson & Roberts, 1997; Menzel & Levine, 2011). Indeed, the notion of an embodied and internally-orientated experience of the body is in stark contrast

to the disrupted connection to their bodies that some individuals may feel in modern Western society. As qualitative research has demonstrated, some adolescent girls and women convey a sense of feeling disconnected to their bodies, perceiving this as an unsafe, uncomfortable and problematic site to inhabit (Piran, 2016). This diminished awareness of internal bodily states is characteristic of the experience of girls and women living in a sexually objectifying cultural milieu. According to Fredrickson and Roberts' (1997) objectification theory, considerable portions of women's conscious attention are diverted towards processes of habitual self-monitoring of their physical appearance, which can profoundly disrupt their flow of consciousness. Embodying experiences, in contrast, may provide an opportunity to mitigate the impact of self-objectification by nurturing a strong connection between mind and body, and directing attention towards the body's internal experiences, rather than its outward appearance (Menzel & Levine, 2011; Piran, 2016).

Nutrition and movement

A core component of self-care is meeting the body's need for nutrition and movement. Specifically, intuitive eating is considered to be the most adaptive style of eating and nutritional self-care strategy consistent with the development of positive body image. This approach includes attending to internal cues to guide eating and valuing the body's innate ability to accurately regulate food intake (Augustus-Horvath & Tylka, 2011; Tylka, 2006; Van Dyke & Drinkwater, 2014). Intuitive eating also includes unconditional permission to eat when hungry and to eat what food is desired at the moment, thus rejecting the classification of food into acceptable and unacceptable categories (Tylka, 2006). Rather, people who eat intuitively demonstrate an awareness of how the body responds to different foods, and choose foods that enable their bodies to function well (Avalos & Tylka, 2006). Not only is intuitive eating negatively associated with disordered eating among women (Tylka, 2006), this adaptive eating behaviour also shows unique associations with psychological wellbeing, meaning it is distinct from simply low levels of eating disorder symptomology (Tylka & Wilcox, 2006). Notably, the lack of dichotomous thinking around food (e.g. conceptualising food as 'good' or 'bad') is thought to be a key mechanism through which intuitive eating can protect against disordered eating behaviours (Linardon & Mitchell, 2017). Therefore, encouraging intuitive eating strategies among women has the potential to make positive contributions to aspects

of psychological wellbeing, over and above a reduced risk of eating disorder symptomology (Tylka & Wilcox, 2006).

Positive body image supports the adoption of recommended physical health behaviours. This is likely because individuals who are happy and confident with their body will treat it with the care and respect they feel it deserves (Tylka, 2011). Importantly, motivations for engaging in health behaviours can determine body image outcomes. For instance, engaging in dieting for aesthetic reasons is associated with higher levels of body dissatisfaction, lower self-esteem, more drastic dieting strategies and lapses in restraint among women. Conversely, those who are motivated to diet out of concern for their health, as opposed to appearance reasons, experience fewer of the negative consequences typically associated with chronic dieting (Putterman & Linden, 2004). It has also been found that framing physical activity messages in terms of overall benefits for daily wellbeing rather than weight-loss is associated with enhanced body image among women, as well as more positive perceptions about being physically active (Segar, Updegraff, Zikmund-Fisher, & Richardson, 2012). In contrast, those who are motivated to exercise for appearance concerns, such as participating in cardiovascular exercise for weight-loss, are likely to demonstrate higher levels of self-objectification, lower body-esteem, and increased eating disturbance (Prichard & Tiggemann, 2008).

Self-compassion

Self-compassion is an aspect of mindful self-care as described by Cook-Cottone (2015, 2016), and has unique implications for the development of positive body image. The concept of self-compassion stems from Buddhist philosophy and is described by Neff (2003, p. 85) as a “healthy attitude towards oneself”, emphasising a balanced awareness and non-judgemental understanding of one’s inadequacies and shortcomings as part of the larger human experience and context of shared human fallibility. According to Neff (2003), self-compassion mitigates the tendency for harsh self-criticism in response to one’s failure to meet ideal standards, while also encouraging growth and change to improve one’s wellbeing through an attitude of gentleness and patience. Specifically, as she describes, the three faces of self-compassion include: 1) self-kindness (rather than self-judgement); 2) mindfulness and a balanced awareness (rather than an overemphasis) of one’s shortcomings, and;

3) common humanity and a recognition that one's experiences are part of the larger human experience.

Self-compassion is associated with greater body appreciation among women (Wasylikiw, Mackinnon, & Maclellan, 2012) and can also help interrupt the negative mental health effects arising from self-objectification (Liss & Erchull, 2015). When women high in self-compassion encounter thin-ideal media, they are less likely to interpret this as thinness-related pressure, and are also less likely to internalise the thin-ideal and engage in disordered eating (Tylka, Russell, & Neal, 2015b).

Encouraging a focus on self-compassion has also been shown to help ameliorate distress and attenuate overeating following perceived diet breaking among restrictive eaters (Adams & Leary, 2007). Moreover, self-compassion demonstrates a beneficial effect among young women with a high Body Mass Index (BMI), by protecting them from the eating disturbances and body image concerns that typically coincide with a higher BMI (Kelly, Vimalakanthan, & Miller, 2014). Women who exercise are another sub-population among whom self-compassion can help encourage development of a healthy conceptualisation of the self, by facilitating greater intrinsic motivation to exercise while inhibiting social physique anxiety and the strong sense of obligation to exercise (Magnus, Kowalski, & McHugh, 2010).

Though self-compassion demonstrates much benefit for mitigating body image distress and promoting positive body image, it does have its limitations, with empirical data supporting some, but not all, hypothesised relationships between self-compassion and body image variables (Adams & Leary, 2007; Tylka et al., 2015b; Wasylikiw et al., 2012). Furthermore, due to the paucity of longitudinal studies in the area, it is unclear whether self-compassion may function as a cause or consequence of positive body image (Wasylikiw et al., 2012). Nevertheless, existing research points to the meaningful contribution that self-compassion can make in promoting positive body image among women.

2.4.3 *Responding to body-related messages*

A fundamental tenet of positive body image includes taking practical action to appropriately respond to body image threats and challenges as they arise (Menzel & Levine, 2011). Specifically, women with a positive body image appear to process and respond to various messages about the body through using a 'protective filter',

generally allowing positive information to be accepted, while rejecting most negative information that they perceive would impact negatively on their body image (Wood-Barcalow et al., 2010). As discussed in this section, the everyday challenges women face can include thin-ideal media and social media, as well as other body-related threats. The role of adaptive coping strategies, feminist ideology and a broad conceptualisation of beauty, in allowing women to contest these challenges to their positive body image, are also considered.

Thin-ideal media

Women frequently encounter messages telling them they *can* and *should* strive to meet (largely unattainable) appearance ideals and prescriptive standards of beauty (Buote et al., 2011), which have typically been communicated through the medium of women's magazines, television, print advertisements and film (Hesse-Biber et al., 2006). These appearance norms communicate the message that thinness signifies independence, self-improvement and self-control and has economic and social rewards contingent upon it (Wolf, 1991). Yet the converse of this has connotations of moral failure, laziness, self-indulgence, indignity and lack of self-control (Hesse-Biber et al., 2006). The detrimental impact of media featuring the thin-ideal on body image is well-documented, with a meta-analysis of research in this area demonstrating that exposure to such media is consistently linked with body dissatisfaction (Grabe, Ward, & Hyde, 2008).

As noted, women with a positive body image filter various messages about the body in a self-protective way that upholds their positive body image (Wood-Barcalow et al., 2010). Likewise, adolescents are also strongly critical of appearance ideals promoted in the media, recognising that such ideals were unnatural and unattainable for most people (Holmqvist & Frisén, 2012). Indeed, the culturally-sanctioned thin-ideal message widely communicated through mass media does not exercise its effect on women uniformly, with varying levels of awareness and internalisation of these messages being observed (Hesse-Biber et al., 2006). In this way, not all women exposed to these messages go on to develop body image disturbance or eating disorders, and their susceptibility to the effects of thin-ideal media exposure can depend on the degree to which they accept or endorse societal appearance standards of thinness. Specifically, this internalisation of thin-ideal

media appears to give rise to processes of self-objectification (via body surveillance), as individuals closely monitor and scrutinise their appearance from an observer's perspective to evaluate how they align with gendered beauty ideals (Dakanalis et al., 2015). In particular, upward social comparisons, in which individuals compare themselves to those perceived to be superior in terms of appearance, are associated with greater body image disturbance, especially for those women with higher levels of thin-ideal internalisation (Myers, Ridolfi, Crowther, & Ciesla, 2012). When women perceive themselves as falling short of their idealised body standard (i.e. a high level of body image self-discrepancy), they are more likely to engage in these processes of social comparison and are more vulnerable to suffering the associated negative consequences of depressive symptoms, negative mood, weight concern and thoughts about weight-reduction behaviour (Bessenoff, 2015).

Social media

In recent times, the proliferation of social media websites and applications has provided another platform upon which the communication and reinforcement of appearance ideals can operate (Fardouly & Vartanian, 2016). As an illustration of this, on the social networking site Instagram, individuals can upload, edit and filter images to share among their peers, and/or choose to follow celebrities who post pictures of their personal and professional lives (Brown & Tiggemann, 2016). In this way, sites such as Instagram provide an opportunity for users to view images of thin and attractive celebrities, while also enabling dissemination of idealised peer images that are the product of meticulous self-selection and advanced editing of photos to portray an 'ideal' look. As Brown and Tiggemann (2016) discovered, some women's body image can be negatively impacted by exposure to both the thin and attractive images of celebrities, as well as the thin and attractive images of unknown peers on social media sites such as Instagram.

The online phenomenon of posting inspirational health and fitness messages and images via social media is another of the body-related threats that women frequently encounter in their everyday lives. This phenomenon has been termed 'Fitspiration', and reflects shifting cultural trends rendering the thin, athletic, ultra-fit body as an aesthetic ideal that women should strive for (Homan, 2010; Homan, McHugh, Wells, Watson, & King, 2012). While the goal of Fitspiration may be to inspire individuals to

reach healthy fitness and nutrition goals, research has found that Fitspiration does not actually encourage exercise behaviour among women (Robinson et al., 2017). Moreover, these messages emphasise appearance as a primary motivation to partake in such health behaviours (Simpson & Mazzeo, 2017) and are far from innocuous, but rather have the potential to adversely influence body image (Tiggemann & Zaccardo, 2015).

As found in a study by Fardouly, Pinkus and Vartanian (2017), the types of appearance comparisons women engage in on social media are primarily upward appearance comparisons, in which they compare themselves to someone believed to be more attractive. According to the authors, these upward appearance comparisons through social media seem to be more harmful to some women's body image than those appearance comparisons made in person, likely because of the tendency for social media to present an idealised version of the self. As Fardouly and colleagues (2017) found, women reported more thoughts about exercising and restricting their food intake after engaging in upward appearance comparisons in a range of everyday contexts, but particularly when these upward appearance comparisons are made through social media.

It is prudent to note that research linking social media use and body image concerns has been largely correlational in nature, and further studies of a longitudinal nature are required to confirm the direction of the relationship between social media and body image (Fardouly & Vartanian, 2016). Moreover, research is needed to determine what specific aspects of social media use are associated with body image concern (e.g. viewing images, appearance-focused commentary) and how the influence may differ according to the use of different social media platforms (Fardouly & Vartanian, 2016).

Other body-related threats

Along with media images, women are confronted with a plethora of potentially distressing body-related information on a daily basis. Indeed, the vast majority of appearance comparisons made by women in the context of their everyday lives are likely to occur in person, in which they compare themselves to known others or strangers (Fardouly et al., 2017). Other challenges to body image can include receiving negative comments from others about one's weight or appearance, and

witnessing thinner peers engage in disparaging self-talk about their own weight (Webb, Butler-Ajibade, & Robinson, 2014). However, adolescents with positive body image report that when they receive negative comments related to their appearance, they did not give them much importance or interpreted them as jokes not to be taken seriously (Frisén & Holmqvist, 2010). Furthermore, and consistent with how some adolescents viewed the body itself as peripheral (Frisén & Holmqvist, 2010), women with positive body image consider their appearance as a functional yet modest component of their overall identity and ground their self-worth in areas unrelated to body image (Wood-Barcalow et al., 2010).

Coping strategies

Previous research has demonstrated how, when encountering threats or challenges to their body image, women may employ various coping strategies to help manage these potentially distressing experiences. Maladaptive forms of coping can include attempts to avert stressful body image situations (avoidance) and concealment or correction of the physical features they perceive as being flawed (appearance fixing), both of which are associated with more body image dissatisfaction and distress and poorer psychosocial functioning among women (Cash, Santos, & Williams, 2005). In contrast, women who are accepting of their experience, while also engaging in rational self-talk and positive self-care, demonstrate better psychosocial functioning and more favourable quality of life experiences relevant to their body image. This adaptive means of responding to body image challenges is termed 'positive rational acceptance' (Cash et al., 2005).

The concept of body image flexibility has also garnered support for its potential to help women more effectively cope with their body image experiences. Body image flexibility is "the capacity to experience the perceptions, sensations, feelings, thoughts and beliefs about the body fully and intentionally while pursuing effective action in other life domains" (Sandoz, Wilson, Merwin, & Kate Kellum, 2013, p. 7). Essentially, body image flexibility is a more process-driven and operationalised extension of body appreciation emphasising a flexible mindset that enables an individual to respect, care for and protect the body in the face of the distressing thoughts/feelings they are facing (Webb et al., 2014). Body image flexibility is associated with reduced body image dissatisfaction and disordered eating, and also

appears to moderate the relationship between these two factors (Sandoz et al., 2013). Moreover, this adaptive and empowering strategy can also promote an empowering message of living healthily and relating to one's body in a positive way regardless of amplified weight pressures and body image threats (Webb et al., 2014).

Feminist ideology

Feminist ideology may provide an alternative frame through which to interpret and negotiate dominant societal messages about appearance, such as enabling women to be more conscious and critical consumers of cultural messages about beauty (Rubin, Nemeroff, & Russo, 2004). For instance, it has been suggested that widely-accepted appearance ideals have emerged as a backlash to women's increasing equality and greater economic and reproductive freedom afforded by the women's movement (Hesse-Biber et al., 2006). The 'politics of distraction' manifests through women's body obsession with dieting and exercise regimes, often touted as a thinly-veiled 'health' pursuit, which become a means of gendered and self-imposed social control. (Hesse-Biber et al., 2006). Relatedly, the belief of 'beauty as currency' refers to the perception among women that they will reap more benefits from their bodies than other skills, attributes or pursuits, and is associated with women's higher levels of self-objectification (Calogero, Tylka, Donnelly, McGetrick, & Leger, 2017). Indeed, those who endorse the belief of 'beauty as currency' demonstrate lower support for gender social change for women and less gender activism (Calogero et al., 2017). Thus, they are more likely to support an environment where the notion of beauty as a primary social currency is accepted and their appearance management efforts are rewarded (Calogero et al., 2017). However, while individual women may be rewarded for focusing on appearance and adherence to traditional gender roles, they are ultimately disadvantaged as a whole through their participation in processes that maintain the existing system of gender inequality (Calogero, 2013).

Research has found that feminist beliefs appear to offer some level of protection against the effect of appearance-focused social comparisons on body image (Myers et al., 2012). Rather than feminist beliefs being a direct predictor of body image attitudes, specific components of identification with feminist ideology may moderate this relationship, such as personally perceived confidence and personal empowerment (Kinsaul, Curtin, Bazzini, & Martz, 2014). A feminist orientation may

also promote positive body image through elevating women's capacity for critical thought, thus helping prevent internalisation of oppressive cultural ideals. At the same time, a feminist orientation can emphasise personal choice and empower resistance against societal messages that dictate women should be defined by their body and appearance (Murnen & Smolak, 2009).

A broad conceptualisation of beauty

Another means by which women with positive body image may be able to challenge body-related threats, is through adopting a broad conceptualisation of beauty. Holmqvist and Frisé's (2012) qualitative research with adolescents found that those with a positive body image acknowledged the subjective and transient nature of beauty. They also recognised that an individual's personality and way of being were also important, to the degree that this could influence their perception as to whether that person was good-looking (Holmqvist & Frisé, 2012). While broad conceptualisations of beauty are relatively understudied compared to other facets of positive body image, this quality has been established as a distinct and meaningful construct associated with lower levels of body surveillance, thin-ideal internalisation, social comparison, anti-fat attitudes and contemplation of cosmetic surgery (Tylka & Iannantuono, 2016). Moreover, the extent to which women perceive beauty among diverse body shapes, sizes and appearance, as well as the degree to which they believe that inner characteristics can influence beauty, is linked with their higher levels of body appreciation and self-compassion, as well as better quality of life relevant to body image (Tylka & Iannantuono, 2016).

2.5 *The implications of holistic health for positive body image*

As described, research has established how holistic health culture may contribute to more aesthetic notions of health, with concomitant implications for reinforcing processes of self-objectification and body dissatisfaction. However, the potential for certain aspects of holistic health to promote positive body image remains unexplored. This points to the largely neglected issue of the complex intertwining of health and appearance ideals in the cultivation of positive body image, and how women attempt to negotiate these overlapping ideals within an increasingly health-conscious society.

A view of health as being holistic health in some ways appears to be consistent with the construct of positive body image, which incorporates the multiple aspects of physical, mental, emotional and spiritual wellbeing. For instance, positive body image research incorporates wide-ranging influences on one's relationship to their body, including not only the cognitive aspects of appearance evaluation, but also attention to self-care, eating and exercise behaviour, body functionality, interpersonal connections and spirituality (Tylka & Wood-Barcalow, 2015). Indeed, positive body image is considered a holistic construct, in that the multiple facets that comprise positive body image are not limited to one dimension of a person (Tylka & Wood-Barcalow, 2015). As an example, a broader focus on wellbeing may be advantageous to the development of positive body image, given that women with positive body image tend to engage in health behaviours for the benefit of overall wellbeing rather than appearance-related reasons (Wood-Barcalow et al., 2010).

Holistic health practices including spiritual disciplines of yoga and mindfulness meditation have also been linked with positive body image characteristics, including a higher level of body awareness and feelings of respect for, and kindness towards, the body (Dijkstra & Barelds, 2011; Dittmann & Freedman, 2009). Engagement in embodying activities, such as yoga, can facilitate positive body image through allowing women to experience mind-body integration, body awareness and responsiveness, as well as physical empowerment and competence (Mahlo & Tiggemann, 2016; Menzel & Levine, 2011). A holistic model of health also incorporates spiritual wellbeing, and positive body image research recognises spirituality as valuable in facilitating women's capacity to accept and honour their bodies (Wood-Barcalow et al., 2010). Additionally, a defining characteristic of holistic health rhetoric is the valorisation of nature and naturalness (Meurk, Broom, Adams, & Sibbritt, 2012; Nissen, 2015) and, as recent research has demonstrated, greater exposure to nature and connectedness to nature are linked with higher levels of body appreciation among women (Swami, Barron, Weis, & Furnham, 2016a; Swami, von Nordheim, & Barron, 2016b). Feminine values are also espoused by the holistic health paradigm, and women can experience a form of feminine strength as related to their participation in this culture (Keshet & Simchai, 2014; Sointu, 2013). Relatedly, positive body image encompasses a self-protective way of processing body-related messages, and it has been suggested that a feminist orientation may also promote

positive body image through empowering women to resist societal messages dictating that women should be defined by their body and appearance (Murnen & Smolak, 2009).

It has also been argued that the self-care practices inherent to the holistic health paradigm may seek to strengthen a relational self and shape a particular individuality that is truly transformative for women (Nissen, 2013). From this perspective, holistic health practices are situated as 'personally meaningful' and, through experiencing the potential of diverse ways of caring for themselves, women can engage with new ideas about the body, self and health and come to "embrace a new awareness of being-in-the-world beyond the material body" (Nissen, 2015, p. 171). As an example, holistic health culture often draws on ancient Eastern traditions of health and wellness and associated mind-body-spirit practices such as yoga, meditation, Qi-Gong and Tai Chi (Baer, 2003; Ho, 2007; Kabat-Zinn, 2005; Schneirov & Geczik, 2003). Such practices can potentially help cultivate positive body image among girls and women, through facilitating a more internally-orientated experience of the body and helping protect against potentially harmful processes of self-objectification (Mahlo & Tiggemann, 2016; Menzel & Levine, 2011).

2.6 Summary

As this chapter has described, body dissatisfaction is widespread among women in modern Western society, and is associated with an array of detrimental health impacts, thus demonstrating its importance as a critical public health issue. Recent times have observed a burgeoning research interest in the multidimensional construct of positive body image, which reflects a shift in focus to incorporate fostering the adaptive, as opposed to just maladaptive, characteristics of body image. This chapter has outlined how positive body image is associated with a myriad of beneficial health behaviours for women and encompasses: an appreciation of the body's appearance and function; an awareness of and attentiveness to the body's experiences and needs, and; a self-protective way of processing body-related messages.

Literature on positive body image is in its infancy and it has been recommended that this topic be further explored with respect to tangible real-world outcomes that consider the implications of positive body image for attentiveness to the body and

health-related behaviour (Tylka, 2011). How health practices, values and beliefs contribute to positive body image is important to consider, given that imperatives of appearance and health are closely intertwined, and individuals can experience considerable pressure to maintain a bodily aesthetic that appears healthy and is also consistent with the cultural ideal (Liimakka, 2014). Furthermore, advancing our understanding of how positive body image is expressed among different populations can provide a more comprehensive representation of this construct (Halliwel, 2015).

CHAPTER THREE

Methodology

This qualitative research study aimed to contribute to a more nuanced understanding of women's experiences of positive body image, as illuminated by their participation in various aspects of holistic health culture. In this chapter, the rationale for the qualitative approach taken in this research is outlined. This chapter also presents the guiding research questions, and describes the epistemological and methodological assumptions underpinning the study. The research methodology is then detailed, including a description of focused ethnography, and consideration of how this research varied from a conventional ethnography. The feminist perspectives that informed this study are also discussed. Following this is a delineation of the research procedures, including recruitment, sample composition, and the interview process. Finally, the methods used to analyse the data are outlined, and the research limitations are considered.

3.1 Methodological approach

Qualitative research "explores the meaning of human experiences and creates the possibilities of change through raised awareness and purposeful action" (Taylor & Francis, 2013, p. 3). While quantitative approaches seek to ensure precise and rigorous identification and measurement of variables through randomisation and imposing strict controls, these methods are devoid of contextual information and lack a sense of meaning and purpose (Guba & Lincoln, 1994). Indeed, perceiving health as something that can be treated objectively, separate from individuals' lived reality, can limit our understanding of contemporary health issues in modern society (Popay & Williams, 1996). People hold complex and multifaceted beliefs about health that are firmly embedded within the unique context of their everyday lives; qualitative research recognises that individuals' experiences of health and the meanings they ascribe to these are unique to, and dependent on, features of their ordinary social world (Agar, 2013; Taylor & Francis, 2013). In this way, valuing 'the voice of the people' and the social dimensions of human health can make diverse and valuable contributions to enhancing our understanding of public health issues (Popay & Williams, 1996).

A qualitative methodology was adopted for this research, to explore the meanings that a group of women ascribe to their participation in various aspects of holistic health culture, and the associated implications for the cultivation of positive body image. Qualitative research can make a valuable contribution to the understanding of positive body image, as demonstrated by seminal research leading to the conceptualisation of this multifaceted construct and its fundamental components (Frisén & Holmqvist, 2010; Holmqvist & Frisé, 2012; Wood-Barcalow et al., 2010). Importantly, the field of positive body image research is still in its infancy, and there have been calls for further research to advance knowledge on its complexity and nuances, and how positive body image is expressed among various social identities (Tiggemann, 2015; Tylka & Wood-Barcalow, 2015). Such research could help identify novel features of positive body image to be incorporated in its conceptualisation, and provide practical strategies to help encourage its development (Tiggemann, 2015; Wood-Barcalow et al., 2010). Hence, this PhD study endeavoured to extend the current knowledge base on positive body image through the use of qualitative inquiry, to explicate the nuanced expressions of positive body image among a group of women who participate in holistic health culture. In particular, qualitative methods allowed for an in-depth investigation of women's lives, garnered through their own descriptions and accounts.

The epistemological assumption of constructionism guided this study, which is aptly described by Crotty (1998) in his seminal work on the foundations of social research. As defined by Crotty, constructionism posits that reality is not discovered, but rather is constructed, from an interaction between conscious intentionality and the human world. The world and the objects in the world are void of meaning until they are shaped by a subject's consciousness. Bestowing meaning upon objects reflects one's viewing of the world through a social and cultural lens, drawing on an inherited system of pre-existing significant symbols including words, gestures, drawings, and sounds. As such, constructionism recognises the diverse interpretations of the same phenomena, reflective of historical and cultural differences in the very different worlds people may each inhabit. According to Crotty, constructionism postulates that the many voices of one's culture/s can be heard in their separate realities and diverse ways of knowing. It is culture that colours and shapes the way people see

things, and directs the process of interpreting and reinterpreting the objects and meaningful realities they encounter in the human world.

Stemming from the assumption of constructionism - that individuals create their own meaning - an interpretive theoretical perspective aimed to gain insight into the social realities of participants. Interpretivism refers to making sense of the chosen phenomena through generating meaning and rich, thick description (Taylor & Francis, 2013).

3.2 Research methodology

3.2.1 Ethnography and focused ethnography

Ethnography is considered more than a simple method, but rather reflects a broader approach to *seeing* and *doing* (Gobo, 2008). As described, constructivism posits that individuals create their own (constructed) meaning of the world, and interpretivism gains insight into these meanings through generating rich, thick description. In line with this epistemological stance and theoretical assumptions, ethnographic research seeks to make sense of the knowledge that is integral to a particular cultural group's collective identity through 'thick' description (Fetterman, 2010; Hammersley & Atkinson, 2007; Taylor & Francis, 2013).

Notably, the definition of ethnography is expansive, with the term used to describe diverse forms of research in ways that obscure its original meaning (Gobo, 2008). However, as O'Reilly (2009) stated, ethnography is a research methodology with a core set of features. It typically draws on a number of methods to facilitate an understanding of a cultural group, including observation and participation within the context of participants' daily lives, and asking questions through interviews. Direct and sustained contact with participants is a key part of ethnography, as it is iterative-inductive in nature, whereby the design and focus of the study evolves over time (O'Reilly, 2009). While ethnography typically advocates periods of prolonged observation and contact with participants (O'Reilly, 2009), the related adaptation of focused ethnography can supplement short-term, immersive field visits with intensive analysis of data collected through interviewing (Knoblauch, 2005).

Focused ethnography complements conventional approaches to ethnography by enhancing an understanding of the highly differentiated and fragmented activities that characterise people's way of life in contemporary society (Knoblauch, 2005). As described by Knoblauch (2005), this variant of ethnography relies on an intimate background knowledge of the culture that is being studied, and is particularly useful when investigating a specific topic or shared experience within the context of one's own society. While participants may not know one another, the assumption of a shared culture stems from their common behaviours and experiences (Richards & Morse, 2007). Consistent with a focused ethnography, in the current research, I was able to draw on my past experiences and engagement in holistic health culture over the past decade. This helped to inform my understanding of common cultural values, principles and philosophies amidst the diversity of practices that constitute holistic health.

An ethnographic approach facilitates an in-depth understanding of how a cultural group functions, by explicating the nuances of what makes that particular group unique, and capturing ordinary day-to-day activities in naturally occurring settings i.e. the world of that particular culture (Taylor & Francis, 2013). In doing so, ethnographic research aims to recognise and interpret cultural norms and patterns of social interaction that are indicative of how the culture sees itself and views the world (Taylor & Francis, 2013). Thus, the goal is to present a rich tapestry that attempts to represent a culture from within, but also captures it as a natural phenomenon, making explicit the patterns and knowledge that may be taken-for-granted as a cultural member (Fetterman, 2010; Hammersley & Atkinson, 2007; Taylor & Francis, 2013).

As outlined by Crotty (1998), ethnography is informed by the theoretical perspective of symbolic interactionism, which postulates that a researcher can seek to understand different social worlds by adopting the actors' standpoint and attempting to view the world from their perspective. Symbolic interactionism also emphasises personal involvement in the process of research, though social interactions that allow a researcher to engage with the perceptions, attitudes and values of a community (Crotty, 1998). In this way, ethnography involves "using the self - as much of it as possible - as the instrument of knowing" (Ortner, 2006, p. 42). Specifically, it involves the observation of social behaviours through a cultural lens,

with the goal of telling an authentic story through the eyes of members of the culture being studied; about their thoughts and behaviours as they pursue their everyday lives in their own local context (Fetterman, 2010). However, while the ethnographer seeks to uncover and describe a social and cultural scene from an insider (emic) perspective, there is also a need to make sense of the data, by interpreting it from an external (etic) and scientific perspective. In this way, the ethnography should ring true with members of the cultural group as well as colleagues in the academic field of research (Fetterman, 2010). Understanding is therefore facilitated through both the participants' and the researchers' interpretations and, accordingly, there should be an emphasis on participants' *emic* perspectives through the use of verbatim quotes, as well as a synthesis incorporating the researchers' *etic* scientific perspectives of the data (Creswell, 2012).

The topic of this research – holistic health and positive body image – is well-suited to an ethnographic methodology and several scholars have previously utilised ethnographic methodology to inform an in-depth understanding of holistic health. For instance, Schneirov and Geczik (2003), conducted an ethnographic study on the use of alternative health practices as a social movement, and considered how these practices shaped participants' understandings of health and illness within the context of their everyday lives. Additionally, Nissen (2013) conducted an ethnographic study of women's use of Western herbal medicine, reflecting on the meaning and significance this form of holistic health care represented for women, particularly in terms of embodiment, self-care practices, and gender roles. Ethnographic studies have also sought to represent and interpret cultural understandings of body image, such as the 'cult of thinness' among college-aged women (Hesse-Biber, 1996) and the phenomenon of 'fat talk' among adolescent girls (Nichter, 2000).

3.2.2 *Feminist perspectives*

The development and conduct of this research study was also informed by feminist perspectives, which seek to highlight the nature of women's oppression and how it might be challenged in the struggle for women's empowerment (Kelly et al., 1994). This goal is pertinent to the focus of this research, which aims to gain an understanding of how particular aspects of holistic health culture might contribute to

women's oppression by reinforcing normative body dissatisfaction, while other aspects might encourage women's empowerment and cultivation of a positive body image. It is a common understanding among feminists that there is no specific feminist research method; rather feminism informs "a perspective on an existing method in a given field of enquiry", and feminist methodology encapsulates the sum of a multiplicity of research methods used by feminists (Reinharz & Davidman, 1992, p. 241).

Inherent to the practice of feminist research is the need to adopt a 'feminist standpoint', which involves a commitment to understanding women's lives and experiences of oppression from their (subjugated) perspective (Maynard, 1994). Moreover, one of the central tenets of feminist research is the goal of creating social change (Reinharz & Davidman, 1992). However, as Maynard (1994) states, feminist research is not always political in nature and may not always have the direct transformative potential for social change among participants. Nevertheless, women's participation in feminist research can later transform the experience of other women through illustrating the nature of female oppression and how it might be overcome. Further to this, feminist research, while not usually leading to immediate social change, may still empower participants and raise their awareness of critical issues from a feminist perspective. The consciousness-raising and empowering potential of feminist research can also extend to the researcher (Maynard, 1994). Likewise, by becoming conscious of different points of view, ethnographic research can alter the researcher's perspective on a particular phenomenon (Kutz, 1990).

Feminist research originally arose out of fervent condemnation of the male-dominated character of academia, and the recognition that knowledge "was based on men's lives, male ways of thinking, and directed toward the problems articulated by men", which rendered the experiences of women as invisible (Doucet & Mauthner, 2006, p. 39). In challenging masculine assumptions that have traditionally dominated the practice of research, there is also a rejection of the traditional power hierarchy whereby the 'researcher' is typically positioned as the emotionally detached and objective recipient of information, and the 'researched' are situated as the sources of data and passive providers of information (Maynard, 1994). In contrast, feminist research espouses the need for genuine rapport and reciprocal sharing of

information (Maynard, 1994), as well as a sense of connection and sustained involvement with the people being studied (Reinharz & Davidman, 1992).

The involvement of the researcher as a person is a distinguishing feature of feminist research and, rather than compromising objectivity, the inclusion of personal experience is considered to be a valuable asset (Reinharz & Davidman, 1992). The rigour of feminist research involves making explicit one's theoretical assumptions and strategies for analysis and interpretation; it is through these conditions that the soundness and reliability of the research is evaluated (Maynard, 1994). Feminist researchers draw on their personal connection to the topic to *do* their research, and an explanation of the researcher's standpoint in a feminist framework often includes a description of how research projects may stem from, and be part of, their own life (Reinharz & Davidman, 1992). Yet, as Reinharz and Davidman (1992) note, it is also important to recognise that one's experience is not necessarily normative for all women, and to practice reflexivity so as to actively challenge personal assumptions about the experiences of other women.

3.2.3 *Researcher reflexivity*

Reflexivity is an important part of feminist research, with a comprehensive understanding and awareness of the researcher's personal history being seen as integral to the research process (Maynard, 1994). Similarly, locating oneself in ethnographic research means that the researcher is acknowledging they are part of the world that they study. Indeed, decisions about what to research and in what manner, as well as how the researcher interprets what they see and hear, are filtered through the context of their own personal biographies and subjective experience, and further shaped by particular scientific and disciplinary environments (O'Reilly, 2009).

Reflexivity makes transparent the situated position of the researcher and acknowledges the subjective nature of the research process in order to enhance the quality of the investigation (Denzin & Lincoln, 2011). While quantitative research seeks to be objective and deny the role of the researcher in exploring the phenomenon under investigation, qualitative research recognises that the researcher and the object of the research (i.e. the participants) are inextricably linked, and knowledge is created through this dynamic and interactive process (Guba & Lincoln,

1994). Essentially, the knower attempts to represent their own knowledge and make connections to the knowledge created by others, while remaining aware of the extent and limitations of their own personal, cultural and critical authority (Kutz, 1990). An ethnographic narrative should clearly reflect both the personal and academic voices of authority, thus drawing attention to the ways in which a researcher's point of view shapes the research process and the meaning that emerges from the investigation. In doing so, a researcher can recognise themselves as a source of data and someone to whom their conclusions can also be applied (Kutz, 1990).

Given the ethnographic nature of this study, and the influence of feminist perspectives, reflexivity forms an integral part of this research. Thus, the findings from this research encompass a recognition of my own situated position as a researcher (i.e. an etic perspective), through integration of my personal reflections throughout, presented as a parallel narrative alongside participants' comments. In doing so, I acknowledge that my practice as a researcher cannot be separated from my own experiences and attitudes, which influence and are influenced by the course of my research. This dynamic extends from the choice of topic, to how this topic was approached, the literature reviewed and how it was presented, to the conduct of the research itself, the delineation of research questions and decisions of sites to research, as well as the analysis and interpretation of findings. Elucidating an awareness of my own situated position in relation to this research also enabled me to consider the similarities and differences between the experiences and perceptions of the women in this study, and how this shaped my interpretations of their narratives of holistic health and positive body image.

Both ethnographic and feminist researchers commonly encounter a tension between objectivity and subjectivity, and some deny the existence of objectivity altogether (Kutz, 1990; Reinharz & Davidman, 1992). Specifically, in seeking to provide a valid representation of a cultural group, a researcher's personal authority and voice can become submerged behind the academic voice (Kutz, 1990). In this thesis, I recognise the value of my personal subjective perspective and how I am socially situated in relation to this research study; however, this does not necessarily entail a complete abandonment of objectivity. Rather, in the same way that Virginia O'Leary (1977) writes in her book, *Toward Understanding Women*, my personal perspective has guided my understanding and interpretation of the literature and, as such, I can

“present material objectively while guided by an explicit perspective” (cited in Reinharz & Davidman, 1992, p. 262).

3.3 Research procedure

This section describes the research procedure followed in conducting this ethnographic study, including the processes of recruitment, participant observation and in-depth interviewing, to ultimately produce an illustrative written account of this holistic health culture. Ethnography as a research methodology provides a rationale for the use of particular methods as linked to desired outcomes (Crotty, 1998). Specifically, the methods typically associated with ethnography encompass watching, listening and enquiring with participants of a particular culture in the context of their everyday lives (O’Reilly, 2009).

3.3.1 Recruitment

Following receipt of full ethics approval for this study, suitable field sites were identified to enable an in-depth exploration of holistic health culture. A purposeful sampling approach was used, which involved “strategically selecting information-rich cases to study, cases that by their nature and substance will illuminate the inquiry question being investigated” (Patton, 2015, p. 265). Women were recruited from selected holistic health centres and natural medicine clinics in the metropolitan region of Perth, Western Australia, purposefully selected to help capture various aspects of holistic health. Thus, among the holistic health centres chosen were some dedicated to practicing Complementary and Alternative Medicine (CAM), and some offering mind-body exercise classes (yoga, Pilates, meditation). Those recruitment sites that I approached evoked a sense of community, and participation in the broader sphere of holistic health. This included, for example, holistic health centres providing community education events such as regular seminars on holistically healthy living (e.g. information sessions on essential oils), or screening films on various aspects of holistic or alternative health.

Several of these holistic health centres or clinics I approached to advertise my study were already known to me through my own participation in this culture, and hence I used my existing contacts to gain access to these sites. These contacts acted as gatekeepers who facilitated access to participants and my further immersion in the

realm of holistic health. As an example, I mentioned the study to an acupuncturist who I had seen on a regular basis for several years, so that she was able to vouch for me when I approached the owner and manager of the holistic medicine clinic at which she worked. Another source of recruitment was a natural medicine clinic where I was a long term client for an osteopath, and then a remedial massage therapist. I also approached the yoga teacher who held classes at the clinic, in an attempt to reach women who participated in a range of holistic health activities in addition to yoga. The remedial massage therapist who I used to visit at this natural medicine clinic had started her own business promoting and selling a premium range of essential oils and I had kept contact with her throughout this as a customer, and also attended several education sessions she held to experience and learn more about essential oils. I approached her to advertise the study through her networks, which she did so willingly. I also approached a yoga and Pilates studio that I first became aware of after visiting their stall at a market. I had held onto their brochure in anticipation of attending one of their classes in the future. Later, a public health lecturer at the University where I undertook this PhD study also recommended I approach a contact of hers who ran dance-therapy classes (Chakradance). These classes were held at the aforementioned yoga and Pilates studio, and provided an opportunity to explore the more spiritual aspects of holistic health. Another recruitment site that yielded a large number of participants was a natural wholefoods store, that had been previously recommended to me by my acupuncturist. This store was one of few dedicated organic food stores in the area and appeared to act as a local community hub for those holistic health enthusiasts who followed the different dietary approaches favoured by holistic health (e.g. organic, raw food, gluten-free, dairy-free, vegetarian or vegan diets). These experiences of recruitment indicate how holistic health culture functions as an interconnected and networked community, of which I was already involved in prior to undertaking this research. As a further example of the interconnected nature of holistic health culture, another avenue for recruitment transpired following a conversation about my study with a Health and Wellness Officer at the University where this study was undertaken. The Health and Wellness Officer adopted quite a holistic and spiritual approach to health herself, and offered seminars to University staff on meditation and mindfulness. She offered to place an advertisement in her

regular health and wellness newsletter, and this allowed me to reach a considerable proportion of participants.

Consistent with a focused ethnography (Knoblauch, 2005), more time was invested in data collection via interviews and intensive data analysis, and supplemented with short-term field visits as participant observation. The study was advertised to potential interview participants through a recruitment flyer (Appendix A). The recruitment flyer included specific information on the requirements for this study, such as the age range (18 years and over) and eligibility criteria; namely, ascribing to a holistic view of health, and participating in aspects of holistic health culture (e.g. yoga, alternative and complementary medicine, mindfulness) on a regular basis. While I originally advertised for participants aged 18-25 years, this age range was later widened, in recognition of the relevance of positive body image to all women, and to obtain a broader range of experiences and perspectives. In this way, I anticipated that some participants could share their body image narratives over the life course and discuss how their attitudes towards health and the body might have evolved over time. The final sample of women who participated in this research ranged from 22 to 72 years of age.

Generally, I approached potential recruitment sites for permission to advertise my study through email to the manager (Appendix B). I explained the purpose of my study and mentioned my existing relationship with the holistic health site as relevant, as well as what would be expected of participants. I also attached a copy of the recruitment flyer and requested their approval to deliver some hard-copy recruitment flyers to keep at the counter or on the noticeboard at their premises. If appropriate, I also asked if they would be willing to circulate the study flyer by email to their networks or advertise on their company's Facebook site. All but one of the holistic health sites I approached were accommodating of this request.

In the recruitment flyer, potential participants were asked to contact me by phone or email to arrange a suitable time and location to conduct an interview. Prior to undertaking the interview, participants were asked to complete an information and consent letter that explained the aims of the study and the nature of their participation (Appendix C). A \$30 gift voucher for Coles/Myer was provided to participants as compensation for their time and travel expenses to attend the

interview. Despite the voucher being mentioned in the recruitment flyer, a number of women were surprised to receive this and many noted that they would have been happy to participate in the interview regardless of the voucher being offered. At the conclusion of the interview, I asked participants if they would be willing to pass information on about the study to anyone they knew who was involved in holistic health and would be interested in being interviewed about their experiences. This provided another means of recruiting participants through the well-known technique of snowball sampling (Patton, 2015).

3.3.2 In-depth interviewing

Interviews are a cornerstone of qualitative research; they “capture the voices of participants and go on to tell their stories, creating detailed renderings of what they have lived and what they know” (Donovan, Miller, & Goldsmith, 2014, p. 21). Through the ability to draw out the complexities of how individuals manage their health and wellness (Donovan et al., 2014), in-depth interviews were well-suited to exploring the research questions under investigation in the current study.

In-depth interviews for this research were conducted between September and December of 2015. Most of the interviews for this research were conducted face-to-face, and arranged at a time and place convenient for participants. Several interviews were held at a wholefoods store and café where the flyers were advertised. Although these sites were often noisy (making recording somewhat challenging), participants appeared to be at ease in this environment; hence, this was more authentic and also meant that I was immersed in their real-world settings. Where participants were recruited from the University, the interviews were held at a café on the University campus. Some participants opted to participate in telephone interviews due to convenience or time restraints that prevented them from attending an interview in person. The telephone interviews also posed some practical challenges, such as the audio of the phone line cutting out intermittently, however this medium was still useful in facilitating in-depth conversations with the women who could not participate in person.

Interviews were approximately 30-45 minutes in duration and were digitally recorded with the participants' permission. A semi-structured interview guide (Appendix D) was used to focus the discussion and prompted women to discuss

their different holistic health practices and what meaning these had in their lives. This interview guide was developed based on key themes in the literature around holistic health and positive body image, and was subject to pilot testing prior to its use with two women who represented the target group of participants. Feedback from the pilot testing helped inform changes to the wording of questions to aid comprehension, as well as the sequencing of questions. Following the pilot testing of the interview guide, the introduction was revised to build rapport with participants and establish a focus for the discussion according to participants' own perceptions of holistic health. The women who participated in face-to-face interviews were presented with a word cloud (Appendix E), prepared as a stimulus for discussion based on my personal and professional understanding of core concepts in holistic health, and invited to choose 3-5 words that were relevant for them in managing their health and wellness. Terms like mindfulness, holistic, nutrition and spiritual were among the most frequent words chosen by participants. The words that women identified were then used as a starting point for discussion, with the interview exploring how participants experienced these topics in the context of their specific situation and lifestyle.

A total of 25 interviews were conducted, at which point data saturation was reached. Data saturation is the guiding principle in qualitative research to determine sample size, and represents the point at which no new themes are being generated from the data and the collection of additional data would be counterproductive and superfluous (Mason, 2010). In a sample with a high level of homogeneity, data saturation is likely to occur at an early stage, with a fewer number of interviews enabling sufficient development of themes and meaningful insight into the topic of research (Guest, Bunce, & Johnson, 2006). In the current research, the sample was homogenous in the sense of what they shared with regards to the research topic, rather than necessarily their demographic characteristics (see Given, 2008).

In this research, I attempted to follow feminist principles of interviewing, which reject the idea of interviewing as a one-way process through which the interviewer requests, and the respondent provides, the relevant information. Distinguished feminist scholar Ann Oakley (1981) argued that there is a fundamental mismatch between feminist theory and the traditional practice of interviewing. While the latter is characterised by a hierarchical relationship between the interviewer and

interviewee and serves to exploit interviewees as sources of data, interviewing influenced by feminist theory seeks to redress this balance. The objective nature of traditional interviewing also means that researchers typically withhold their own beliefs and values in the interview so as not to bias the data produced. However, as Oakley (1981) contended, personal involvement in the research “is the condition under which people come to know each other” and thus, finding out about people through interviews is best facilitated through a non-hierarchical relationship, in which the interviewer is prepared to invest their personal identity. For Oakley then, there is “no intimacy without reciprocity” (p. 49).

Consistent with this approach, I tried to maintain a casual, conversational tone throughout the interviews, and position myself as a member of the culture-sharing group. However, due to my quantitative research background, I felt reluctant to divulge my own experiences which at times seemed forced or self-centred. I was also hesitant about letting my own experiences shape the course of the interview or dominate the conversation; I was mindful that the purpose of the interview was for me to learn about participants, not the other way around. I tended to ‘hang back’ until the conversation resonated in a way that allowed me to share my agreement and/or personal experiences. In several interviews, participants asked about whether I followed the same type of holistic lifestyle. In response, I was able to reveal more about my own practices and encounters with holistic health. I felt a more natural sense of rapport with participants whose experience was similar to my own, for instance those engaged in alternative therapies (CAM), and who combined both conventional and alternative approaches to managing their health.

Some interviews elicited a ‘depth’ of response early, particularly where participants recounted their holistic healthy journeys in rich personal stories. In these instances, it became easier to share my own experiences - a key aspect of feminist interviewing - and enabled me to establish a sense of kinship with participants. This allowed for an informal ‘sharing’ of holistic health knowledge and expertise which catalysed my interest for things I wanted to try or learn more about as part of my own health journey, such as kinesiology. Reciprocally, after recounting my own health journey, some participants provided advice such as recommending specific book titles and ways to approach my illness by perceiving it as an opportunity to have a health journey. It was through such shared dialogue that meaning was co-constructed

between myself and the participants (Donovan et al., 2014). Similarly, one participant mentioned that she wanted to try meditation classes but hadn't located a suitable place nearby, and I responded by recommending the meditation classes at a natural health centre and yoga studio in a nearby suburb.

Following completion of the interviews, I transcribed participant responses verbatim. A one-page summary of the interview was presented to each participant via email to confirm my interpretations were an accurate reflection of their experience. This respondent validation (or member checking) is a technique to enhance trustworthiness of qualitative findings (Lincoln & Guba, 1985). A few participants requested minor amendments to the summaries, such as corrections to the name of specific holistic health therapies, or medications they were taking. Another woman provided additional insights into her body image experiences in adolescence, and some of her current holistic health practices that she neglected to mention during the interview. Other participants provided further information on the sources of health advice they followed and the relevant website links. Several women remarked that they enjoyed reading the interview summary as a way to reflect on their personal experiences of holistic health. This may have been therapeutic for some women in particular, where their engagement in holistic health represented a very personal journey from ill health to wellness. This demonstrates how feminist research, while not necessarily leading to immediate social change, may still have potential for empowering participants by validating their experiences (Doucet & Mauthner, 2006; Maynard, 1994).

A brief biography of each participant is provided in Appendix F, to help contextualise the unique position and characteristics of women who participated in the interviews. The biographies feature a description of their personal situation including marital status and occupation, as well as the general nature of their engagement in holistic health culture. Any identifying information has been removed or altered to maintain confidentiality, and pseudonyms were used for each participant.

3.3.3 Participant observation

The conduct of this ethnographic research project was underpinned by an extended period of engagement as an existing member (and participant-observer) of this

culture-sharing group. However, this was also supplemented by a more formal period of participant observation, including partaking in community education events and yoga retreats at the chosen natural health centres. This formal period of participant observation provided an opportunity to experience the cultural immersion and embedded cultural understanding that is inherent to ethnographic methodology. Consent to undertake participant observation was obtained from the management of selected holistic health centres, generally through email while also asking their permission to advertise the recruitment flyer. As I did not report on the behaviour of specific participants in these observations, consent was not sought from individuals. Rather, I focused on the observation of my own and others' general co-participation in these ethnographic encounters (Tedlock, 1991). During this observational period, I also recorded observations and any interpretations of the cultural group in the form of field notes.

As part of the participant observation activities, I attended a series of holistic dance-therapy workshops (Chakradance). This style of dance encourages intuitive and spontaneous movement to music, as a conduit to the body's energy centres (referred to as Chakras). At the conclusion of the sessions, dancers were asked to create a hand-drawn picture to depict or capture how they experienced the class, and to share it with the group. Each class also began and ended with a brief meditation by candlelight. In addition to this, I attended a half-day seminar on 'Relaxation, self-esteem and confidence' held at a natural health centre that also acted as one of the recruitment sites. Similarly, this activity also featured meditation as well as group sharing of experiences and time for self-reflection. Another participant observation activity involved meditation classes (Yoga Nidra) held at a natural health centre. These classes included progressive muscle relaxation and guided visualisation by candlelight. I also attended a half-day seminar on walking meditation (Secrets of Natural Walking) that promoted the benefits of correct postural alignment and regular walking practice, according to a specified protocol, for various health benefits.

During my observations, I explained to other participants that I was completing a PhD on holistic health and positive body image. In this way, I was overtly stating the nature of my involvement, so as not to deceive participants, yet downplaying this so that my presence did not interrupt the natural process of their engagement in

activities. In this way, I was able to preserve an ethnographic authenticity by introducing myself *into* their natural culture, and, at the same time, immersing myself in its experience for my own enjoyment.

In the time following data collection, I continued my engagement in holistic health culture as part of my personal health journey. This included seeing a psychologist who was also a yoga practitioner and advocate of Buddhist psychologist and mindfulness practice. I also started regular sessions of magnesium flotation therapy to manage stress. Aside from this, I continued to experiment with diverse holistic health practices. For example, I attended an annual holistic health fair with a friend and participated in a sound healing class, and visited a massage therapist who was also a spiritual healer. Indeed, my participation in various aspects of holistic health culture is likely to be ongoing, and my own understandings of holistic health will continue to evolve over time. These personal experiences of holistic health culture facilitated my analysis of participant responses in the interviews, by gaining an insider (emic) perspective. At the same time, I sought, as far as possible, to retain an objective (etic) perspective by reconciling these experiences with my reading of the research literature on positive body image, and critical analyses of holistic health culture.

3.4 Data analysis

The process of data analysis aims to extract the essence of the raw data into something more meaningful through looking at patterns (themes). Categories are simultaneously compared and contrasted, with information being continuously sifted and sorting to confirm or inform variation on the themes (Miles and Huberman 1994, Hammersley and Atkinson 2007, Fetterman 2010). As stated by Hammersley and Atkinson (2007), analysis is ongoing and cyclical throughout the research process, from the formulation and reformulation of research questions and the consideration of research design and sources of data collection, to the final stages of writing the ethnography.

The data analysis for this research project was facilitated through the use of Nvivo qualitative data management software. According to Fetterman (2010), qualitative data management software is beneficial in enabling documentation of the audit trail and making explicit the sorting, comparing and coding process, while also providing

direct access to link to the raw data in its original context. The use of Nvivo as a 'looking glass' can make transparent the fracturing and re-aggregating of the data into a meaningful form that progresses new understanding (Beekhuyzen, Nielsen, & von Hellens, 2010). In essence, disaggregating and fracturing the data through categorisation enables the data to be viewed through the category rather than the research event itself, providing a reflection of a particular reality.

Data analysis was guided by the analytic method of Framework Analysis (Gale, Heath, Cameron, Rashid, & Redwood, 2013; Ritchie & Spencer, 2002). This involved initial familiarisation of the data through transcription, which facilitated a sense of being embedded in the data; as well as reading and re-reading, to identify general patterns and contradictions emerging from the text, and to consider possible explanations. Following this, the data were coded into initial themes, to gain an overview of the depth and diversity of information. Concrete and analytic categories which emerged inductively through the data were affixed to sections of text (open coding). While these analytic concepts sometimes arose from the participants' use of the terms themselves, in some cases they were informed by existing concepts in the relevant literature. This led to the construction of a thematic framework of key concepts or themes emanating from the data and also drawing on a priori issues from the research literature on positive body image and holistic health culture (axial coding).

As the theoretical framework of themes and sub-themes describing the data began to take shape, this was followed by a process of indexing and charting, which involved sifting and sorting the data into the identified themes, adding new categories or sub-categories as necessary (selective coding). Categories were then refined into more general and conceptual constructs. This was facilitated through generating framework matrices in Nvivo whereby the existing coding of data into themes is transformed to create a spreadsheet that enables closer examination of the data through the intersection of codes (columns) and cases (rows). The matrices allowed me to check whether there was sufficient evidence to support a proposed theme, and to draw out key illustrative quotes, as well as write brief summaries of my interpretations of participant responses. It also provided a useful way of attending to deviant cases and considering possible explanations for the empty cells, where no content was coded for a particular sub-theme (code) for a particular respondent

(case). Where the coding across themes was contradictory for a particular respondent (or case), I was easily able to revisit the original transcript in which the affixed text appeared, and extricate these meanings accordingly. The framework matrices also allowed mapping and interpretation of the data set as a whole, leading to further refinement of the coding. The ongoing refinement and re-development of themes continued during the write-up of this analysis, where I was able to consider participants' responses further in the context of the research literature on positive body image and holistic health.

Different theoretical readings helped illuminate my (etic) understanding of key issues, which ultimately shaped the findings emanating from this investigation. In particular, theoretical understandings of ethnography and feminist research underpinned my approach to interpreting and reporting the data from this investigation. For instance, through the process of writing an ethnography, the researcher relies on the 'authentic voices' of participants in constructing a partial representation of their everyday social world (Skeggs, 1994). Furthermore, the inclusion of participants' quotes is consistent with Maynard's (1994, p. 23) assertion that "the legitimacy of women's own understanding of their experiences is one of the hallmarks of feminism". However, feminist research should go beyond a purely experiential level that cites women's (emic) perceptions of their experiences. Rather, the process of ongoing interpretation and analysis should include making connections with theory in an endeavour to understand and make sense of what is happening in women's lives. In this way, no feminist study is completely inductive (Maynard, 1994).

As described in the preface to this thesis, at the outset of the informal and more formal phases of data analysis, I was considering participants' responses in relation to the construction of lay, versus expert, knowledge of health (Moscovici, 1998). This was essentially out of a desire to legitimise aspects of women's participation in holistic health culture (including my own). However, I found this theory didn't provide a position from which to examine women's responses and my experiential observations of holistic health in more depth, to consider what they might mean for the way women relate to their bodies. Hence, my writing tended towards a legitimising of holistic health, rather than allowing women's experiences and voices to shape the findings of this research and the way they were presented. This

tendency to legitimise stemmed from the tension between public health discourse and that of holistic health culture, and inadvertently served to minimise the focus on positive body image. While initially positive body image was supposed to be the main research topic, it became lessened in trying to present a critique of holistic health culture from the perspective of public health. I was also conflicted in presenting this critique because I felt that this was not the story that the women I interviewed would want me to tell about their experiences.

In trying to make sense of the emerging research findings and construct these into some comprehensive 'picture' of holistic health culture and positive body image, I consulted the literature in these (seemingly disparate) fields of research. Upon returning to the literature in the emerging research area of positive body image, including several review articles published throughout the course of my research, I began to understand the concept of positive body image more thoroughly. It was while reading one of the reviews on positive body image research that I came across Menzel and Levine's (2011) embodiment theory of positive body image. This became key in clarifying the potential relationship of positive body image to holistic health, particularly given the collection of literature that links CAM use with women's experiences of embodiment. As Skeggs (1994, pp. 82, 85) explained, "access to theory informs the interpretation that is given to ethnographic research" and "some theories are prioritized because their fundamental structures have more in common with the explanation of ethnographic material". Indeed, it was a casual reading of Naomi Wolf's seminal feminist text, *The Beauty Myth*, that ultimately shaped my interpretations of the findings emanating from this ethnographic study the findings, and the course this research has taken. Although I considered using feminist perspectives in my research at the outset of this study, this was slowly discarded in favour of social representations theory. Still, *The Beauty Myth* precipitated consideration of the ways in which some women's attitudes towards appearance and health (as intertwining ideals) can influence their everyday lives. I also began to consider how holistic health culture might be detrimental to body image among women, through its potential to reinforce appearance ideals. In the interviews, a number of participants expressed feminist attitudes that were both inspiring and resonating; essentially, they could only be authentically articulated in this research (i.e. given voice) through a feminist interpretation. In this way, "theories are

modified to account for ethnographic responses” (Skeggs, 1994, p. 84). Indeed, drawing on feminist perspectives also allowed me to delve more deeply into participants’ responses and to be more critical in my interpretations of holistic health culture.

As I have described, analysis was not from the ground-up or determined by pre-existent theory being rigidly applied to the data. Rather, the ongoing analysis throughout the research process was facilitated through considering several theories and selecting that which was most appropriate as an explanatory framework. In retrospect, Skeggs’ (1994, p. 85) description of ethnography as “a constant process of revealment”, was made glaringly clear. This dynamic and evolving process of interpretation in the analysis of this ethnographic research, also meant that the process of coding was not strictly linear. That is, there was not a discrete move from open to axial to selective coding, but rather these codes were re-developed and transformed a number of times, and I moved in between these three coding stages a number of times which eventually culminated in the final presentation of findings.

The structure of the findings and discussion in this thesis was organised to best convey the story of this ethnographic research, while still maintaining relevance to constructs of positive body image. Following Wolcott’s (1994) recommended structure for writing an ethnography, a descriptive account of holistic health culture is presented first, outlining its key features. In this approach, the researcher remains loyal to the observations of the culture under investigation, and presents descriptive data as if they are fact. A more in-depth analysis and interpretation of the data is presented in the following findings/discussion chapters, specifically where information was contextualised within a broader analytic framework or issue of scholarly interest (Creswell, 2012). Thus, these chapters have been organised in a way that is aligned to Menzel and Levine’s (2011) conceptualisation of the key elements of positive body image, namely: an appreciation of the body’s appearance and function; an awareness of and attentiveness to the body’s experiences and needs, and; a self-protective way of processing body-related messages.

Although Menzel and Levine’s (2011) conceptualisation of the key elements of positive body image guided the organisation of the next three chapters, this was not rigidly applied to the data, but rather utilised in a flexible manner to allow for

amendments based on themes emerging inductively through the text. For instance, nutritional self-care is presented in a different chapter to the discussion of other aspects of self-care, such as yoga, meditation and spirituality. This is because the way participants conveyed an understanding of nutritional self-care practices was markedly different to the way they expressed their engagement in more embodied and attuned self-care practices, with concomitant implications for the development of positive body image. While I attempted to distinguish between physical self-care practices and those of a more emotional and spiritual type, this seemed antithetical to the description of holistic, in which all these elements of health are interdependent and interrelated. The theme on self-compassion was also initially presented in the chapter on contesting ideals of appearance and health, yet later this was also relocated to the chapter on self-care. This decision was made in acknowledgement of the way that participants engaged in self-care practice to reflect an attitude of self-compassion. Considering self-compassion alongside self-care practices seemed to help illustrate this concept in a more practical way. Indeed, the forming and re-forming of the thesis itself, was reflective of the truly evolving nature of this ethnography, with the resulting final structure presenting a comprehensive understanding of the implications of holistic health for the development of positive body image among women.

3.5 *Research limitations*

A consideration of the limitations of this ethnographic research study is pertinent, such that the findings presented hereafter can be considered in light of these issues. This study sought to focus specifically on how holistic health can shape women's expressions of positive body image; therefore, investigating the public health implications of a holistic paradigm more broadly was beyond the scope of this thesis. Nevertheless, this thesis still makes mention of some of the more general limitations of holistic health, such as its limited accessibility for those who do not have the resources to participate in certain activities, as well as the individualised nature of holistic health. The lack of credibility and evidence-base of holistic health is briefly discussed; however, again an in-depth consideration of these issues was beyond the scope of this thesis. Likewise, while other research has explored how the holistic health community functions as a social group and expresses its collective resistance to mainstream (biomedical) constructions of health (Fries, 2013; Schneirov & Geczik,

1998), this was not an objective of the current PhD study. In addition, the current research did not set out to explore how participants search for, appraise and evaluate holistic health information in comparison to mainstream (biomedical) health messages, although it is recognised that this is an important area of research for future study with important implications for interventions such as developing critical health literacy. Instead, this research specifically aimed to explore the implications of a contemporary Western appropriation of holistic health culture for the development of positive body image. As such, it did not seek to investigate other representations of holistic health such as those held by Indigenous cultures or the use of traditional/folk medicine, which are generally considered to be outside the sphere of CAM and holistic spirituality (Keshet & Simchai, 2014). Another notable limitation of the current PhD study, given it has drawn on feminist research principles, was the lack of diversity in the research sample. In this way, it did not align with one of the aims of feminist research, which is to represent human diversity (Reinharz & Davidman, 1992). Hence, this project did not examine how women's subjugated position, as shaped by gendered appearance norms, intersects with other inequalities they may face related to ethnicity, disability, and socioeconomic differences. Notably, those individuals who engage in holistic health culture are typically of a middle-class background, hence highlighting the privileged and elitist nature of this culture-sharing group.

As described, this qualitative research study sought to explicate the nuanced expressions of positive body image among a group of women participating in holistic health culture, through the subjective accounts of their own lived experience. Hence, the current study did not seek to objectively measure positive body image among the participants; rather, their experiences of positive body image were investigated through a qualitative understanding of the construct. Additionally, this research did not seek to speculate or categorically determine whether the women interviewed in this study had a positive or negative body image. Undoubtedly, a complex interplay of factors are involved in determining a woman's body image, including biological and genetic influences, personal characteristics, socio-environmental influences and interpersonal experiences, and peers and family (Cash & Smolak, 2011; McKinley et al., 2011), which were not subject to investigation in the current PhD study.

The relationship between positive and negative body image is convoluted, and while the current thesis has sought to focus on positive body image, some reference is also made to negative body image where relevant, to help illuminate an understanding of how certain factors of holistic health can impact on body image among women. The extrapolation of research on negative body image in this way was justified on the basis of considerable overlap between these two constructs. Positive body image is inversely related to body dissatisfaction (Avalos et al., 2005) and many of the variables that predict body dissatisfaction also play a role in determining positive body image (Menzel & Levine, 2011). Specifically, levels of appearance media consumption, self-objectification, social comparison, and thin-ideal internalisation are factors linked with both positive and negative body image, albeit in different directions (Andrew et al., 2016b). However, as acknowledged in the initial chapters of this thesis, positive body image is qualitatively distinct from a neutral or negative body image, and encompasses its own unique properties that extend beyond matters of appearance evaluation, shape and weight (Tylka & Wood-Barcalow, 2015; Webb et al., 2015). Moreover, women can experience some degree of body dissatisfaction while also demonstrating characteristics that are generally consistent with a positive body image (Tiggemann & McCourt, 2013).

While this thesis discusses the potential implications of certain aspects of holistic health for positive body image, it is important to note that much of the research in positive body image is correlational and cross-sectional. Therefore, further research of a quantitative, longitudinal design is needed to determine the reciprocal processes that may contribute to, or emanate from, positive body image, to clarify the nature of the relationships between these factors. In her seminal research on the characteristics of women with positive body image, Wood-Barcalow (2010), discussed the reciprocal processes inherent to the development of positive image, noting that these women appeared to simultaneously influence, and be influenced by, their environments in ways that cultivate positive body image. Likewise, it is possible that adopting certain holistic health practices may be conducive to developing positive body image, and equally that women who have positive body image may be more attracted to health behaviours that are holistic in nature.

Like other cultures or sub-cultures (Haenfler, 2004), holistic health adherents are likely to differ in the extent to which they adopt the core values and beliefs that

characterise a holistic approach to health. In illustration of this, some women in this thesis considered their approach to health as 'holistic' because they adopted a natural, organic and plant-based diet. For others, spirituality was predominant in their understanding of health, and it is in this way they believe they embrace a holistic view of health, although they did not seek to follow any particular dietary style associated with holistic health. Participants also differed markedly in the extent to which they support and utilise holistic therapies while avoiding biomedicine. Similarly, while some proponents appeared to spend considerable time investigating and researching how to improve their health through consulting alternative health information, other women may prefer a simpler approach to managing their health based on trusting their own body, intuition and wisdom. Despite this variability, however, holistic health adherents generally function as members of a common community with a collective identity and a shared philosophy of health (Schneirov & Geczik, 2003).

Notwithstanding the above-mentioned limitations, the current PhD study makes an important contribution to the field of positive body image, by illuminating the closely intertwining ideals of appearance and health among a particular culture-sharing group, and the implications for cultivating positive body image among women.

3.6 Summary

This chapter has outlined the methodological perspectives that guided this research, and detailed the recruitment process, interview techniques, participant observation strategies and data analysis methods that resulted in the final presentation of findings, as well as a consideration of research limitations. A qualitative, interpretive approach was adopted to generate a rich description of women's subjective experiences of holistic health culture and experiences of positive body image. The research methodology of ethnography was deemed suitable to explore this topic, as it directs the focus to the unique intricacies of this culture-sharing group in their everyday lives that indicate how the culture sees itself and views the world. This research was also informed by feminist perspectives, thus expressing a commitment to understanding women's lives and experiences of oppression from their own (subjugated) perspective, and aiming to bring about social change through raised

awareness of a phenomenon. Reflexivity is an integral part of this research; through being personally involved in the culture under investigation and using the self as an instrument of knowing, I have sought to present an authentic account of this research, particularly by making transparent how my own situated position shaped my interpretations of the data. Inherent to the practice of reflexivity, I have also attempted to highlight the practical and conceptual difficulties encountered throughout the course of this research. Yet, it was these challenges that ultimately shaped the findings emanating from this investigation, resulting in a comprehensive representation of holistic health culture, and a conceptually rich and detailed illustration of women's subjective experiences of positive body image.

CHAPTER FOUR

A description of holistic health culture

To aid an understanding of the topic under investigation and, as pertinent to the ethnographic nature of this research, this chapter presents a comprehensive description of the landscape of holistic health. The core values and defining characteristics of holistic health will be detailed, including: whole-ness and holism; wellness and wellbeing; nature, naturalness and tradition; healing and holistic therapies; spirituality and intuition, and; femininity and feminism. This discussion draws on existing research literature about the holistic model of health, while also making reference to textual artefacts that signify common values shared among this culture. Consistent with the social constructivist stance adopted in this thesis, the discussion in this chapter does not reflect some objective 'reality' but rather the situated constructions and meanings of holistic health.

4.1 *Whole-ness and holism*

The holistic health movement is thought to have emerged in the early 1970s in response to dissatisfaction with, and as a form of resistance against, conventional medicine (biomedicine) (Baer, 2004). While often associated with the use of Complementary and Alternative Medicine (CAM), the realm of holistic health extends well beyond this to include a broader philosophy and set of beliefs that seek to improve the quality of the human experience by rethinking current understandings of health, illness and healing (Robison & Carrier, 2004). Proponents of holistic health are seen to be members of a common community with a collective identity and a shared philosophy of health, demonstrating unity in their critique of biomedicine (Schneirov & Geczik, 2003). However, as Baer (2004) suggests, the holistic health culture may also function as an audience movement whereby participants communicate with one another primarily through reading certain books and magazines, and visiting particular websites, rather than necessarily congregating together in specific places.

A central tenet of the holistic health paradigm is a focus on all aspects of the human experience in health, including physical, emotional, social, psychological and

spiritual components (Bullington, 2013). A “holistic way of seeing things” includes making connections between health and other aspects of one’s life, and drawing on experiential knowledge to illuminate the “wider picture” of health (Nissen, 2015, p. 167). The interdependence of mind, body and spirit is emphasised in holistic health philosophy, as well as the notion that the whole (person) is more than the sum of (their) parts (Robison & Carrier, 2004). Specifically, it is this construction of health as a holistic endeavour that distinguishes the holistic health paradigm from Western biomedical approaches to health (Ho, 2007). Indeed, this alternative view of health has emerged in response to the perceived limitations of a reductionist, mechanistic and dualistic approach, which conceive of the human body as a machine that is best investigated by examining its component parts, and whereby body and mind are regarded as separate entities (Robison & Carrier, 2004). While it is recognised that the biomedical model has brought about significant advancements in the identification and eradication of disease, this narrow view of health can impede our view of the whole person (including emotional, social and spiritual aspects), and the bigger picture that is integral to understanding some of today’s chronic health conditions (Robison & Carrier, 2004). Yet, despite its claim to a truly holistic orientation, the idea of holism as promoted in the realm of holistic health often favours an emphasis on the mind, such as the importance of emotions and thoughts as captured in the body (Sointu, 2012).

It should also be noted that the holistic health paradigm appears to promote a limited or incomplete form of holism that predominantly reinforces individualistic values, while tending to downplay the broader social-structural and environmental factors that impact on health (Baer, 2003, 2004; Keshet & Simchai, 2014; Schneirov & Geczik, 2003). These social determinants of health are at the root of many health inequalities, and seeking to overcome these barriers faced by the world’s most vulnerable people remains a central priority for public health (Marmot, 2005). Undoubtedly, there are clear limitations to the accessibility of holistic health, with many working-class individuals unlikely to have the time or financial resources to invest in holistic spirituality (Keshet & Simchai, 2014). Notably, the description of holistic health often evokes a sense of self-actualisation which, as described by Maslow’s hierarchy of needs, is dependent on other more fundamental needs being met, including basic physiological requirements for survival (Maslow, 1943).

The holistic orientation fundamental to this alternative health culture is reflected in mind-body-spirit practices such as yoga, meditation, Qi-Gong and Tai Chi (Baer, 2003; Ho, 2007; Kabat-Zinn, 2005; Schneirov & Geczik, 2003). As Balshaw (2012, p. 230) writes, “yoga integrates asanas (yoga postures) and flowing breath” to “transform and balance your body, mind and spirit”. Additionally, holistic approaches to nutrition emphasise nourishment of not only the physical self, but also the emotional, social, cultural and spiritual elements of the self (Robison, 2004; Robison, Wolfe, & Edwards, 2004). This holistic view of nutrition also opposes complicated scientific understandings and medicalisation of food. For instance, instead of perceiving food in a reductionist way, based on an evaluation of individual food components (nutrients) and their isolated effects on the body, one prominent holistic health advocate asserts simply “Eat Food. Not too much. Mostly plants” (Pollan, 2007). However, while holistic health practitioners consider ‘holism’ as the proper way of conceptualising health (in contrast to the dominant biomedical, reductionist model), they may still utilise scientific conventions and practices in their presentation of holistic health, reflecting the blurred boundaries and the inherent contradictions among this culture (Ho, 2007).

4.2 *Wellness and wellbeing*

The holistic health paradigm establishes a strong focus on creating and maintaining an optimum state of overall wellbeing (Ho, 2007). As described by Sointu (2012, p. 9), “the discourse of wellbeing defines wellness as individual-specific fulfilment, joy and balance, characterised by an ability to actively navigate challenges in life”. In this way, health is recognised as more than the absence of disease but rather is a positive state of being, understood in terms of energy and vitality, sense of enjoyment, meaning and purpose in life (Ho, 2007; Robison & Carrier, 2004; Schneirov & Geczik, 2003).

Among holistic health advocates, the traditional approach to health promotion is seen to create an atmosphere of anxiety, fear and confusion by ‘attacking’ health issues through a fixation on risk factors and declaring war on disease (Robison & Carrier, 2004, p. xxii). In contrast, holistic health rhetoric shifts this focus to emphasise “helping people find happiness, meaning, and purpose in life” and

“helping them to find their joy and explore their spirituality” (Robison & Carrier, 2004, p. 176).

Holistic health frames wellbeing primarily in terms of individualistic values (Schneirov & Geczik, 2003) and, under the holistic health paradigm, individuals are seen to have an individual responsibility to strive to achieve an optimum state of health. While this can empower them to become experts on behalf of their own health (Kabat-Zinn, 2005), there is also an implicit implication that individuals are accountable for their own ill health (Barker, 2014). Additionally, the concept of wellbeing embodies class-based privilege, suggesting a sense of elitism that is ingrained in the holistic health culture (Sointu, 2012). As Baer (2004, p. 17) describes, the holistic health movement appears to cater primarily to upper- and upper-middle-class persons, as well as those “who have chosen to funnel their limited financial resources into alternative therapies”. It is also suggested that while privileged, white women engage in the holistic realm in addition to also participating in some forms of biomedicine, those from marginalised groups may use folk/traditional medicine (considered to be outside the sphere of CAM and holistic spirituality) as a cheap alternative to conventional healthcare (Keshet & Simchai, 2014).

Indeed, holistic health services and products are purchased in the same way as any other commodity, and their use can allude to a particular status or social position (Schneirov & Geczik, 2003). Yet, ironically, proponents of holistic health are forthright in their criticism of mainstream public health approaches for their focus on profitability. As holistic nutrition advocate Joshua Rosenthal argues, the medical establishment “increasingly relies on a pro-business model instead of a pro-health model at the expense of patients” and “public nutrition policy is dictated by the political process, which is now heavily dictated by a corporate agenda to maximise profits” (Rosenthal, 2014).

As described, the increasing commodification of holistic health may weaken its authenticity and present barriers to less affluent groups (Schneirov & Geczik, 2003). However, as Baer (2004) suggests, lower-middle and working-class individuals may also participate in the holistic health movement through articles of mass consumption (books, films, websites) that are within their purchasing power. For example, the works of leading holistic health advocates Andrew Weil and Deepak

Chopra communicate the values of this alternative health movement at a broader population level (Baer, 2003). This also demonstrates how adherents of holistic health can experience this culture both individually and collectively.

4.3 Nature, naturalness and tradition

Appeals to nature and naturalness are common in holistic health and speak to inherent values and virtues of gentleness, goodness, purity and moral power (Meurk et al., 2012; Nissen, 2015). This rhetoric around naturalness is deeply intertwined with a sense of tradition and connection to the past, conveying “safety and security, simplicity and the slowing down of time” (Nissen, 2015; Schneirov & Geczik, 2003, p. 69). As described in *The Spirit and Science of Holistic Health*, the earliest human societies were characterised by an intense cultural focus on closeness with nature, in line with their hunter-gatherer way of life. Although the passage of time has observed an erosion of the connection between humanity and nature, holistic health seeks to redress this situation through reintegrating ancient concepts of spirituality, healing and way of life (Robison & Carrier, 2004).

A holistic model of health advocates following the natural rhythm of life and striving for a sense of reconciliation between the self and the world (Schneirov & Geczik, 2003). The ‘natural’ is considered to be good, without complication or contradiction (Schneirov & Geczik, 2003). Likewise, nutritional approaches consistent with a holistic health paradigm reflect this uncritical appropriation of naturalness and the belief that health is grounded in nature:

You want to eat the foods that are as close to nature as possible. Eat foods that come from the earth; it's what God put on this planet for us to use. (Johnson, 2012)

What is considered to be the most natural way of eating varies widely among holistic health adherents. As Bratman (1997) describes of his experience living in a natural health commune, some of the diets proclaimed by these ‘food idealists’ are directly contradictory. He states that while a raw food diet advocates the healing properties of eating predominantly uncooked fruit and vegetables, macrobiotic principles assert that vegetables should be cooked and fruits should not be eaten at all. Some ‘natural’ foods, including vinegar, honey and milk, are heralded by some for their healing properties, yet are vehemently avoided by others who consider these foods to be

'poison' and the cause of disease and illness (Bratman, 1997). This demonstrates the complicated and contradictory understandings inherent to a 'natural' way of eating. It is also notable that, ironically, some of these nutritional ideologies lack a holistic perspective, through their single-minded focus on diet that ignores other aspects of life (Bratman, 1997).

Diverging from this view of food idealism, Joshua Rosenthal, a prominent holistic nutrition advocate in recent times and founder of the Institute for Integrative Nutrition, encourages a more integrated approach to 'nourishment' of the self, including "having happy relationships, a fulfilling career, an exercise routine and a spiritual practice" (Rosenthal, 2014). Furthermore, he recognises that while there are a plethora of opposing nutritional theories, it is necessary to understand each person's individual needs and how they react to particular foods:

It is about personally discovering what feeds you, what nourishes you and ultimately what makes your life extraordinary. (Rosenthal, 2014)

Nutritional ideologies emphasising naturalness are indeed a defining feature of the holistic health paradigm. This is also discernible through the central role that health food stores play in disseminating information about holistic health principles, and as a commercial vehicle (Baer, 2004; Schneirov & Geczik, 2003).

Nature and tradition are inextricably intertwined in holistic health rhetoric, and a holistic way of living is often at odds with modernity (Nissen, 2015; Schneirov & Geczik, 2003). In this way, a romanticised view of the past is upheld by the holistic health paradigm as the standard against which present-day modernisation is criticised (Schneirov & Geczik, 2003). According to Robison and Carrier (2004), the once peaceful and cooperative societies that existed among the earliest humans justifies the urgent need to reclaim our humanity and way of life, spirituality and interconnectedness with nature. As such, the realm of holistic health appears to offer enlightenment for those who are "searching for a different way of understanding and creating their own health" and interested in "world change and a better future for humanity and our planet" (Robison & Carrier, 2004, p. xxiii). Hence, at the core of the holistic health paradigm is a disenchantment with mainstream culture (Baer, 2003), as well as the perception that "our current way of living on this planet needs to change" (Robison & Carrier, 2004, p. xxi).

Through connection to the past, holistic health regimes can serve to enchant elements of adherents' everyday lives through ritualised encounters that infuse holistic health with a vague sense of utopia (Schneirov & Geczik, 2003). A 'back to basics' approach to healthy lifestyles is advocated; taking ownership of our health in an increasingly fast paced, tech-saturated era by adopting intuitively 'good for us' measures to support health (Cleaver, 2014). The distinct interpretation of the past that characterises holistic health is fragmentary, idealistic and selective, evoking images of reconciliation with the world. In doing so, the holistic paradigm disregards the suffering and injustices that are also characteristic of our past way of life (Schneirov & Geczik, 2003). Also, it may fail to acknowledge the significant contributions that advancements in modern public health have made to our understanding of health and eradication of disease.

The holistic health culture often draws on ancient Eastern traditions of health and wellness, such as Ayurveda, Buddhist philosophy and Chinese medicine (Baer, 2003; Ho, 2007; Kabat-Zinn, 2005; Schneirov & Geczik, 2003). These traditions of the 'mystic East' are often idealised as being ancient, pure and natural, reflecting a sense of 'Romantic Orientalism' (Newcombe, 2012). Yet, when these long-standing traditions are selectively lifted from their original context to be deployed in a commercial Western setting, they result in 'global hybrids' of health and wellness (Newcombe, 2012; Schneirov & Geczik, 2003). The discordant combination of diverse traditions means they lose their authenticity and experiential impact, providing a weak source of meaning for holistic health adherents that is often foreign to their social roots (Schneirov & Geczik, 2003). Moreover, the Western commodification of holistic health means that traditions are misappropriated; often being far removed from the comprehensive system of meaning in which they were originally embedded (Schneirov & Geczik, 2003).

4.4 *Healing and holistic therapies*

According to a holistic paradigm of health, illness is understood as a lived experience and often incorporates a spirituality component (Ho, 2007), as well as emphasising the self-healing capacities of the body (Schneirov & Geczik, 2003). Disease is considered to be "a disruption of an inherent balance between body, self, spirit, and [the] wider environment" (Schneirov & Geczik, 2003, p. 23) and it is necessary to

balance the energies for good health when the body becomes overwhelmed or imbalanced due to stagnation, deficiency or excess (Ho, 2007).

While the biomedical approach to health perceives disease as the enemy, against which a battle is waged, holistic health principles emphasise working 'with' the disease to bring about healing (Robison & Carrier, 2004). This includes exploring what the disease represents and how it might be a physical manifestation of underlying emotional or spiritual distress, which presents an 'opportunity' for change and critical re-examination of one's life (Hay, 1991; Robison & Carrier, 2004; Schneirov & Geczik, 2003).

The use of Complementary and Alternative Medicine (CAM) is commonplace in Western modernity, particularly among women (Adams, Sibbritt, Easthope, & Young, 2003; Sointu, 2013; Xue, Zhang, Lin, Da Costa, & Story, 2007). While lacking the substantial evidence-base that underpins conventional (biomedical) healthcare, proponents of holistic medicine believe the effectiveness of CAM is demonstrable through its sustained use and endurance over long periods of time, thus exhibiting a "reliance on the wisdom of the past" and "an evocation of the authority of tradition" (Schneirov & Geczik, 2003, p. 26). The recognition of holistic healthcare has progressed in recent times, along with its relationship to conventional biomedicine, as reflected in evolving terminology (e.g. 'complementary') and, more recently, a move towards Integrative Medicine, whereby there is a merging of alternative therapies with evidence-based biomedicine (Baer, 2004; Ho, 2007).

Many individuals who use holistic therapies express frustration with conventional healthcare and the narrow perspective of health it embodies, such as the focus on isolated parts of the body (Danell, 2015). A dissatisfaction with the iatrogenic and bureaucratic aspects of biomedicine is also common to the holistic health culture (Baer, 2004). As research by Danell (2015) demonstrates, users of CAM associate conventional medicine with adverse side-effects and dependency, and criticise the orientation of this form of healthcare as focusing on the symptoms rather than the cause of disease. Holistic or natural health clinics, where CAM is performed, are recognised as being integral in propagating the holistic health movement (Baer, 2004). Despite a preference for holistic therapies, however, those who use CAM acknowledge that it is sometimes necessary to take conventional medicine for serious

or acute conditions, and they may combine holistic healthcare with conventional healthcare in their approach to health maintenance and resolving illness (Danell, 2015).

A contributing factor influencing individuals' preference for CAM is the extensive interaction with practitioners this type of healthcare allows, and feeling that they are treated as individuals on equal terms, compared to the more standardised approach in conventional healthcare (Danell, 2015). In their interactions with CAM practitioners, adherents of holistic health engage with diverse forms of holistic therapies, as treatment of specific chronic or acute ailments or as a form of ongoing health maintenance or preventive self-care (Schneirov & Geczik, 2003). Some individuals may piece together unique combinations of holistic therapies that they believe best suits their individual needs (Danell, 2015), as underpinned by a commitment to self-discovery and practices of self-trialling (Broom et al., 2014; Murthy, Sibbritt, Adams, & Broom, 2012). While the different forms of CAM each have their distinguishing characteristics and philosophies of health, they share a common purpose and way of working to re-establish health:

Holistic medicine is about treating the whole body and not just focusing on the patient's symptoms. Our goal is finding the cause of the person's health concerns and using natural methods to help the body "heal" itself. (Johnson, 2012)

It is in this manner that herbal medicine is perceived to "mobilise the body's innate capacity to heal" (Nissen, 2015, p. 169). The various modalities comprising holistic healthcare differ markedly in the extent to which they emphasise spiritual and attitudinal paths to healing (such as Reiki), or physical interventions (such as ingesting herbs or homeopathic remedies), and their reliance on monocausal explanations of disease (Schneirov & Geczik, 2003). Some holistic health rhetoric underscores the importance of free-flowing energy for healthy living, and several common holistic therapies draw on this notion of universal energy fields that surround the body (Ho, 2007). Other holistic modalities such as naturopathy specifically espouse the healing power of nature, and perceive health as aligned with and emanating from nature itself. This promotes a nostalgic view of health care that is distinguishable from the highly technical health interventions that dominate modern Western society (Ho, 2007). Some followers of CAM recognise that this form

of healthcare has its limitations, cannot address all health issues and is associated with serious risks such as fraudulence and malpractice. However, they remain open to trying and exploring different types of CAM and to take these risks, noting that, as with other professions, there will be both good and bad practitioners (Danell, 2015).

4.5 Spirituality and intuition

One of the main tenets of holistic health is the view of health as a spiritual endeavour (Robison & Carrier, 2004) and it is this defining characteristic which most clearly separates this paradigm from that of biomedicine (Schneirov & Geczik, 2003). Essentially, it is perceived that “the real health crisis is about a gnawing hunger for meaning and purpose and an overwhelming feeling of disconnection and disempowerment” (Robison & Carrier, 2004, p. xxii). This emphasis on spirituality in holistic health reflects a desire to re-enchant the world, guiding a person towards wellbeing through the benevolence of a higher power (Schneirov & Geczik, 2003).

The features and values of the holistic health culture overlap considerably with those of the New Age movement, with both focused on the attainment of optimal health and wellbeing through balancing mind, body and spirit. However, New Ageism typically includes a focus on more spiritually-based therapeutic practices including psychic healing, channelling, rebirthing and neoshamanism (Baer, 2004). Another expression of spirituality within holistic health relates to an understanding of distinct energy centres or ‘Chakras’ occurring at certain points throughout the body. According to this belief system, the seven Chakras are each associated with particular emotional characteristics (e.g. joy, love, intuition, connection to the earth and other people). Adherents are assisted to resolve energy blockages and achieve a ‘balancing’ of the Chakras through practices such as ‘Chakra balance meditation’ (Balshaw, 2012).

In holistic health, experiences of illness are relocated within a larger horizon of meaning (Schneirov & Geczik, 2003). Perceptions of healing are also connected to a spiritual philosophy such as the notion of a vital source of energy (Schneirov & Geczik, 2003). This is illustrated in how CAM often incorporates a spiritual element, such as the notion of universal energy flow, and certain therapies may be perceived as “vehicles for the opening of the self to deeper realities and powers” (Ho, 2007; Schneirov & Geczik, 2003, p. 74).

A core belief common to the holistic health culture is the perception that “we all have a deep internal wisdom to guide us on a natural process towards health and healing” (Robison & Carrier, 2004, p. 76). Some individuals may also become engaged in the realm of holistic health after a life crisis interrupted the progress of their lives, leading them to reassess their direction in life (Schneirov & Geczik, 2003). Additionally, some proponents of holistic health may have been drawn to this alternative paradigm through their experiences of chronic illness, which, due to their very nature, are not easily amenable to intervention through conventional medicine (Schneirov & Geczik, 2003). In comparison, holistic health principles incorporate individualised regimes of self-care that are tailored to the unique needs and situation of each person.

Holistic health adherents are also encouraged to make decisions, alterations and adjustments to their self-care regime through an introspective understanding gained from ‘listening’ to his/her body (Schneirov & Geczik, 2003). Under a holistic model of health, the health professional is constructed as an ally and partner who’s role is to “to facilitate people’s reconnection with their own internal wisdom about their bodies and lives” (Robison & Carrier, 2004, p. 170). In this way, there is little distinction between professionals and laypersons. This compromised nature of expertise inherent to the sphere of holistic health may suggest a successful mediation of expertise, in which the gap between experts and non-experts is lessened (Schneirov & Geczik, 2003). Yet it also raises the problematic issue of authority and expertise which is a major concern in the field of public health, with the field of CAM in particular being exposed to malpractice and fraudulent practitioners (Danell, 2015). As Keshet and Simchai (2014, p. 83) assert, “the field lacks political support, legitimacy, and a solid institutional base”. Such issues associated with participation in holistic health have been brought to the fore due to ‘wellness blogs’ rapidly gaining traction in the online sphere, providing healthy living advice from the perspective of self-proclaimed holistic health coaches. While the Institute for Integrative Nutrition offers an online Health Coaching Training course, this Institute is not a recognised public health authority. Nonetheless, it provides a type of ‘certification’ for students, conferring on them a sense of expertise to offer their own nutritional advice, services and products to the public (Rosenthal, 2014). In recent years, several high-profile holistic health coaches have been the subject of extended

media scrutiny challenging their authenticity, qualifications and expertise, as well as the irresponsible and potentially dangerous information they propagate to their followers (Bamford, 2015; Cadzow, 2016; Guilliat, 2015).

4.6 *Femininity and feminism*

Holistic health approaches emphasise empowerment through shared control, and are centred on the belief that adherents are active participants in the creation and maintenance of their own wellbeing (Ho, 2007). This contrasts with the biomedical model of health care, which has been criticised for its failure to acknowledge and understand female experiences of health throughout history, and its efforts to control women's health from a patriarchal perspective (Bordo, 1993; Robison & Carrier, 2004). Rather, the holistic health context represents a feminised setting in which wellness and wellbeing are defined through values of freedom, agency, control and individual fulfilment (Sointu, 2013). A holistic view of health may provide an emancipating and empowering alternative for women, who can experience a form of feminine strength as related to their participation in holistic health (Keshet & Simchai, 2014). Furthermore, women who use holistic health and CAM in particular report enjoying a trustworthy, therapeutic and emotionally supportive relationship with practitioners, and feeling a sense of recognition as their stories are listened to and heard as valid and meaningful (Keshet & Simchai, 2014; Nissen, 2011; Sointu, 2012).

Women are especially prominent in the holistic health context and may demonstrate a particular affinity with this alternative conceptualisation of health (Keshet & Simchai, 2014). Notably, the holistic health paradigm aims to reconnect with the stereotypically feminine values of nurturance and compassion (Robison & Carrier, 2004). Holistic modalities also epitomise representations of caring femininity, allowing women the opportunity to embrace engendered notions of femininity (Sointu, 2013). More importantly, holistic health perspectives appear to challenge the traditional role of women as solely 'caring for others', by redirecting this caring femininity inwards towards the self (i.e. self-caring), emphasising the importance of self-knowledge and selfhood. This provides women with an opportunity to reconstruct their self-identity by emphasising concern for their own wellbeing (Keshet & Simchai, 2014; MacNevin, 2003; Nissen, 2011). For example, in *Women's*

Wellness Wisdom, Weaver believes that, as women, we need to reconnect with “our deep knowing of how precious we are” and recognise “that we deserve nothing but the best care, the utmost of kindness and nurturing, and nourishment for our body, mind and soul” (Weaver, 2016, p. 223).

The feminised nature of holistic health is further demonstrated by the unique connection between nature (an integral part of holistic health) and femininity, as reflected in common terminology such as ‘mother earth’ and ‘mother nature’ (Meurk et al., 2012; Robison & Carrier, 2004). Some women also believe natural therapies to be more suitable for the ‘softness’ of their bodies, in comparison to the perceived harshness of biomedicine (Meurk et al., 2012). However, it should be noted that holistic health is construed as ‘feminine’ in keeping with conservative gender perspectives, which may serve to maintain patriarchal notions of femininity, and offers limited opportunity to challenge gender relations or participate in collective action for broader social change (Keshet & Simchai, 2014). Furthermore, while some women may benefit to some degree from the empowering alternative provided by the holistic health paradigm, the ideology of individual and personal responsibility for health may lead to a sense of blame and feelings of guilt among the adherents of this culture (Keshet & Simchai, 2014).

4.7 Summary

As this chapter has described, conceptualisations of holistic health are multifaceted and complex in nature, yet there appears to be a set of fundamental beliefs and values that underpin this culture. Proponents of holistic health believe in looking at the body as a whole system, rather than its component parts, and express dissatisfaction with the orientation to health promoted by conventional biomedicine. However, this alternative health culture appears to promote a limited or incomplete form of holism and fails to account for the broader determinants of health beyond the individual. The holistic health culture also encourages participants to strive for optimal wellness and wellbeing, which may allude to a sense of elitism and middle-class privilege. At the core of the holistic health culture is a distinct valorisation of ‘naturalness’, a disenchantment with modernity and a yearning to reconnect with nature and traditional ways of life. Also, under the holistic paradigm, illness is believed to represent an opportunity for positive change to occur in a healthful

direction, and the body is considered to have its own capacity for self-healing, which can be facilitated by holistic therapies that aim to realign and balance the body. Notably, health is viewed as a spiritual endeavour and adherents are encouraged to tap into their body's own wisdom to guide them towards higher levels of wellbeing. A holistic model of health also emphasises stereotypically feminine values of nurturance and compassion, and may allow women the opportunity to approach their health in a manner that is empowering, emancipating and uniquely feminised.

In this thesis, it is argued that the assumption of a holistic orientation to health has important implications for how women relate to their bodies. The subsequent findings chapters presented in this thesis will consider, with reference to current scientific literature in the emerging field of positive body image, how specific aspects of women's participation in this holistic health culture may encourage or dissuade the development of positive body image.

CHAPTER FIVE

Constructing the body's appearance, functionality and nutritional self-care through holistic health

This chapter focuses on how a group of women perceive matters of appearance as relevant to their engagement in holistic health, as well as how they engage in nutritional self-care through adopting eating regimes common to a holistic lifestyle. These aspects of holistic health will be considered in relation to how they may encourage or dissuade the development of positive body image. Participants' appearance evaluations and their perspectives on holistic ideals will be described, as well as how they followed various pathways leading towards body appreciation and respect. The nutritional practices followed by the women in this study are then discussed, specifically with reference to how participants sought to achieve balance and moderation, and how they emphasised nourishment through natural wholefoods. Notably, while the holistic health sphere encompasses a multitude of self-care practices, the discussion in this chapter centres primarily on nutritional self-care practices. In the following chapter (Chapter Six), participants' use of mindful and attuned self-care practices will be described, that may allude to a more embodied experience of holistic health.

5.1 Appreciating the body's appearance and function

5.1.1 Appearance evaluations and holistic ideals

In this study, most of the participants were critical of appearance-based culture and, rather than endorsing these sociocultural standards of beauty, sought to focus on health and wellbeing. As Grace indicated, a focus on holistically healthy living was viewed as a more constructive alternative to ascribing to rigid appearance ideals:

I think that we look at things in the wrong way generally. So we look at things based on appearance ... and if we just focused on, more like back to basics and natural kind of living, eating healthy and not worrying so much about what everyone thinks of how we look all the time, that people would be a lot healthier. [Grace]

The above comment is similar to the findings of qualitative research on the characteristics of women with a positive body image, whereby participants reported maintaining a focus on taking care of the body through healthy behaviours for the benefit of overall wellbeing rather than for appearance-related reasons (Wood-Barcalow et al., 2010). Likewise, as Marianne expressed:

I'd rather be healthy than worry about my size...being healthy is better than looking slimmer. [Marianne]

Yet, health and appearance ideals are closely intertwined, with cultural representations of beauty also being seen to embody health (Kwan, 2009). Furthermore, while aesthetic and appearance-based notions of health are ostensibly absent from holistic health rhetoric (Robison & Carrier, 2004), this alternative view of health can still impose appearance standards and health ideals to be achieved through alternative beauty practices, fitness and nutritional regimes (MacNevin, 2003; Sointu, 2005). Both health and appearance-focused messages entail meticulous and continuous processes of self-scrutiny and critical evaluation of one's body (Fullagar, 2002; Hesse-Biber et al., 2006). As a case example, Hannah appeared to challenge typical means for weight-loss such as calorie restriction, but rather believed the solution to weight-loss lies in natural health practices, which for her included eating organically-grown, plant-based foods in abundance:

Every diet and every sort of nutritional advice where it's for weight-loss, it's all on a starvation diet. Ultimately that will make you lose weight to start off with but inevitably, you're going to wreck your metabolism, and that's what I learnt that I did. So I'm re-training my metabolism to become a fat-burning machine as opposed to a fat storing machine, to get out of that yo-yo cycle. [Hannah]

During her interview, Hannah said she was not motivated by a desire to lose weight, yet her comments indicate that she may still ascribe to the idealised thin body. Indeed, weight management efforts may be motivated by both health and beauty goals, and while some people are critical of the tendency towards cultural body obsession, and denigrate such norms, they may also still covet weight-loss so as to achieve these ideals (Kwan, 2009). This highlights the challenges women face in rejecting cultural norms about health, even when they adopt holistic health principles. The considerable difficulty in disentangling the motives of appearance

and health, which can have important implications for body image outcomes, was illustrated by participants' comments. In their discussions, it was evident that the women did not completely relinquish their quest to achieve appearance ideals. For instance, while Natalie recognised that appearance was important, she sought to balance this concern with a focus on other aspects of her wellbeing:

I wouldn't want to be [so] obsessed with my physical appearance that I might be missing other things that would nurture my emotional or mental wellbeing as well. So, it is finding that balance. [Natalie]

Another participant noted that focusing on health (through consumption of organic, plant-based foods) could also bring about what she perceived to be beneficial changes in appearance:

I want to be healthy but that [weight] side of things isn't as important. Funny enough, that comes with it, I think, if you eat healthy. You know, you're naturally going to be thinner, and you can eat more food but because you're eating such good food, it doesn't have the same effect on your body. [Nina]

Not only does Nina's comment reinforce the belief that thinness equates with health, it also reflects ideas about the proper or legitimate means by which a healthy and slim body should be achieved. As Cash (2011) explained, societal appearance norms not only prescribe the idealised standard to strive for, but also the specific means by which these ideals are to be achieved, such as the use of dieting and exercise practices. Holistic health in particular, may communicate notions of the approved means by which the thin-ideal is sanctioned, such as eating organic foods, engaging in particular types of exercise, and choosing alternative health practices (MacNevin, 2003; Sointu, 2005). With the influence of media that transmits prescriptive appearance norms within the context of 'health', women may be coaxed into a flawed sense of reasoning whereby they believe that they need to look a certain way in order to be healthy (Bazzini et al., 2015). Equally, some women may be reluctant to admit that they endorse cultural standards of beauty. As such, they may be citing health as their motivation so as to avoid being labelled superficial or vain, or as a means of seeking to justify or legitimise engaging in self-care. In this way, an intense focus on health may still reflect implicit endorsement of social and cultural standards of beauty (Donini, Marsili, Graziani, Imbriale, & Cannella, 2004).

Essentially, it may be that, by continuing to reinforce the notion of women's bodies as objects of discipline and sites of transformative change, the holistic health paradigm is communicating the same message in a new guise; (MacNevin, 2003; Sointu, 2005). Indeed, some health standards may still entail habitual self-monitoring and self-surveillance of the body (Fullagar, 2002; Nissen, 2015), which, as posited by Fredrickson and Roberts' (1997) objectification theory, can have serious adverse impacts on girls' and women's mental health.

Some women who follow a holistic health approach may already physically align more closely with sociocultural appearance ideals, and thus do not seem to demonstrate appearance-based motives for engaging in holistic health practices. As Alison indicated:

I don't really have a, like, weight motive at all behind me. I've kind of always just been the same weight and I'm quite petite and that's never really been an issue for me, so that's not really the motivation behind it. [Alison]

Several other women noted they were not motivated to engage in holistic health practices by appearance concerns. As an example, several participants expressed the view that, due to growing up as more of a 'tomboy', they experienced some degree of freedom from these pressures. Other participants, in contrast, were more forthright about either their dissatisfaction with their current appearance, or their desire to maintain a good level of appearance. Rather than espousing a sense of body acceptance, these participants spoke openly in their interviews about their body insecurities and how they wanted to lose weight:

Look I'm slim, right, but I wouldn't wear a bikini at my cousin's swimming pool...it doesn't matter how slim we are, we have flaws that we'd like to hide. [Emma]

Well, I'm currently improving my weight. I'm overweight I believe at the moment, I know I am...I don't actually like the way my body was ageing, so I decided to get back into weights again. [Isabelle]

These comments speak to the insidious and pervasive nature of appearance ideals in modern society, and sit in opposition to findings of research about the characteristics of women with positive body image. That is, women with positive body image express an appreciation of the unique beauty of their body, regardless of whether it

aligns with sociocultural appearance ideals, and highlight their body's assets while minimising perceived imperfections (Wood-Barcalow et al., 2010). However, expressing some sense of body insecurity is not necessarily inconsistent with positive body image. As Tiggemann and McCourt's (2013) research indicated, it is possible for women to simultaneously experience some degree of dissatisfaction with their bodies while still demonstrating an overall appreciative view of their body.

Notably, while several participants in the current study spoke about health rather than appearance as a priority, at other points of the interview they expressed dissatisfaction with their weight and a desire to align with sociocultural ideals. This contradiction was evident even when participants did not appear to be overweight, and at such times during the interviews, I experienced a sense of conflict about how to react. As part of the journey of completing this thesis, I am now more conscious of reducing my own negative self-talk about my weight; hence, I refrain from beginning or contributing to conversations that could give rise to any 'fat talk'. As Nichter (2000) found in her ethnographic research, 'fat talk' can also serve important social functions, such as allowing adolescent girls to indicate their experiences of distress (which may or may not be body-related) and seek support from their peers, as well as facilitating group bonding and acting as marker of group affiliation. Through this ritualistic phenomenon of engaging in common dialogue about perceived bodily imperfections, girls and women may be communicating concern about whether their appearance meets societal standards, as well as gauging what others think or seeking affirmation on their appearance (MacDonald Clarke, Murnen, & Smolak, 2010; Nichter, 2000).

In my own conversations with friends (including those who are engaged in the holistic health sphere), trying to avoid or subvert the conversation topic away from weight is difficult, and has certainly been a challenge in trying to maintain my own sense of body acceptance, appreciation and respect. When friends express their distress about weight, I am concerned that by failing to join in this conversation by talking about my own body insecurities, it either leaves them feeling alone in their concerns, or (incorrectly) sends the message that I don't have any sense of body dissatisfaction. The latter is particularly conflicting when I believe I am further away from the thin-ideal than they are. A strategy I have attempted to use with friends is to turn the focus to maintaining a positive body image. However, I've also observed

how friends will use health concerns as a way to escape from any potentially difficult conversations about body image that challenge their endorsement of the thin-ideal. Again, this demonstrates the enmeshing of health and appearance ideals, that can be reinforced by the health, fitness and diet industries who conflate these standards to drive profits. Accordingly, women may feel that they need to look a certain way in order to be healthy, and can experience a sense of judgement about their health based on the way they look and their inability to meet these unrealistic standards.

As expressed by participants in the current study, many sought to focus on health rather than endorsing sociocultural appearance norms. However, some women's comments still reflect implicit acceptance of these standards. For example, several women in this study expressed the view that beneficial appearance changes could come about through a focus on health, while others highlighted holistic health as the legitimate means through which to achieve weight-loss. Notably, whether citing health or appearance as their motivation, the sense of meticulous self-monitoring of behaviour among women remains unchanged. Thus, in some ways, holistic health culture is consistent with positive body image, through an emphasis on health rather than appearance. Yet, holistic health may still perpetuate appearance ideals by positioning the body as a site for critical evaluation.

5.1.2 Pathways to body appreciation and respect

For a number of women in this study, their body image had moved to becoming more positive over time. This was seen to come about through transition from valuing appearance in adolescence, to prioritising health over appearance as an adult:

When I was younger, going through puberty and all that, [I was] just trying to live up to the ideal body...not necessarily health. I think my attitude has become much more associated with health rather than...what my body looks like. [Alison]

For Sarah, who suffered from an eating disorder in adolescence, her subjective feelings of health now acted as a driver of her health behaviour, in comparison to the externalised appearance and weight standards she prioritised previously:

I was obsessed with like, weighing nothing and being skinny and looking a certain way. And it took me a long time but it's really shifted to just how I feel, like, you

know when you feel sluggish, you feel like you've been unhealthy, you change that.

[Sarah]

These comments may allude to a sense of appreciation and respect for the body that evolved over time. Likewise, in Wood-Barcalow et al.'s (2010) qualitative research, women with positive body image indicated they experienced negative body image during adolescence, but were able to transition to a more positive body image over time by making a conscious shift in their thinking and embracing a more inclusive understanding of beauty. In the current study, some participants felt that it was specifically their alignment with holistic health ideals that enabled them to develop a more positive relationship with their body in adulthood:

I went from ... wanting to lose weight and look like a model and just dieting, to thinking, oh I want to be healthy ... I still always want to lose weight but it's more from a health perspective I think ... and I suppose I've changed my view of wanting to look like a skinny model, so it's that ... when I was an adolescent, it would've been just dieting to lose weight and now it's more health. [Lara]

Likewise, one participant in the current study, Elizabeth, articulated this concern and how, over time, she sought to be more relaxed in her approach to achieving health ideals:

I can sometimes become a bit too attached to a discipline. So perfectionism can kick in, a bit of driven-ness. But I'm finding I'm noticing that more and ... what I'm like now in these years is just being relaxed ... a more relaxed attitude. [Elizabeth]

Aside from a focus on health, some women in the current study spoke about how a more positive approach to body image emerged over time as a function of getting older. For Olivia, a conscious shift in her thinking enabled her to be more self-accepting of her appearance:

I suppose weight for me is the health thing ... but not also be too ... like "oh my gosh I must weigh this amount and I've got to be perfect" and so I'm working on actually, maybe that's cos I'm getting older as well, I'm working on just being moderate with that and being more self-accepting. [Olivia]

This is consistent with research that suggests that with increasing age, women shift their focus to being more appreciative of the health and functionality of their body (Tiggemann, 2015; Tiggemann & McCourt, 2013). In a similar way, many of the participants in the current study conceptualised the body in terms of its ability to enable and support their everyday activities. For these women, good health was necessary to get the most out of every day and live life to the full:

If you want to enjoy life right up until the end and if you're healthy, it's so much better. [Chloe]

[I'm] wanting to have a healthy body and wanting it to be the best it can be. I think that you can achieve a lot more when you feel healthy, in your mind and your body. [Nina]

So I've got so many things that I want to do but I don't want to burn myself out by running around like a lunatic. I know I have to get proper sleep, I know my diet has to be good, I have to be disciplined otherwise I ain't gonna get there. [Isabelle]

Similarly, another woman believed she had to 'invest' in her health for longevity and enjoyment of life:

If you're not healthy then this will affect your life...I want to live a good life and a long life as well, and therefore I have to invest, you know, I have to invest. [Anne]

The above comments are reflective of an emphasis on body functionality, which is consistent with understandings of positive body image. Specifically, encouraging women with a negative body image to reflect on functional dimensions of the body has been associated with improvements in body appreciation, appearance and functionality satisfaction, as well as lowering levels of self-objectification (Alleva et al., 2015).

My own sense of body appreciation and respect has evolved since adolescence and throughout the course of this research, and is something I partly attribute to my engagement in holistic health culture. Yet, this is not to say that the holistic health practitioners and messages that I encountered over the years were consistently promoting messages of body acceptance. Rather, this has been a reciprocal process; as I learned more about the value of accepting and appreciating my body despite not

aligning with appearance ideals, I tended to seek out those holistic health practitioners and resources. In turn, this would reaffirm these characteristics of positive body image, and help me work towards my health goals while also preserving and encouraging a sense of body appreciation and respect. A case example of this relates to one holistic health practitioner I regularly saw for remedial massage who worked as a consultant for a premium brand of essential oils. I attended a few of the educational seminars and purchased a few of these essential oils, which I have continued to use over the years, primarily for relaxation and mood management. However, one seminar she was promoting was a product range of essential oils for weight-loss, and included a demonstration of applying the essential oil to areas of the body where one wished to lose 'inches' and then wrapping the body with muslin cloth and glad wrap to allow the oil to penetrate and 'burn fat'. While I had found the other essential oils to be beneficial to my self-care regimes, I was surprised that a natural health company, and indeed a practitioner espousing holistic health messages, were so unashamedly jumping on the weight-loss bandwagon. I declined to attend this seminar because, fundamentally, I felt that I had moved beyond following weight-loss at all costs. Rather, there were other priorities in my life, including my sense of subjective wellbeing and upholding a sense of respect for my body and self.

As discussed in this section, participants' beliefs about how a sense of body appreciation and respect evolved over time were complex and multifaceted, and often closely intertwined with their constructions of health. However, among some women, there was a greater sense of self-awareness and a more critical understanding of how stringent health practices may impact on their overall wellbeing. This is reflective of the understanding of holistic health as nurturing multiple aspects of wellbeing including social, emotional, spiritual and physical aspects of the self. Additionally, these women's participation in holistic health culture may inspire them to adopt a more functional view of the body. Indeed, holistic health is often understood in terms of energy and vitality, and there is a strong emphasis on creating and maintaining an optimum state of overall wellbeing to help individuals successfully navigate challenges in life (Ho, 2007; Robison & Carrier, 2004; Schneirov & Geczik, 2003; Sointu, 2012). However, it is equally possible

that other women may express an appreciation of body functionality, while not being engaged in holistic health culture.

5.2 Nutritional self-care in holistic health

5.2.1 Balance and moderation in eating behaviour

A number of women in this study spoke about balance and moderation as a key aspect of their approach to nourishing the body. This included, for example, ensuring a varied diet and eating across the different food groups, and eating a plant-based diet rich in whole foods with a high proportion of fruit and vegetables:

Having a varied diet, not just eating the same things every day, because then you're always getting the same nutrients, so just having a broad varied diet that's mostly plant-based with whole foods. [Grace]

I don't really watch what I eat anymore, because I'm just eating like plant-based foods and I don't really have to worry about, like I don't count calories or anything like that. As long as I'm moving every day, I'm eating, you know, three meals and snacks... I just avoid junk food. I just avoid processed food. It's all easier to do that. [Sarah]

As described by Sarah, there was a sense of abundance and ease in relation to her eating behaviour. In a similar way, Olivia also sought to achieve a balanced approach to nutrition:

I just try and eat generally sort of a balanced sort of diet, try and be healthy, as healthy as possible. I don't follow any fads, sometimes I'm tempted to and sometimes I've tried them but now I've just thought, you know, just try and eat quality, local, organic as much as possible. Just good, wholesome, healthy, in-season food. [Olivia]

This comment appears to be consistent with the manner in which women who hold a positive body image reported being proactive about health, by investing in “non-obsessive self-care” while avoiding self-judgement about health-related decisions (Wood-Barcalow et al., 2010). Indeed, positive body image includes taking care of the body through healthy behaviours for the benefit of overall wellbeing rather than for appearance-related reasons; in this way, women with positive body image choose

nutrient-rich foods as an act of kindness towards the body (Wood-Barcalow et al., 2010). A similar sentiment was expressed by Natalie:

I think [nutrition is] something that I try not to obsess about either. I don't feel I've ever, like strictly stuck to a diet plan or anything like that. I don't want it to be something that sort of consumes my thinking ... I try to focus on eating well but not being obsessive about it. [Natalie]

Likewise, women with positive body image are less likely to engage in potentially harmful weight-loss behaviours (Andrew et al., 2016a). This suggests that holistic health behaviours and eating regimes, if motivated by a genuine concern for health rather than weight loss, may be beneficial for the development of positive body image.

As reflected in the above comments, participants spoke about how they endeavoured to practice flexibility in relation to their eating practices. A flexible dietary style involves a graded approach to eating, compensating for 'unhealthy' foods by consuming only 'healthy' foods at subsequent meals, and attending to external cues including nutritional information labels and portion size (Linardon & Mitchell, 2017; Tylka, Calogero, & Daniélsdóttir, 2015a). Research supports the importance of promoting more flexible attitudes towards eating to help attenuate the impact of body dissatisfaction and appearance-related social comparisons on disordered eating behaviours (Duarte, Ferreira, Trindade, & Pinto-Gouveia, 2016). However, flexible control has been found to have considerable overlaps with 'rigid dietary control', which is predictive of disordered eating and negative body image (Linardon & Mitchell, 2017; Tylka et al., 2015a). In this way, the eating practices described by participants could potentially be counterproductive to the development of positive body image. Rather, the most adaptive style of healthy eating behaviour consistent with positive body image is intuitive eating. Intuitive eating is qualitatively distinct from flexible dietary control and includes an unconditional permission to eat when hungry and to eat what food is desired at the moment, thus rejecting the classification of food into acceptable and unacceptable categories (Linardon & Mitchell, 2017; Tylka, 2006; Tylka et al., 2015a). The participants in this study did not refer to the practice of intuitive eating, and were more likely to be guided by external cues to guide their food choice, rather than an awareness of, and attunement to,

internal cues. This suggests that intuitive eating is an important characteristic to develop among these women and supports the use of this intervention strategy as a way to encourage a style of eating that is consistent with positive body image.

5.2.2 *Nourishment through natural wholefoods*

While some participants adopted a relatively flexible approach to their dietary choices, other adhered to more specific nutritional regimes. This included a preference for naturally-sourced, minimally processed wholefoods:

In terms of nutrition, I realise the need for having ... like more whole foods, you know, not convenience, processed foods. So having foods ... when they've come straight from the ground, type of thing. [Natalie]

As long as it's natural, I'm all for it, like in moderation ... as close as it is to its natural state, then that's great, have it in moderation. [Sarah]

Several women in this study also discussed how their approach to nourishment through natural wholefoods included substantial concern about the safety and purity of available food. Participants also spoke about their preference to eat unmodified, organically produced food of a high quality:

Organic, fresh plant-based, MSG, phytotoxin-free, like preservative, additive-free. Basically as close to nature - if it grows in the ground in an organic way. [Hannah]

I shop organic; everything that I buy is organic. [Nina]

Just that it's clean, you know. I don't want to eat, I don't want to eat so many chemicals and it's actually richer and a food thing, a food source (laughing) instead of just nutritionally a bunch of chemicals put together or depleted soils or whatever goes into the soil. I'm much more conscious of, what goes into a food is what goes into your body. [Elizabeth]

I eat meat that's been grass-fed, naturally produced meats in smaller farms, rather than mass-produced meats and things like that. [Grace]

As illustrated through the women's comments, nourishment through natural wholefoods involves an intense emphasis on multiple aspects of food choice,

including issues of pesticide exposure, genetic modification and organic farming. As such, holistic health may be medicalising (or fetishising) food in a different way, as compared to typical calorie counting or demonising macronutrients. This idea was aptly demonstrated in the way one participant, Hannah, affirmed:

Stop counting calories, and start counting chemicals. [Hannah]

These participants' comments suggest the adoption of inflexible eating rules, characterised by rigid features and an eating style devoid of contextual cues, such as eating according to hunger and consistent with social situations (Duarte et al., 2016). According to Duarte and colleagues (2016), inflexible and rigid adherence to personal food rules may stem from body dissatisfaction and efforts to control body weight and shape.

Some of the participants' conceptualisations of 'healthy eating' also bear similarity to the description of a newly proposed eating disorder termed Orthorexia Nervosa (ON). ON denotes a style of 'pathologically healthy eating' characterised by an excessive concern about the quality rather than the quantity of food, whereby an individual's obsessive focus on diet entails an extensive amount of time spent thinking about, planning, purchasing, preparing and consuming what is perceived to be 'healthy' or 'correct' food (Donini, Marsili, Graziani, Imbriale, & Cannella, 2005; Dunn & Bratman, 2016). Importantly, ON is not currently recognised in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders and it is debatable whether ON is a distinct condition, and whether its nature justifies its classification as an eating disorder, anxiety disorder or otherwise (Dunn & Bratman, 2016; Varga, Dukay-Szabó, Túry, & Van Furth Eric, 2013). Tendencies towards ON have been reported among individuals who have higher levels of engagement in Alternative Food Networks, such as proponents of organic, local/regional and sustainably grown produce (Barnett, Dripps, & Blomquist, 2016). Indeed, in Bratman's original (Bratman, 1997) essay in which he coined the term 'Orthorexia Nervosa', reference was made to the extremely rigid practices of food idealists in a natural health commune. ON is distinguishable from other eating disorders such as anorexia nervosa and bulimia nervosa, in that the restricted eating behaviour is seemingly driven by a severe preoccupation with health, in the absence of any weight-related concern (Donini et al., 2004; Varga et al., 2013). However, it has been

suggested that this intense focus on 'healthy eating' may enable individuals to latently conform to social and cultural standards of beauty without necessarily admitting a belief in these appearance ideals (Donini et al., 2004).

It is possible that the preoccupation with healthy foods as expressed by several participants in this study, was driven by attempts to manage health conditions, albeit not in the typical ways that would be ascribed by mainstream accredited dietitians. For instance, Natalie spoke about how she sought to manage the symptoms of chronic disease through avoiding certain foods such as dairy and gluten. Similarly, Hannah discussed how her and her family's eating habits emerged through a desire to improve her husband's diabetes and reduce his dependency on medication. In this way, it is difficult to disentangle the motives for eating behaviour when engaging in dietary regimes common to a holistic health paradigm. In my own experience of living with chronic illness, the management of my symptoms is a priority over any weight-reduction strategies; and I wouldn't follow a dietary approach that could aggravate my condition (such as taking certain weight-loss supplements). Yet, certain dietary regimes I have followed in the past can promise the two-fold benefit of improving symptoms and helping to manage weight.

As reflected by my own experience, the conflict and contradictions inherent to following a nutritional regime for 'health' can be complex. Nevertheless, an excessive concern about nutritional purity and an intense focus on 'naturalness' or whole foods, as demonstrated by some participants' comments, is inconsistent with the characteristics of positive body image. Rather, positive body image includes being proactive about health while avoiding self-judgement about health-related decisions (Wood-Barcalow et al., 2010). Instead of imposing external rules that prescribe eating behaviour, it may be more helpful to encourage attention to internal cues to guide eating behaviour; tapping into the body's natural wisdom and innate ability to accurately regulate food intake through the practice of intuitive eating (Augustus-Horvath & Tylka, 2011; Tylka, 2006; Van Dyke & Drinkwater, 2014). Through attending to multiple aspects of their wellbeing, women can be encouraged to move away from inflexible eating rules and embrace a more positive relationship with food and their bodies. Indeed, as Bratman (1997) describes, a key principle of the alternative or natural health movement is its holistic orientation, and it is in this vein

that he argues against a single-minded focus on diet, in isolation from other aspects of one's overall lifestyle and wellbeing.

5.3 Summary

This chapter has discussed how a group of women describe matters of appearance, body functionality and nutritional self-care, as relevant to their participation in holistic health culture. Consistent with positive body image, the women in this study generally reported engaging in holistic health behaviours for overall wellbeing rather than appearance-related reasons. However, some participants imparted the belief that thinness equates with health, and others expressed views about holistic health practices as being the proper or legitimate means by which a healthy and slim body is achieved. Thus, despite claiming a focus on health rather than appearance, these participants may still implicitly endorse sociocultural standards of beauty, including the thin-ideal. In this way, holistic health culture appears to be inconsistent with the development of positive body image, particularly the sense of body appreciation and respect that should be present regardless of alignment with sociocultural ideals. However, in contrast to this, some other women spoke about how their sense of body appreciation and respect evolved over time, as facilitated by a critical understanding of how rigid health practices impacted on their overall wellbeing.

Participants in this study also spoke about diverse and multifaceted eating practices consistent with a holistic model of health. Among these participants, some adopted strict dietary regimes based on their perception of naturalness and purity. In doing so, they adhered to rigid and inflexible eating rules that can be potentially detrimental to multiple aspects of their overall wellbeing, and counterproductive to the development of positive body image. However, the comments of other participants indicated that they sought to achieve a more balanced and moderate approach to eating. Nevertheless, this is not necessarily the same as intuitive eating, and thus highlights the opportunity to encourage this more adaptive style of eating among women, so as to support the development of positive body image.

CHAPTER SIX

Cultivating mindful and attuned self-care through holistic health

This chapter explores the varied ways in which the group of women featured in this ethnography experience mindful and attuned self-care through holistic health. Specifically, their practices of yoga, mindfulness and meditation are described, as well as leisure pursuits, movement and physical activity. Self-care through spirituality and connection to nature, and the use of natural remedies and healing is also considered. Following this is a discussion of the manner in which participants relied on intuition, wisdom and self-compassion in their approach to holistic health. These aspects of holistic health culture will be deliberated with reference to the literature to highlight their potential to encourage or dissuade the development of positive body image.

6.1 Self-care through yoga, meditation, relaxation and movement

The women interviewed in this research discussed the use of a myriad of self-care strategies in enabling them to manage their health and address their emotional, psychological and spiritual needs. While several aspects of self-care have been mentioned in the preceding chapter (namely, self-care through nutritional regimes), this section is primarily concerned with self-care that was applied by the participants in a more mindful and attuned way. This section includes reference to the ways that women participating in a holistic health culture sought to address their body's needs through practices such as yoga, mindfulness and meditation, leisure and relaxation, and movement and physical activity.

6.1.1 Yoga

The practice of yoga was highly regarded by many of the participants I interviewed as part of their overall approach to holistic health. As expressed by several participants, yoga was experienced as an enjoyable and rewarding practice, and was valued for its ability to keep them feeling calm and 'grounded' in daily life:

It's a form of being active without ... overdoing it for myself. It's just something that I've fallen in love with and it's never an effort to do. I'm always happy to go along to a yoga class ... it's just become a passion of mine. [Melissa]

It calms me down, right down ... I feel amazing when I finish it. [Alice]

I love the mental side of things with yoga; it comes back to that, keeping me grounded, keeping me balanced. [Melissa]

The above comments from Melissa and Alice demonstrate how yoga helps to meet their physical and emotional needs. Yoga can act as a type of mindful self-care, to help transform one's experience of both thinking about, and being with, their body. Specifically, it can enable a move away from critical self-judgement of the body, towards a positive and healthy way of being (Cook-Cottone, 2015, 2016). Indeed, research indicates that women with positive body image report more self-care behaviours, such as yoga, which is likely because they have a more general awareness of, and respect for, their body's needs (Gillen, 2015; Tylka, 2011). In this way, it appears that yoga is an aspect of holistic health culture that is consistent with the development of positive body image. Some participants also described how yoga facilitated a connection to the body through focused movement and concentrating on the breath:

You're physically challenged and you've got to remember the sequence ... you've kind of got to focus on what you're doing instead of just sitting and trying to think of nothing. It's very focusing, but just having that physical energy as well. [Rachel]

I can feel my breathing; my breathing gets longer and deeper rather than short and quick. [Alice]

Rachel and Alice's comments allude to the embodying nature of yoga practice. This is consistent with research indicating that yoga practice is related to women's higher levels of embodiment (Mahlo & Tiggemann, 2016). Certainly, yoga philosophy purports unification of mind, body and spirit, as well as a strong focus on observation of how the body feels, and attending to and being present in one's body (Cox, Ullrich-French, Cole, & D'Hondt-Taylor, 2016; Dittmann & Freedman, 2009). An awareness of and attentiveness to the body's experiences and needs is an integral aspect of positive body image (Menzel & Levine, 2011). Further, women who

participate in the mind-body discipline of yoga express feeling a greater connection to themselves and, as Melissa noted above, feeling more secure and grounded as a consequence of their practice (Dittmann & Freedman, 2009).

Embodying environments and experiences involving mind-body integration (such as yoga), can facilitate positive body image by providing girls and women with the opportunity to experience their bodies in non-objectifying ways (Menzel & Levine, 2011). Specifically, embodiment can provide a more internally-orientated experience of the body and, in doing so, protect against the common tendency among women and girls to adopt an observers' perspective of the body as an object valued primarily for its appearance (Menzel & Levine, 2011). In support of this theory, Mahlo and Tiggemann (2016) found that the relationship between yoga participation and positive body image was mediated by greater levels of embodiment which, in turn, were linked with lower levels of self-objectification. In this way, yoga appears to be an inherently embodying activity that allows women to respect and honour the body while simultaneously promoting an appreciation of body functionality and health (Mahlo & Tiggemann, 2016). Likewise, Dittman and Freedman's (2009) research found that women who practice the mind-body discipline of yoga reported higher levels of body satisfaction, and expressed feelings of respect for and kindness towards the body that they attribute to their yoga practice.

As illustrated by the comments of participants in this study, yoga as a form of mindful self-care can promote an embodied connection to the self, and in this way, is consistent with positive body image. Notably, one of the women who was interviewed spoke about the considerable discipline involved in her daily yoga practice:

I practice Ashtanga yoga ... it's a daily practice. So it's six days a week, Sunday to Friday and then moon days are off, so two days a month off ... I'm probably quite Type A so I'm quite driven ... it's the only way I can get into a meditative state.

[Rachel]

I like discipline and I'm a bit crazy about that, so I can get up every morning early and do yoga. [Rachel]

While Rachel perceived the discipline of Ashtanga yoga to be personally beneficial and well-suited to her personality, for others this might not always be the case. As such, it may allude to the potentially harmful influence of yoga participation. For instance, one study found that Ashtanga yoga practitioners demonstrate an overwhelmingly high prevalence of symptoms associated with ON (Herranz Valera, Acuna Ruiz, Romero Valdespino, & Visioli, 2014). Ashtanga yoga is a particularly disciplined and challenging form of yoga which can promote excessive attention to diet and food quality as a natural component of yoga practice; this may become a source of obsession for some individuals (Herranz Valera et al., 2014). In illustration of this, Rachel reported following a vegan diet with a high proportion of raw foods, and having done so for the past five years.

It is important to recognise that certain aspects of yoga practice and the yoga environment may incorporate some potentially objectifying cues that can intensify harmful processes of social comparison and self-objectification, thus being counterproductive to the development of positive body image. Despite the origins of yoga as a practice aligned with internal reasons for exercise; the rising popularity of yoga in the Western world has seen its assimilation into mainstream appearance-focused health and fitness culture. One participant in this study distinguished authentic yoga practice from that which was 'fashionable', and believed that a focus on authenticity was necessary to reap the full benefits of this mind-body discipline:

Just the ability of the yoga postures, doing the correct ones, not the fashionable ones, the correct ones ... they actually have a way ... where you're just in a better state of consciousness. [Claire]

Claire's comment on yoga as being 'fashionable' points to an increasingly commercialised yoga culture, where yoga has become synonymous with the purchase and use of commercial products, such as apparel, food products and nutritional supplements (Vinoski, Webb, Warren-Findlow, Brewer, & Kiffmeyer, 2017). According to Lavrence and Lozanski (2014), yoga apparel brands such as Lululemon Athletica (mis)appropriate authentic Eastern yogic practices to create a consumerist Western yoga culture that renders bodily performance and physical discipline as the primary means of self-improvement and personal success. This 'brand' of yoga portrays the body as an object in need of ongoing self-surveillance

(Lavrence & Lozanski, 2014). Furthermore, media portrayals can also perpetuate notions of yoga as being reserved for a particular subsection of women (e.g. white, young, thin), and misrepresent what yoga is and who can benefit from engaging in the practice (Vinoski et al., 2017; Webb et al., 2017). It is important to note that this notion of 'authenticity' is not an inherent quality in itself, but rather is socially and culturally situated. Nevertheless, when depictions of the thin, lean 'yoga body' are positioned alongside captions about holistic health in Westernised yoga lifestyle magazines, it communicates the conflicting message that wellbeing is commensurate with the attainment of a particular physical form (Webb et al., 2017). As such, yoga presented in this way may serve to increase self-objectification, and undermine, rather than enhance, women's experiences of embodiment and positive body image (Webb et al., 2017). Crucially, the focus on attaining an idealised body type is contradictory to the whole-person yogic philosophy, and misrepresents this mind-body practice as being intimately tied to aspects of physical appearance. Moreover, these superficial and aesthetic messages are at odds with yoga's traditional and spiritual roots, and the fundamental yogic principles of self-acceptance and non-judgemental observation of the body (Webb et al., 2017). However, research suggests the ability to be mindful of one's experience during yoga (attending to physical sensations, breathing and physical alignment of the body) is instrumental in reducing self-objectification and promoting more internal (health/fitness) reasons for exercise (Cox et al., 2016). As illustrated by Claire's comment, yoga allowed her to experience "a better state of consciousness", thus pointing to a more spiritual component of some women's yoga practice that is in line with previous research (Dittmann & Freedman, 2009).

In my personal experience, the elitist and commercialist nature of contemporary yoga culture was made particularly apparent in a yoga studio that I attended on several occasions as part of this ethnographic research. This studio was located in an affluent suburb, which was luxurious and spacious, decorated with billowing curtains, floor cushions, decadent furnishings, floor-length mirrors and other embellishments. The studio also retailed a premium range of essential oils and their own range of costly 'superfoods'. The class offerings were vast and included practicing yoga and Pilates by candlelight, and a series of dance-therapy workshops that worked on the body's Chakras (energy centres). While I didn't attend yoga

classes in this studio, I observed participants as the class concluded and just before the Chakradance class I was attending commenced. I noticed that the instructors were dressed in stylish yoga attire and had the much-coveted 'yoga body', as did many of the participants. This was similar to the impression that I had when attending a Bikram (hot) yoga class a few years back; noticing that many of the participants were very well-dressed in yoga attire that provided minimal coverage and again showed off a physique presumably honed through yoga practice. On reflection, this seems to break with the authenticity of yoga practice, which is about more of an internally-orientated experience, and the idea that yoga is an avenue through which one can become more connected to, and accepting of, their body's appearance. Indeed, in an investigation of the association between yoga participation and body image, Mahlo and Tiggemann (2016) suggested that environmental cues characteristic of Bikram yoga may function to increase self-objectification. This style of yoga has gained popularity in recent years, and is practiced in a heated room with floor-length mirrors, whereby practitioners are encouraged to wear minimal clothing to allow for sweating. However, as Mahlo and Tiggemann found, Bikram practitioners did not demonstrate any meaningful differences in relation to their desire for thinness, self-objectification and levels of positive body image and embodiment.

In contrast, another yoga studio where I participated in meditation classes, was held in the back room of a natural health centre. This studio had a modest set-up, and each time was at full capacity. It appeared to be much more accessible to a diverse range of participants, including those of different ages, sizes and shapes, who appeared to be less concerned with wearing the latest stylish or expensive yoga outfit. Interestingly, after participating in several classes, I received an e-newsletter advertising some new classes targeted at mothers and their teenage daughters. As the yoga instructor explained in the newsletter, the idea for these classes came after a conversation with one of the class participants, where she shared how her experience of yoga had transformed the way she felt about herself and her body, and that it was a practice she wished that she had become involved in earlier in life. Thus, this alludes to the potential for yoga practice to encourage women (and girls') positive body image.

As illustrated through these examples, yoga can both encourage, and undermine the development of positive body image, depending on particular features (e.g.

objectifying features) of the environment in which it is practiced. However, it is acknowledged that my own experience spoken of here reflects a value judgement, which deviates from the principle of non-judgementalism.

Overall, the comments of participants in this study illustrated how yoga can enable them to meet their physical and emotional needs, as well as facilitate the mind-body connection through focused attention on movement and awareness of breathing. In this way, yoga acts as a form of mindful self-care, and can help promote embodiment, which are both integral to the development of positive body image. Therefore, yoga is an aspect of holistic health culture that is generally concordant with positive body image. However, it is important to note that there is the potential for yoga practice to be counterproductive to the development of positive body image. As indicated by participants' comments, there is a high level of discipline involved in certain forms of yoga. Further to this, there are particular features of the yoga environment that may intensify processes of self-objectification and be counterproductive to the development of positive body image. For this reason, it is recommended that public health interventions to promote positive body image among women and girls should emphasise attending to the functional and internal aspects of one's experience during yoga.

6.1.2 *Mindfulness and meditation*

The practice of mindfulness meditation was a fundamental way in which the women in this study expressed a sense of connection to the body (embodiment), as well as an awareness of, and attunement to, the body's needs. Mindfulness is a mind-body practice rooted in Eastern philosophy of Buddhism, which has become increasingly popularised in recent times (Pickert, 2014). As described by Kabat-Zinn (2005), mindfulness involves focusing on the present with moment-to-moment awareness, and encourages non-judgemental observation of thoughts and bodily sensations.

While the formal component of mindful exercises includes a sitting meditation and body awareness scan, there is also an informal practice of mindfulness, that involves bringing mindful awareness and intentionality to activities in everyday life (Kabat-Zinn, 2005). While some of the women in this study participated in formal mindfulness meditation practices, they mostly spoke about the informal practice of living mindfully. For several participants, engaging in mindful living involved

slowing down and focusing on the important things in life, one at a time, which contributed to their overall wellbeing and subjective feelings of happiness:

I do some [formal] mindfulness meditation, but I do try, like a day like today when I'm very busy ... just trying to be as much in the moment ... I think it gives me balance. And probably even more, happiness, I have to say. Because I hate feeling myself with a scattered mind, or feeling all over the place ... and for me, it's really, I enjoy life better when I feel I can be in the moment. [Chloe]

I do practice mindfulness ... where I just look at what I say, I try to be present as much as I can, not trying to do too many things at once, just be present in that particular moment. [Anne]

Sometimes we have to just stop and think about what we're doing in the moment ... and enjoy everything that we're doing ... life is very fast-paced ... and we don't really enjoy little things. Mindfulness is to do with everything that you do really; it's about slowing down and doing each thing, each day. [Nina]

For some women, mindfulness was seen to benefit their wellness, by enabling a focus on the present moment and reducing worry about past or future events:

Mindfulness is important to me because I feel being in the present moment means that I am not worrying about things in the future; I can give my full attention and time. [Marianne]

Mindfulness ... that's something that I've made a conscious effort to try and incorporate into my daily life ... I found that that's critical for me to be more focused on the moment, particularly for my emotional wellbeing, rather than worrying all the time about what has been or what might be in the future. And really appreciating the here and now and the things that I do have and what is good about myself, rather than fixating on all of these other things that are outside of my control. [Natalie]

As reflected in the comments above, a component of informal mindfulness practice also involves transforming daily activities into meditation, through focused attention and intentionality of action (Kabat-Zinn, 2005). Likewise, some of the other women in the current research spoke about a range of activities that took on a meditative quality for them, such as walking and running. For Natalie, walking allowed her to

engage in a form of meditation that she might not otherwise incorporate into her lifestyle, and thus she described this as a form of “walking meditation”. Similarly, another participant found the practice of running to be “a form of meditation”, describing it as her “way of escaping” and a “cleansing” of herself at the end of the day [Melissa]. Rachel also found running to have a similar meditative aspect that she likened to the discipline of Ashtanga yoga:

The way I was running ... was almost meditative as well ... so you've got to breathe, it's got to be very controlled, it's almost all the same things that you do in meditation with the Ashtanga. [Rachel]

One participant in this study spoke about the attitude of acceptance that underlies meditation and mindfulness, and how this contributed to increased acceptance of her body and appearance:

Part of meditation and mindfulness is accepting where you are now as where you are now. I mean you can't go back in your time machine and change it, I mean where you are is where you are. If you really desire things to be different in the future, you have to do something towards that, and if you're not prepared to do that, then just be where you are. [Rachel]

Indeed, research demonstrates that women who are mindful are less likely to engage in body comparison, and the authors surmised this is likely because body comparison can be an automatic and mindless activity, which the practice of mindfulness can help discourage (Dijkstra & Barelds, 2011). While many participants interviewed in this research spoke about mindfulness meditation, reflecting the burgeoning popular interest in this topic, some participants also made mention of alternative styles of formal meditation, such as ‘sound meditation’ and Open Heart Meditation.

Mainly I do the breathing meditation and fortnightly I would go and join like a sound meditation class and they are using singing bowls from the Tibetan region and different instruments that they collected from all over the world. It's really great, very relaxing and I love it. [Anne]

I do a mixture of meditation ... [Open] Heart meditation ... I'm very spiritual, so my meditation is based around angels ... so it's all about the source. And I do that as

often as I can, to keep my mind grounded as well ... I can shut the world out, I've done it so long now, I just feel this inner 'whoosh' come over me, and like an enlightenment. [Emma]

It is possible that, beyond a focus on mindfulness, alternative styles of meditation may offer considerable benefits in fostering positive body image. As an example, Open Heart Meditation guides practitioners to “radiate love from the source of your true self (the real source of love deep within the heart) to everyone wherever they are” (Effendi, 2009). In a similar way, meditation centred on self-compassion emphasises initially cultivating an attitude of ‘loving-kindness’ towards others, before directing these feelings towards oneself (Neff, 2011). Additionally, the body scan meditations involved in self-compassion meditation can also incorporate a sense of gratitude towards the body. Participation in self-compassion meditation training has been associated with gains in body appreciation as well as reductions in body dissatisfaction, body shame and appearance-contingent self-worth (Albertson, Neff, & Dill-Shackleford, 2015) Furthermore, engaging in grateful contemplation has been found to reduce women’s negative feelings about their bodies, and may help buffer the effect of viewing thin-ideal images which promote body dissatisfaction (Geraghty, Wood, & Hyland, 2010; Homan, Sedlak, & Reid Boyd, 2014). In comparison to mindfulness meditation, which encourages acceptance of oneself in the present moment, alternative styles of meditation that seek to actively cultivate gratitude and compassion could potentially be advantageous to the development of positive body image. This is an important area for further research.

The concept of mindfulness resonated strongly with many participants in this research. This aspect of holistic health culture appears to be consistent with the cultivation of positive body image, namely through promoting embodiment and mindful self-care. In doing so, it may help shift focus away from appearance-based evaluations of the body, and facilitate a more internally-orientated experience of the body. Yet, it is plausible that mindfulness practice could increase habitual processes of self-surveillance and self-monitoring that are characteristic of women and girls’ experience of self-objectification, and are associated with mental health risks. As Barker (2014) proposed, mindfulness can construe everyday personal and social issues as medical problems in need of ‘therapy’, thus contributing to the medicalisation of daily life. Essentially, the extreme state of busyness and our failure

to pay attention to the present moment is portrayed as a diseased state, subject to a never-ending process of healing through vigilant surveillance of everything we do, think and feel (Barker, 2014). Thus, mindfulness itself becomes another task.

Notwithstanding this critique, the popular appeal of mindfulness among the women in this study reflects their expressed need to respond more adeptly to the fast pace and stresses that typify everyday modern life. This was a central aspect of how these women related to their bodies and selves.

6.1.3 Leisure, movement and physical activity

Holistic health embodies an array of mind-body-spirit practices such as yoga, meditation, Qi-Gong and Tai Chi (Baer, 2003; Ho, 2007; Kabat-Zinn, 2005; Schneirov & Geczik, 2003). However, the women who I interviewed as part of this thesis adopted a broad range of exercise habits beyond those typically construed as 'holistic', including walking, running, weight training, tae-kwon do and cardio-boxing. Some women also spoke passionately about their immersion in a broad range of activities that they experienced as meaningful and validating. This included pastimes such as reading, singing, hand-stitching and listening to music. As Hannah and Alison expressed, these leisure activities relieved stress and everyday routine, and provided an enjoyable deviation from the day-to-day:

Reading ... and music. I just find if I'm feeling a bit stressed ... then I just put some music on, and my mood lifts up straight away. [Hannah]

Just taking time in each day to do something that I enjoy, really ... I guess it would just be drawing ... listening to music or something ... it just makes you feel good ... just doing something that you really like that's outside of everyday routine. [Alison]

Cook-Cottone (2015) described the need for adaptive stress relief as an example of an internal bodily need that can be met by engaging in mindful self-care activities, as Hannah indicated in her comment. Likewise, Anne discussed how relaxation for her meant, "stepping back from the rat race, calming down" and spending time doing activities that she enjoyed. Another participant, Lynne, articulated how the pastime of singing in a choir was rewarding for her through not only reducing stress, but also allowing her to practice mindfulness through focused attention on a meaningful goal:

I recognise that I'm probably not the best singer in the world, but I'm reasonably good and I participate in a very large choir ... Not only to learn the music, but then to sing the music, you have to focus on it, so it's taking you away from those day-to-day stresses. You can't be thinking about anything else other than that music and how you're participating, how you're listening with other people. [Lynne]

As discussed in this chapter, embodying activities can help protect against the culturally driven propensity towards self-objectification among women. In essence, embodiment enables women to adopt an internally-orientated view of the body and experience their bodies in non-objectifying ways (Menzel & Levine, 2011). The quality of embodiment is shaped by attuned self-care, which includes meeting the body's internal and external needs such as the need to engage in meaningful pursuits that are unrelated to appearance (Piran, 2016).

As conjectured by Menzel and Levine (2011), positive body image can be cultivated through embodying activities that engender experiences of physical empowerment and competence. Concordant with this view, for many of the women in this study, physical activity and exercise were spoken about in relation to the value of movement for stress relief and relaxation, as well as fostering mental and emotional health. It was in this manner that Nina described her morning stretching ritual:

It makes me feel relaxed and ready to start the day. I know it's a big thing if I don't do that in the morning ... whereas if I've just got that little time in the morning to myself to get my thoughts together and get my body awake for the rest of the day. [Nina]

Other participants appreciated the mental health benefits of engaging in exercise for the 'feel-good' endorphin rush they experienced:

I just realise I feel much better within myself when I do exercise regularly ... particularly [dance] and the music, the release of endorphins. I just feel well both mentally, emotionally, as well as physically when I exercise. [Natalie]

You're outside, and the endorphins are pumping, and you just smile and you're like 'I'm so glad I did this' ... exercising is – I know it's good for my body but it's a mental thing for me and I just feel a lot more clearer throughout the day and yeah, it just makes me feel like way happier. [Sarah]

One woman also discussed the importance of dancing as physical activity that facilitated relaxation, stress relief and self-expression:

Belly-dance, I think it's a good way to express yourself ... and also I view that is very efficient way when I feel stressful from my work life and my family ... I will go to the belly-dance course. I think it's very good. [Lauren]

To infer from the embodiment theory of positive body image, participation in such activities that allow women to experience their body positively, as a source of creativity, competence and self-expression, may help mitigate processes of self-objectification and internalised evaluations of the body as an object (Menzel & Levine, 2011). The above comments expressed by participants are also in line with previous research describing how women with positive body image report engaging in moderate exercise for the benefit of overall wellbeing rather than for appearance-related reasons (Wood-Barcalow et al., 2010).

Although some women indicated that they participate in movement activities for reasons not related to appearance, it is plausible that this reflects a social desirability bias. Indeed, they could still be impacted by the pervasive influence of 'beauty' norms which privilege the thin, toned female body. As a case example, responses of some participants reflected a more disciplined view of exercise and focused on its benefits for toning and burning fat:

And with Pilates, just feeling worked all over really, like 'feel the burn', and I guess just feeling really good about what you've just done and knowing that you've put a hundred percent into it, not just half-assing it. [Alison]

Alice expressed a similarly disciplined view of exercise when describing her participation in a cardiovascular dance class (Konga):

Interviewer: *And what do you like about Konga?*

Respondent: *That I sweat, I feel like I'm actually doing work and I feel like I'm actually burning fat ... I've put on a lot of weight, I've put on at least nearly ten kilos in a year and that's been the hardest thing for me, so at least when I do Konga I feel like I'm burning it off. Even though you do burn it off with yoga as well, it's just not as cardio-based; do you know what I mean? [Alice]*

These comments are in line with recent research which points to women's internalisation of an athletic ideal as a shifting cultural trend in Western society (Homan, 2010). Although the athletic ideal is considered to be less detrimental than internalisation of the thin-ideal, it has been associated with an increased risk of compulsive exercise behaviour (Homan, 2010). So, while most women spoke about their approach to movement and physical activity in ways that were unrelated to appearance, this was not ubiquitous among participants.

During participant observation activities undertaken as part of the current research, I participated in Chakrandance classes, which provided an opportunity to experience various aspects of self-care in ways that were unrelated to appearance. As the facilitator described, Chakrandance is an intuitive and spontaneous form of movement; so much so, that participants are instructed to dance with their eyes closed when instrumental music was played. The facilitator spoke occasionally to provide some guidance and visualisation to help guide our journeying through the different Chakras, and we followed our own intuition to move in ways that 'opened up' each of the Chakras. As an example, during the 'Base Chakra' class, the music would feature a tribal beat that guided us to dance in ways that emphasised 'grounding' movements of the feet and legs. In contrast, during the 'Heart Chakra' class the music was lighter and higher in pitch, and we were encouraged to move in ways that opened up the Heart Chakra by extending the width of our arms. Each Chakra has a colour associated with it; for instance, the throat Chakra is represented by the colour blue and, prior to the workshop, the facilitator emailed participants to encourage them to wear items of this colour, and she also had scarves for participants to wear during the class if they desired. This type of dance class was an unusual experience that I became comfortable with as the workshops continued over a number of weeks. I appreciated how it allowed me to experience gentle movement in a way that was completely at my own pace. I didn't feel the need to keep up with anyone or push myself beyond what felt natural. The classes also included a period of self-reflection, during which we were asked to create a drawing with wax crayons to represent our experiences during the class; these art pieces were later shared among the group as we spoke about what they signified. Participants' drawings and discussions were usually based around the different Chakras focused on in each class, and used colours that were predominantly associated with each of these.

Overall, my participation in Chakradance classes allowed me to experience different aspects of self-care that were more connected to my internal sense of self, rather than external aspects such as appearance. In contrast to this, I had noticed how in popular health rhetoric, the term ‘self-care’ is often used to refer primarily to diet and exercise; essentially, ‘taking care of yourself’ in this way includes bodywork that serves to improve or maintain a desirable appearance. However, my experience of Chakradance enabled me to see the potential for self-care to be intuitive and attuned to internal aspects of the self, in a way that was quite separate to my physical appearance.

As described in this section, participants in this study reflected on their participation in a wide range of leisure, movement and physical activity pursuits. The focus on engaging in meaningful activities for the benefit of overall wellbeing, rather than appearance, is an aspect of these women’s participation in holistic health culture that is consistent with the development of positive body image. Yet, several participants’ comments illustrate how holistic health culture has become increasingly intertwined with mainstream health and fitness culture. In this way, some women may simultaneously engage in leisure activities that promote a more embodied connection to the body, and provide a form of stress relief, while also citing more typical reasons for engaging in exercise for its ability to tone the body, burn fat and shed weight. This speaks to the multifaceted and contradictory nature of women’s participation in holistic health culture.

6.2 *Spirituality and nature*

6.2.1 *Spiritual beliefs and practices*

Spiritual wellbeing was perceived as an integral component of health and wellbeing for many women interviewed in this research, and this was sometimes mentioned at the outset of the interview as one of the key values underpinning their holistic health practices. For example, Claire described what spirituality meant to her in terms of a greater sense of awareness of her inner knowing that enabled her to overcome physical and mental challenges throughout her life:

Real spirituality I think is part of your higher self, your higher consciousness ... I think without that I would not have been able to overcome the physical and emotional

things in my life ... because there is that guiding element, that higher self ... it's really your higher knowing, higher self, that knows better, it's trying to guide you ... you start listening to that voice ... because that's the one that's more in tune with everything. [Claire]

As Claire's comment illustrated, spirituality can relate to experiencing meaning and/or a larger purpose in one's life (Cook-Cottone, 2014). The spiritual beliefs held by women I interviewed also included reference to organised religion such as Buddhism and Christianity. While several women valued prayer for its role in maintaining their good health, for others, their religion was not only related to spiritual practice but also an approach to daily living. This sentiment was expressed by Chloe, for whom spirituality meant, "to consider maybe another dimension to life", as she described her Buddhist beliefs and practices:

I think for me, it's having a spiritual practice, but I guess also in your daily life as well ... some of the Buddhist principles come back to me ... But I think it's a bit hard to explain because I think everybody can be spiritual on different levels too. [Chloe]

Of the women interviewed, others adopted a more cosmic worldview, such as the spiritual practices followed by Alice:

I do spiritual healing, like with crystals and stuff. I [also] do tarot readings. [Alice]

For one woman, it was the regular practice of physical postures known as the Five Tibetan Rites that held meaning for her in terms of bringing about spiritual harmony and health:

Your energy centres need to sing in harmony for you to have health. And I mean, I ... I don't know, I don't get sick very often ... I don't know whether it's that practice that helps me remain healthy but ... I believe in like that whole energy centre thing, being in harmony, singing in harmony, that's ... that's what I believe about it, so I'm happy to do it. [Isabelle]

A spiritual aspect of movement or physical activity was also evident in Elizabeth's description of the discipline of Tai Chi:

I like that ... I learnt it through my body, not through my mind ... I just really have enjoyed learning more about it as a principle and a practice and also how scientific it actually is and how well it links the flow of energy in my body. [Elizabeth]

Recognising and responding to the need for spiritual connection is a fundamental dimension of caring for the body's needs through mindful self-care (Cook-Cottone, 2015, 2016; Piran, 2016). While spirituality is an aspect of mindful and attuned self-care, it also has unique implications for the cultivation of positive body image. For example, research has found that higher levels of spirituality are associated with greater body satisfaction and less potentially harmful appearance investment (Goulet, Henrie, & Szymanski, 2017), and it is suggested that spiritual beliefs that emphasise greater connectedness and purpose may enable women to define themselves in ways that are not dependent on appearance, and which encourage self-acceptance.

For some women, yoga and meditation were not only a means of relaxation, but also functioned as spiritual practices that fulfilled an important need for connection and meaning in their lives. As one woman recounted, yoga was not a spiritual venture initially, but was something that evolved slowly over time:

I found yoga but ... I wasn't going there looking for anything spiritual ... but after practicing yoga, that helped, that was what brought me in alignment with the higher sort of thinking. Where it was actually beautiful because ... that's where the nurturing came in, it's love, like love fellow man, love the unity of the being, it's just all kind of ... the more positive side of things ... and it just put[s] you in a different mental state. [Claire]

For another woman in this research, her understanding of spirituality corresponded with a tendency towards self-acceptance, and a "valuing" and "respecting" her uniqueness as an individual:

The biggest thing has been I suppose ... just working on myself and starting to become more, sort of, spiritually aware ... working on more self-acceptance ... you sort of work on different elements like, let's say uniqueness, you're working on your uniqueness ... if you're focusing on that and aware of it, and then you can start

changing it and seeing your uniqueness. And sort of valuing what you have to offer or how you look ... in being an individual and respecting yourself I suppose. [Olivia]

Olivia's comment is similar to other research describing how some women with a positive body image express the spiritual belief that they were designed uniquely by a higher power who imparts love and unconditional acceptance, which encourages them to accept and honour their bodies (Wood-Barcalow et al., 2010). Relatedly, research also demonstrates that holding a sacred view of the body, whereby the body is perceived as holy, worthy of respect and integral to one's being, is associated with higher levels of body satisfaction, less eating pathology and reduced body objectification (Goulet et al., 2017; Jacobson, Hall, & Anderson, 2013). Perceiving one's body as having sacred qualities is also associated with healthier experiences of embodiment, such as the experience of unity with the body, as well as lower levels of depersonalisation or disconnection from one's body (Jacobson et al., 2013). Conceivably, when individuals sanctify the body, they have a belief in the divine acceptance of one's body, and are more inclined to invest time and energy into preserving the body through the adoption of healthy behaviours (Goulet et al., 2017; Jacobson et al., 2013)

Some other participants were specifically prompted as to whether they perceived a spiritual aspect to health. For instance, in response to this question, Eleanor expressed an understanding of spirituality that didn't necessarily correspond with her state of (presumably physical) health, yet allowed her to experience a sense of relaxation and calm:

I have been doing chanting, Vedic chanting which is very, quite relaxing and takes me out into another world, in the sense that I can really switch off because one has to concentrate really intensely to do it (laughing). So that's been really good ... it's very calming. Lots of the chanting is to do with mantras to do with different parts of the body. Now I don't follow particularly that sort of belief but I like the idea that it's there and people believe in it ... but I don't really know that it makes much difference to my health. [Eleanor]

Other participants described spirituality as something they were currently negotiating, to determine its role in their overall wellbeing:

I guess I'm trying to work out what my beliefs are at the moment ... I'm trying to sort of work out what I feel and so on, but certainly for me that feeling of being connected to a divine source is ... very important and has been a source of comfort to me in my life. [Maya]

I have been awakened more to that spiritual side of health. So I wouldn't say that I'm a spiritual person as such, but I think I have become more conscious of connecting with, say for example the environment around me, being more conscious of the external environment. [Natalie]

Overall, the role of spirituality in this holistic health culture as expressed by a select group of women, alludes to an awareness of the body's spiritual needs that is a fundamental aspect of positive body image. Specifically, based on previous research, it appears that recognition of the body's need for spiritual connection reflects a mindful awareness of the body's needs. Additionally, participation in spiritual activities is a form of self-care that can enable a more positive way of being with the body (Cook-Cottone, 2015). However, the research on spirituality and body image is in its infancy and thus it should be interpreted with caution. It is also important to recognise that, while some participants spoke emphatically about their spiritual beliefs and practices, for other women in this study, spirituality was not a core component of their engagement in holistic health culture.

6.2.2 Nature connectedness

Participants in this study spoke from a personal perspective about the importance of spending time in natural settings, and the perceived benefits to their overall wellbeing. In particular, Natalie spoke about the value of *"tapping into nature, and being in that setting and being calm"*. Similarly, Emma commented on the boost to mental wellbeing provided by nature:

I do feel for people that don't have that connection with nature. Because for me, it saves me, if I can sit at my work and see a tree and some birds passing, I lift straight away. [Emma]

The comments above illustrate how some women perceive nature as calming and uplifting. In this way, immersion in nature may represent an act of mindful self-care, which is consistent with positive body image (Cook-Cottone, 2015). Notably, Emma

emphasised the importance of a “connection with nature”. This indicates how, through spending time in nature, women may experience a shared identity, or sense of interconnectedness with, other living things (Swami et al., 2016a). While the women in this study did not explicitly relate their experiences with nature to perceptions of body image, drawing from embodiment theory, this is an aspect of holistic health that appears to be consistent with positive body image. Specifically, spending time in nature is an embodying experience that can help women relate to their body in a fundamentally positive way that is not contingent on appearance (Menzel & Levine, 2011; Swami et al., 2016a). Likewise, Hennigan’s (2010) qualitative analysis of the lived experience of women also identified how spending time in natural settings could potentially improve body image through the opportunity for embodying experiences.

One woman described how her belief in the benefits of spending time with nature motivated her and her husband to facilitate others’ connections with nature by organising vision quests:

My husband and I take people out into nature. And a lot of time in nature we’ll take people onto vision class, vision quest programs, 12 day programs involving four days alone in nature, solo time. And we have that as practice, we’ve been doing that for seven years, that works in our own lives, probably every year or second year, and we offer it to others as a practice. And we love it, people are with nature and nature does the work (laughing), simple. [Elizabeth]

Elizabeth’s expressed belief in the healing power of nature (i.e. “nature does the work”) suggests a strong spiritual component to this pastime. This is consistent with research suggesting that the psychological benefits afforded by nature connectedness arise as a function of spirituality and a sense of spiritual interconnectedness with all living things (Trigwell, Francis, & Bagot, 2014). For instance, nature-based spirituality has been observed among Indigenous populations, and spiritual benefits of wilderness encounters in Western culture are reported to provide a transcendent experience, a sense of belonging and an interrelationship with nature and other people (Russell et al., 2013). Furthermore, meeting the body’s need for spiritual connection is a means of mindful self-care (Cook-Cottone, 2015; Piran, 2016) and, for

some individuals, this internal need for spirituality may be fulfilled by their connection with nature.

Several women interviewed in the current research also spoke about interacting with nature through the pastime of gardening, which served as a form of relaxation that they felt was of benefit to their mental health:

Gardening I find very relaxing ... it's out in the fresh air and I love being with nature, that's more healing I think than anything else. [Eleanor]

Spending time in the garden and things like that. That clears my mind and, stuff like that. [Grace]

As Grace and Eleanor expressed, gardening is one aspect of their engagement with nature that is experienced as relaxing, healing and focusing. These descriptions are consistent with the definition of self-care behaviour that allows an individual to attend to their internal needs (such as the need for relaxation), while also providing protection from external pressures (such as stress) and selecting environmental conditions that enhance wellbeing (Cook-Cottone, 2015).

Nature was also a prominent theme in some women's preferences for physical activity, and several participants in this research remarked on the beneficial effect of exercising in nature compared to a gym environment:

And I think also exercising, even more; an idea of wellness for me is going out in nature, not necessarily stuck in a gym. But connecting with the natural world while exercising. [Natalie]

I like to swim in the ocean ... I prefer the ocean because it's got so many other benefits ... So that's my main exercise that I do. [Claire]

Experiencing movement of the body in nature may enable a more internally-orientated experience of the body, in an environment that is free from the potentially objectifying cues present in a gym environment. Indeed, Hennigan (2010) suggested that, through immersion in nature, women are distanced from the impact of the cultural context of pervasive appearance ideals. In this way, they can experience and conceptualise their bodies in fundamentally new ways, rather than feeling overly

concerned about being observed and judged (Hennigan, 2010). Interestingly, in recent times there has been an emergence of outdoor fitness classes that combine the benefits of nature with a more structured exercise program. However, based on research demonstrating that the benefits of nature to wellbeing are dependent on a sense of spirituality and/or attending to nature's beauty (Mayer & Frantz, 2004; Mayer, Frantz, Bruehlman-Senecal, & Dolliver, 2009; Zhang, Howell, & Iyer, 2014), it is possible that a more rigorous and structured exercise program would detract from the more embodying experiences of exercising in nature that may transpire otherwise. This may be particularly so if the fitness classes unwittingly promote potentially harmful social comparisons.

From the comments shared by participants, it appears that many of these women view perceiving and interacting with nature as being integral to nurturing their overall wellbeing. This aligns with previous research, which revealed that greater exposure to nature and connectedness to nature are positively associated with body appreciation among women (Swami et al., 2016a, 2016b). This is an aspect of holistic health that is consistent with the self-care and embodiment components of positive body image. However, it is prudent to note that there is limited research in this area, and further research is needed to clarify the mechanisms through which nature influences some women's body image. Moreover, health inequalities mean that a less affluent population may not have the same proximity to safe, attractive, and enjoyable spaces in which to exercise, and thus may not be afforded the same benefits to body image that are associated with connectedness to nature. It is equally, if not more likely, however, that poor economic circumstances would limit participation in a gym-based environment. Notwithstanding this concern, the role of nature connectedness in body appreciation indicates the potential for this aspect of holistic health culture to provide a unique, novel approach to promoting healthier body image among women.

6.2.3 *Natural remedies and healing*

An extension of the role of spirituality and nature in holistic health culture concerns the use of natural remedies and healing, which were an important component of how women in this study related to their bodies. Among the types of Complementary and Alternative Medicine (CAM) used by participants were

naturopathy, kinesiology, acupuncture, and energy healing. Several women also reported using natural supplements and herbs to manage health ailments and chronic conditions.

Some participants spoke about how their use of CAM allowed them to think and feel differently about their health and their bodies. For instance:

Kinesiology has been really good for the energetic and mental health side of things... they balance any imbalances of energy in the body ... they can kind of tap into very much the emotional side of things, and they'll bring up certain patterns that you have or, dig into certain memories that you have, and that's very good for self-development, so that'll bring it up and help you work on it and work through it and change any bad patterns that you have in your life. [Alison]

The comment above reflects how participants used CAM as a form of self-care, employed to address their physical, mental, emotional and spiritual needs. In this way, CAM acts as a form of mindful self-care. Attending to the multiple components of the whole self through CAM was further discussed by several participants. Olivia spoke about this concept in relation to the perceived benefits of Bowen therapy, whereas Elizabeth reflected on her experiences with Ayurvedic medicine:

I go for Bowen therapy, so that's ... sort of body work, and it's aligning the body ... they use different points on your body ... it works on the different bodies, so the physical, the emotional, the spiritual body. [Olivia]

It's a lifestyle, it's very natural, it's related to seasonality, times of your life, personally fitted to who you are on many levels, not just physical, but emotional, spiritual levels as well. And that has met me really well. [Elizabeth]

The above comments from Olivia and Elizabeth indicate how CAM modalities also recognise the spiritual aspects of one's being. Furthermore, Elizabeth also discussed how CAM was preferred due to its association with the power of nature, thus alluding to a spiritual aspect of nature connectedness:

The power of nature. We're in nature and ... I actually trust my body ... I trust that the body has its own knowing in nature, if I just listen to it. [Elizabeth]

As highlighted by the above comments, consumers of CAM express firm beliefs about the interconnectedness of the mind and the body, reflecting the view that “ill health transcends the biomedical body” (Sointu, 2013, p. 530). Indeed, alternative mind-body therapies seek to promote awareness of embodiment and help progress a greater unity between the body and self (Mehling et al., 2011; Sointu, 2013). This aligns with Cook-Cottone’s (2015, 2016) conceptualisation of mindful self-care; attending to the needs of the self through active practices that honour the inherent need for connection between mind and body. Through shifting attention inward towards internal experiences of the body, rather than focusing on an objective evaluation of the body, it is theorised that embodying experiences (such as those maintained by CAM) can help interrupt the harmful processes of habitual self-scrutiny and self-objectification that result from viewing the body through the lens of a critical observer (Fredrickson & Roberts, 1997; Menzel & Levine, 2011). Therefore, the use of CAM practices, as described by participants in this study, appear to be consistent with the promotion of positive body image.

Notably, while CAM is considered here as a means of mindful self-care, its role in public health more widely has been problematised for several reasons. Namely, the field of CAM is vulnerable to malpractice and fraudulent practitioners, particularly because of a lack of evidence-base, which is a major concern in the field of public health (Danell, 2015). Thus, substantial caution should be exercised when laying claim to specific healing benefits of CAM. Arguably of equal concern for public health practitioners focused on achieving equitable health outcomes, the use of CAM is associated with class-based privilege, primarily catering to those who have considerable time or financial resources to invest in holistic spirituality and alternative therapies (Baer, 2004; Keshet & Simchai, 2014; Sointu, 2012).

6.3 *Intuition, wisdom and self-compassion*

While the preceding discussion has considered the *types* of self-care that women engage in and the resultant implications for promoting embodiment and positive body image, this section focuses more specifically on the *processes* women use to determine their own individual needs for self-care. This includes maintaining an attunement to the body’s unique needs through a sense of bodily intuition and

wisdom, as well as recognising the need to practice self-compassion in light of these perceived needs.

6.3.1 *Body intuition and wisdom*

Several women interviewed in the current study nurtured an awareness of, and responsiveness to, their body's internal cues. For Alison and Katherine, this included being guided by their body's own needs and responses when considering the personal effectiveness of different health practices. Essentially, while they consulted with health practitioners for their advice, they prioritised the body's own internal wisdom to determine what was right for them:

I just kind of, liaise with the naturopath and see what they think and sort of do my own experimentation on diet and stuff like that and see what works and what doesn't.

[Alison]

You can take as much advice as you like from experts, but you've also got to listen to yourself, your own body. And I think that's good advice. What works for one doesn't work for everybody. [Katherine]

In a similar way, Sarah drew on an intuitive awareness of her body's internal states, such as her emotional and relational needs, and practiced self-care in light of these perceived needs:

I am quite an introverted person and I know when I overload myself too much that my health suffers ... I know how to have 'me time' to avoid like spiralling out of control or feeling like the stress is too much and you have like a crash moment. So I know when I need 'me time' and it took me a long time to figure out that that was the problem – that I just needed to be alone ... It's something that builds up inside of me and I just need to take a step back I think. [Sarah]

A person's level of awareness of their internal bodily states is referred to as 'interoceptive awareness' (Ainley & Tsakiris, 2013). As demonstrated by participants' comments, this sense of intuition guided how they related to their bodies, and has important implications for the development of positive body image. It is speculated that, as a result of the self-objectification that characterises women's everyday lives, they may experience lower levels of interoceptive awareness, because they divert

their mental focus primarily towards the external body that is observable to others (Fredrickson & Roberts, 1997). Thus, they have limited attentional resources to direct inwards to be aware of their interoceptive cues. Empirical research demonstrates that high self-objectification is predicted by low interoceptive awareness, and it has been suggested that enhancing attention to internal cues among women could benefit those women who are high in self-objectification (Ainley & Tsakiris, 2013).

An awareness of internal cues is also described by Piran (2016) in her seminal work on women and girls' experiences of positive embodiment. Piran noted the importance of not only being aware of these internal needs, but also being responsive to them, and practicing self-care accordingly. This may include the need for varied health practices and self-soothing strategies. In contrast to this dynamic on self-attunement, Piran also discussed how some women can experience disrupted attunement and a disconnection from the body's internal cues, resulting in ongoing patterns of self-neglect. Anne, for instance, spoke about her experiences in the past where she neglected to listen to her internal cues, which ultimately led to a health crisis, and prompted her to re-evaluate her way of life:

I would just completely ignore my ... I don't know ... almost my body's wisdom, I would just ignore it. You know, when it says 'stop here', I would just go, and just not listen to my gut feeling really. And as I told you, I got to the point where I just had so much stress that I couldn't really deal with it any longer. [Anne]

Cook-Cottone (2015) describes an attuned balance between the internal and external aspects of the self, which occurs when an individual can nurture an awareness of the needs of their authentic, inner self (e.g. emotional and bodily needs), while also engaging effectively with the external environment, including participating in the contexts of family, community and culture. Essentially, she posited that engaging in practices of mindful self-care can bring about this state of attuned balance, and help cultivate positive body image (Cook-Cottone, 2015). A desire to maintain this type of attuned balance was expressed by Emma, who described how she sought to respond to her own internal needs for self-care and protect herself against the potentially harmful influence of external pressures and demands from family and friends:

I'm very nurturing, though. That's my... I know it could be a good thing, but with me it's a problem because it empties my cup, when I nurture too many people and

help too many people, it empties my cup. And I have to know the difference between how full is my cup just now, can I allow myself to help that person. Its hard, because I want to go in and save everyone's life, you know. So for me, it has to be ... boundaries now ... this has just been in the last year that we've diagnosed all that. So, with my children and with things happening with them, they know now, so we've had to open up to the family and let everyone know where I am now and my boundaries that I have to set. [Emma]

The centrality of rhetoric about bodily intuition and wisdom in holistic health culture is in parallel with understandings about how to promote positive body image. In particular, as research suggests, positive body image can be cultivated through increasing attention to internal cues and practicing mindful and attuned self-care in light of the body's needs. However, it is prudent to note the potential limitations of encouraging an emphasis on one's own intuition and bodily wisdom to guide health behaviour. Specifically, intuition is socially constructed, and not necessarily an inherent quality. Moreover, when health professionals are positioned as allies and partners whose role is "to facilitate people's reconnection with their own internal wisdom about their bodies and lives" (Robison & Carrier, 2004, p. 170), there exists a compromised nature of expertise integral to the sphere of holistic health, and little distinction between professionals (experts) and laypersons (non-experts) (Schneirov & Geczik, 2003). From a public health perspective, this raises the serious concern of authority, legitimacy and expertise within the realm of holistic health, and may also be an issue when working with medical professionals who are trained in evidence-based practice.

6.3.2 *Practicing self-compassion*

Practicing self-compassion was another means in which the women in this study sought to respond to their individual needs in an attuned and mindful way. While the value of formal self-compassion training (i.e. through meditation) was briefly conferred earlier, the discussion in this section centres on how participants in the current research spoke about how they personally practiced self-compassion in an informal sense and in response to their experiences. Specially, many women advocated the importance of extending kindness to themselves and avoiding self-criticism, particularly in relation to their perceived failure to achieve holistic health

standards. So there is a paradox in that holistic health standards may be unachievable for many, which may induce feelings of self-criticism and potentially, body dissatisfaction. Developing self-compassion, however, may help to counter this dynamic:

I can be tough on myself ... that's where the self-compassion would come in ... Okay, [if I] slipped and made a mistake, let's just review it ... what would I do differently next time. And then ... I move from there. So, yes I do have a tendency to be hard on myself, but then I have to just be conscious of that and not do it, you know. Just work at not doing that. [Olivia]

Like there are days where ... I need to chill out and it's okay not to do anything. But then the guilt of not doing anything is horrific because ... I'm so hard on myself ... so, being a lot more mindful of my self-talk from that whole concept has helped me quite a lot and it's kind of been teaching me to be a little bit more compassionate. [Alice]

I'm a bit of a perfectionist ... I guess that's what pushes me to be the best I can in terms of health. But I guess over time, I have gotten better at that. Like, you can't be perfect all the time ... just consciously recognising that and accepting that it can't always be perfect ... In realising that, I'm a lot happier than trying to be perfect all the time. [Alison]

One participant, Emma, expressed the importance of a self-compassionate understanding when she was asked how she felt when she didn't live up to her ideal of healthy living:

Yeah, you feel like a failure, you do. But all the skills that I've had so far is, that failure doesn't come into it. There's no criticising anymore ... at the end of the day, we have to love ourselves for what we are and we try our best to be the best person we can that day and if we can't be, you have to understand that some days you will pull back a bit, but don't take it as a negative. [Emma]

In a similar vein, Grace spoke about avoiding self-criticism, which she considered as important to her overall approach to health:

I think as part of looking after my health it's important not to be too hard on myself as well. Like the self-care part of that is not being negative about not always doing the best thing. [Grace]

Some women also discussed the importance of recognising the body's signals and limitations and extending compassion in those times when they found they couldn't achieve their ideal standard of health:

I just have to say, well you're doing what you can do. And then set some goals for myself around, okay, well how can I improve on that. But sometimes it just comes down to, well, particularly and this comes back to energy levels, there's only so much that I can do and I just have to remind myself of that. And that's where self-compassion comes in, you know, I can only do what I can. If I try to push myself to do too much I won't be well anyhow. So maybe I can't achieve that desired level of wellness but if I feel I'm working towards that then I'm okay with that. [Natalie]

I think for me the key ... it's that sense of wellness, it's that compassion for self ... that flexibility ... [and] recognising when I'm not practicing good self-care is vital, getting to know what those symptoms are and signals are and actually honouring them ... really cultivating my authentic self ... being creative, having fun, creativity and play ... that really nourish[es] me. [Elizabeth]

Self-compassion, an aspect of mindful self-care described by Cook-Cottone (2015), has unique implications for the development of positive body image. For instance, increased self-compassion is associated with greater appreciation of one's body, with Wasylikiw et al. (2012) suggesting that women who are self-compassionate are likely to be more accepting of their physical selves, regardless of whether they differ from societal ideals. Likewise, self-compassion may also preserve women's body appreciation in the context of body-related threats, by helping assuage the self-judgement and criticism women can experience when they base their self-worth on their appearance, but realise that they fall short of cultural ideals (Homan & Tylka, 2015). A recent meta-analysis also demonstrated that self-compassion consistently emerges as a protective factor against poor body image and eating pathology (Braun, Park, & Gorin, 2016). Self-compassion can also help interrupt the negative mental health effects arising from self-objectification (Liss & Erchull, 2015). Specifically, when women high in self-compassion engage in body surveillance, they are less

likely to experience body shame and negative attitudes towards eating as a potential outcome. In this way, it appears that some women can observe and monitor their bodies, even when they do not measure up to sociocultural standards, but respond to that realisation with an attitude of acceptance and compassion, rather than experiencing shame and negative attitudes towards eating (Liss & Erchull, 2015).

My personal understanding of the importance of self-compassion has evolved through my engagement in holistic health practices to manage chronic illness. Through this journey, I realised the importance of nurturing my emotional wellbeing, and how this was inextricably tied to my physical health, as is the nature of psychosomatic illness. A key part of this was learning the value of being kind to myself, particularly when I wasn't able to rigidly adhere to healthy living practices. As a result, I began to experience how empowering this attitude could be, and the freedom from self-criticism this allowed. Maintaining a self-compassionate view of oneself is indeed a struggle in our modern frantic world characterised by numerous pressures to look better, achieve better, do more, and have more. Over time, I have relaxed my attitude towards some aspects of holistic health, including relinquishing the strict nutritional standards I sought to adhere to (often with little success). However, I still maintain those aspects of holistic health I feel are beneficial to my overall wellbeing, including my emotional and mental health. Essentially, this has been achieved by tuning in to my body's own inner wisdom and 'ways of knowing'.

Participants in this study expressed a strong sense of the importance of self-compassion, which the emerging research emphasises as integral to the development of positive body image. Self-compassion rhetoric is common in some aspects of holistic health culture, yet in other ways holistic health may encourage women to aspire to unrealistic standards of health behaviour in the first place, which they inevitably fail to live up to. Indeed, women who follow holistic health are likely to be a special population to consider with regard to promoting the importance of self-compassion, due to the high standards of health to which they aspire. This further supports the need to promote self-compassion among this population, to help mitigate the potentially negative influence of rigid health ideals on body image, and encourage women to recognise and accept their limitations with regards to achieving optimum health.

6.4 Summary

As discussed in this chapter, participants engaged in a range of holistic health practices including yoga, mindfulness and meditation, that enabled them to relate to their body's physical, emotional and spiritual needs. A number of women demonstrated a strong sense of spirituality and a powerful connection with nature, and engaged in CAM as a form of self-care. Participants also spoke about a sense of bodily intuition and how they sought to extend kindness to themselves through practicing self-compassion. These aspects of holistic health culture are predominantly consistent with the development of positive body image. Specifically, mindful self-care practices can allow women to experience a more positive way of being with their bodies (Cook-Cottone, 2015). Further, being aware of and attentive to the body's experiences and needs is an integral aspect of positive body image, and practices that foster embodiment can afford women the opportunity to experience their bodies in non-objectifying ways (Menzel & Levine, 2011). This supports the inclusion of such activities as part of a more comprehensive approach to promoting health and wellbeing among women, in ways that help cultivate positive body image and support an embodied experience of one's self. It is important, however, to recognise the potential for some of the self-care practices and embodying activities described in this chapter to undermine the development of positive body image or women's health and wellbeing more broadly. For example, exposure to the potentially objectifying nature of yoga environments, as well as shifting cultural trends that depict 'the yoga body' as a new standard for women to strive towards, is a risk that needs to be carefully managed. Through attending to the multiple aspects of wellbeing, the views of women in this study appear to be much more inclusive than predominant cultural notions of health as a primarily physical state, to be achieved by disciplined rituals and bodily practices in order to achieve standards of weight and size deemed to be healthy. However, the emphasis on wellbeing may indicate another ideal that women are striving for. In this way, women may feel pressure to not only self-monitor in relation to physical health, but also according to the far-reaching aspects of overall wellbeing.

Notably, there may be a reciprocal relationship between self-care behaviours (or embodiment) and positive body image. For instance, while women's participation in self-care activities, such as yoga, may facilitate positive body image, it is equally

plausible that women who already have a positive relationship with, and appreciation of, the body are likely to be drawn to these self-care activities (Mahlo & Tiggemann, 2016). Research on positive body image is in its infancy, and longitudinal research is needed to extricate the precise influence of self-care and embodiment on women's positive body image. However, notwithstanding these critiques, there exists considerable potential to challenge dominant appearance-based standards of health in favour of a more embodied experience of health, as demonstrated through the subjective experiences of participants in this study.

CHAPTER SEVEN

Contesting ideals of appearance, health and femininity

This chapter focuses on how the featured group of women in this ethnographic research attempted to challenge and negotiate culturally prescribed standards of appearance, health and femininity, while following a holistic health approach. In their everyday lives, these women are exposed to both mainstream appearance ideals, as promoted through popular culture and media outlets, as well as holistic health ideals that provide a seemingly different aesthetic standard to achieve. How the women contest these ideals and respond to body-related threats has important implications for the development of positive body image. Inclusive of this discussion is how these women responded to body image challenges in their everyday lives, such as through the media and social media, and sought to [re]construct ideals of femininity.

7.1 *Challenges to body image*

7.1.1 *Media and social media ideals*

The media is one of the most virulent sources transmitting sociocultural messages about how women should look, firstly through the medium of women's magazines, as well as film, television and print advertisements, and now increasingly through social media (Fardouly & Vartanian, 2015; Halliwell, 2013; Hesse-Biber et al., 2006; Wolf, 1991). The women interviewed in this research were critical of appearance ideals promoted through the media and recognised the unrealistic standard this set for women and girls, in particular:

Both men and women are constantly bombarded with an image of what women should look like and I don't think it is realistic of the different body shapes that there are and so that I think it's hard to not be affected by that. [Maya]

As reflected in the above comment, while Maya was aware of the unrealistic standard set by these images, their ubiquity meant that they were difficult to ignore. Indeed, women are inundated with thin-ideal images from multiple media platforms they encounter numerous times on a daily basis, that set the standard of thinness for

them to aspire to (Buote et al., 2011). Maintaining an awareness of media images as being unrealistic, as illustrated by Maya's remarks, is a fundamental characteristic of positive body image (Tylka, 2011). However, while women may recognise appearance ideals are unattainable for most women, they can still internalise sociocultural appearance norms as a personal standard that they have a strong desire to meet nonetheless (Buote et al., 2011). In this way, women are essentially holding themselves up to a higher personal standard than they would expect of others. This demonstrates the pervasive and insidious nature of appearance norms that repeatedly communicate to women that they *can* and *should* strive to meet these (largely unattainable) ideals (Buote et al., 2011).

Several participants in this study recognised that not only are media ideals unrealistic for the majority of women (for whom their body shape and size differed from the ideal), but they also represented an unrealistic standard for the models themselves, whose images are subject to airbrushing:

The image that's presented in the media generally for women as being ideal is unattainable for a large proportion of women ... without incredible hard work, you're unlikely to reach that ideal. [Natalie]

It's unrealistic what they put in magazines now. I mean even when they airbrush them and shrink down the waist of a size zero model. [Lara]

Similarly, women with positive body image express an awareness of the way advertisements featuring the thin-ideal are often altered to improve appearance and recognise that the women in these advertisements are a very narrow representation of women in society (Andrew et al., 2015). As per Natalie's comment, women are expected to expend considerable effort in attempting to conform to appearance ideals promoted through the media. Indeed, in contemporary Western culture, the pervasive message communicated to women is that it is their responsibility to achieve the ultra-thin-ideal, and thinness is presented as a reward that is achievable for all women who strive for it (Hesse-Biber et al., 2006; Wolf, 1991). One participant further remarked on the great lengths to which some women are prepared to go in meeting appearance ideals, providing the example of cosmetic surgery such as labiaplasty:

I think [for] younger women ... because of all of the portrayal in the media now, and with social media and the internet ... there is a real stereotype and there's all that sculpting ... breast implants ... and, you know, designer vaginas (laughing) and all of those things, all that sort of thing that's confronting young people. I just think it's really overwhelming. [Marianne]

This example highlights how essentially no part of a woman's body is left untouched by the influence of appearance ideals in modern Western society. Relatedly, another participant discussed the sexual pressure created by the media, as she reflected on the nature of images portrayed to young women:

I think [in] the media, there's a terrible emphasis on being super-skinny and super-tall and you know, really looking like a stick insect for all the world... I think especially young girls...because there's like a sexual pressure...you've got to look really good. [Eleanor]

Eleanor elaborated that media images convey the idea to young women that to be sexually attractive, they need to have "boobs...the right size...a skinny waist and a big bum, [and] big lips". This demonstrates how girls and women live in a sexually objectifying cultural milieu where they are subject to the male gaze and encouraged to view themselves as objects for the use and pleasure of others (Dakanalis & Riva, 2013; Fredrickson & Roberts, 1997). Subsequently, women judge themselves according to how their body appears to others, and engage in vigilant processes of self-surveillance and body monitoring as they attempt to measure up to societal conventions of attractiveness (Calogero, 2012; Dakanalis & Riva, 2013; Fredrickson & Roberts, 1997).

One participant, Natalie, mentioned the tendency towards social comparisons brought about by media images, and how "we're continually comparing ourselves to something, to an image ... that 'ideal'". For many women, even a very brief exposure to thin-idealised media can lead to increased negative mood and feelings of body dissatisfaction. In this context, social comparison is posited as a fundamental mechanism through which the media exerts its detrimental influence (Tiggemann & McGill, 2004). Social comparison reflects an innate psychological drive towards self-evaluation by determining one's standing in relation to other persons (Festinger, 1954). When a woman feels that they fail to measure up to the standard set by media

images, this can lead to negative emotional experiences such as body shame and appearance anxiety (Dakanalis et al., 2015). Crucially, when encountering thin-ideal media, social comparisons can be made not only in the domain of appearance, but also in relation to eating behaviour and exercise habits (Fitzsimmons-Craft et al., 2014).

The advent of social media in recent times has provided a platform for the further dissemination of media images depicting the thin-ideal. As several women interviewed as part of this thesis commented, cultural shifts in online self-promotion and sharing of carefully selected self-portraits ('selfies') via social media can contribute to appearance pressures for adolescent girls in particular, that previous generations weren't faced with:

People are taking 'selfies' and putting these on Facebook ... and sometimes I find people put a lot about themselves ... like looking great in your bathers, and that sometimes also can be a bad influence for people, adding pressure on how they need to look. [Chloe]

I kind of feel sorry for young people now, because they've got a lot of Facebook and all these other influences, and you've got people like The Kardashians who are so into image and what they look like and the clothes that they wear. [Nina]

The salience of social media as a source of appearance-based pressure is in line with recent research demonstrating that image-based social media provides a climate ripe for potentially harmful social comparisons (Fardouly & Vartanian, 2016). Indeed, appearance comparisons on social media may now be more common than appearance comparisons through traditional media such as magazines and television (Fardouly et al., 2017).

Notably, the above comments of participants suggest that the pressures created by the social media culture can come from both celebrities and non-celebrities. This is consistent with research demonstrating that women's body image can be negatively impacted by exposure to both the thin and attractive images of celebrities, as well as idealised peer images that are the product of meticulous self-selection and advanced editing of photos to portray an 'ideal' look (Brown & Tiggemann, 2016).

Speculatively, engaging in appearance comparisons with peers rather than celebrities

or models, can have more of an impact on body image concerns among women, because the appearance of peers may be seen as more personally attainable, due to the peers having similar resources and lifestyles to themselves (Fardouly & Vartanian, 2015).

As argued in this thesis, health and appearance are closely conflated ideals. Central to the goal of this research was determining how women who follow a holistic health approach to their health, experience aspects of positive body image. Thus, it was of particular interest to explore how participants responded to media depicting health ideals. Several participants reflected on the potentially harmful role of social media in promoting an unrealistic ideal and extreme pressure to appear healthy. As Alison discussed:

When Instagram ... first started coming out ... there was a lot of those accounts, like Fitspo accounts and obviously I wanted to follow all the nutrition and kind of gourmet chef kind of things, in the beginning. And then I was able to recognise that that was creating this pressure and this unrealistic kind of ideal of how I should be ... you just see pictures of people at their best ... there's just this almost unrealistic idea of health and wellness, of a particular way that you should look, and that's shoved in people's faces all day, every day. [Alison]

Social media presents a unique threat to body image, and the nature of social media may mean that appearance and health ideas which are promoted by contemporary health culture can be particularly difficult for these women to challenge. A key feature of the modern social media environment is the upsurge of Fitspiration (aka 'Fitspo') content; the online phenomenon of posting inspirational health and fitness messages and images (Homan, 2010; Homan et al., 2012). As Alison's comment illustrated, while the goal of Fitspiration may be to inspire individuals to reach healthy fitness and nutrition goals, these messages also have the potential to adversely influence body image (Tiggemann & Zaccardo, 2015). Specifically, Fitspiration content often includes guilt-inducing messages about the body, which encourages dieting and eating restraint (Boepple & Thompson, 2016). Furthermore, Fitspiration can emphasise appearance as a primary motivation to partake in such health behaviours, and communicate to women that being skinny is not enough; rather, they need to be both thin and fit (Simpson & Mazzeo, 2017). Similarly, the rise

of healthy living blogs allow individuals to promote their lifestyle practices on a personal webpage as an example of 'healthy living' (Boepple & Thompson, 2014). However, these messages can still emphasise thin appearance ideals and transmit negative/ guilt-inducing messages about food that may serve to normalise eating disordered behaviours (Boepple & Thompson, 2014).

In recent times, there has been an influx of holistic health coaches on various social media channels who endeavour to build a personal connection with their 'tribe' of followers by sharing their own journey to wellness (Cadzow, 2016; Guilliat, 2015). This unique feature of holistic health culture may be particularly harmful to body image, given the way in which the lines between celebrity and peers are increasingly blurred. Several holistic health coaches have been catapulted to celebrity status after rapidly gaining 'followers'. As Brown and Tiggeman (2016) suggest, the intimate nature of the social media content posted by celebrities can enable their fans a glimpse into their daily lives and strengthen the sense of personal connection their fans feel to them. Through presenting themselves as 'real' people, sharing their health journeys, daily struggles and advice, holistic health coaches may present what is perceived as a more attainable standard for others. In this way, women may identify more readily with their idealised health role model than a celebrity, and perceive them as more self-relevant, which is a defining characteristic of 'celebrity worship'. Significantly, women with higher levels of celebrity worship are more likely to feel dissatisfied with their bodies after viewing celebrity images on social media (Brown & Tiggemann, 2016).

Although not specifically mentioned by participants, another social media platform where women encounter Fitspiration images and messages is the virtual pin-boarding website 'Pinterest', through which individuals curate, categorise and share online content on virtual corkboards, including corkboards dedicated to idealised body types. While the site's acceptable use policy prohibits the posting of content such as images endorsing the thin-ideal and encouraging eating disorders (dubbed 'Thinspiration'), many of the same or similar images can be promoted under the guise of supporting health and fitness (Lewallen & Behm-Morawitz, 2016). This further highlights the pervasive ways in which health is often conflated with cultural representations of beauty (Kwan, 2009). Viewing health and fitness images on Pinterest can have a detrimental impact on body image, with research demonstrating

that women who follow more fitness boards on Pinterest are also more likely to engage in extreme weight loss tactics (Lewallen & Behm-Morawitz, 2016). Some messages on Pinterest can be particularly overt in their denigration and objectification of the body; indeed, while browsing health and fitness boards on the site I encountered an image with the caption “sweat is fat crying”. Interestingly, the curation of images of idealised physiques via Pinterest is reminiscent of Hesse-Biber’s (1996) cultural description of the ‘cult of thinness’, particularly the example of one young woman who made a collage out of media images to place on her mirror as daily motivation and inspiration on her quest for an ideal body, along with the mantra ‘thin promises’. Thus, it is clear how social media may not necessarily provide a new threat to body image through inducing social comparisons and advocating weight loss tactics, but rather offer a different, and perhaps more virulent and insidious platform upon which these same behaviours can operate.

In response to the pressure some participants felt from being exposed to an unrealistic standard of health on various social media platforms, they reported altering their social media consumption behaviours over time. As Lara discussed:

I went through a phase where I was following lots of fit and healthy men and women. But I’ve realised now, I’ve started with un-following a lot of them, because I think, they inspired me to try and get healthy. But then I watched them and I thought ... they’re too full-on into it [Lara]

Lara’s comment highlights a fundamental characteristic of positive body image which includes adopting positive coping strategies and cognitions to help maintain positive feelings towards the body, by responding to the seemingly ubiquitous challenges that pose a threat to one’s body image (Wood-Barcalow et al., 2010). So, while it is crucial for women to be aware of unrealistic appearance ideals, a key component of positive body image also includes actively challenging those messages that endanger one’s perception of their body (Tylka, 2011). In doing so, some women may intentionally restrict their exposure to thin-ideal media, such as by limiting their reading of fashion magazines or not paying attention to photos on social media (Andrew et al., 2015). By rejecting negative messages about the body and allowing positive messages to filter through, women can uphold their positive body image (Wood-Barcalow et al., 2010). Similarly, as Alison recounted, she disengaged from

health-related social media that promoted an unrealistic standard of wellness in favour of social media that inspired her in a positive way:

I just consciously un-followed them and I've made an effort to follow things that kind of spark more positive things in my life. Like I'll follow art-related Instagram and stuff like that, that'll get me inspired. [Alison]

While women's sense of body appreciation may be negatively impacted by higher levels of appearance-related media consumption, there is some suggestion that non-appearance media consumption, such as news and documentaries, may support women's body appreciation (Andrew et al., 2016b). It may be that these other sources of media (including art, for example) enable women to engage with the world in more positive ways that are not related to appearance. This highlights an opportunity for other, non-appearance-related aspects of holistic health (e.g. spirituality) to be promoted in a means that is more consistent with the development of positive body image.

Lara commented that she "was following lots of fit and healthy men and women" to inspire her "to try and get healthy". This suggests that, at least on the surface, her primary motivation for interacting with these types of social media was for health improvement. Interestingly, there is some evidence that the influence of social comparisons on body image may differ according to the motives for engaging in such appearance comparisons. As research by Halliwell and Dittmar (2005) found, women who focused on self-evaluation when viewing thin-ideal media experienced higher levels of body-focused anxiety. However, there was no significant change in body-focused anxiety among women who were driven by a self-improvement motive, such as attempts to be inspired or learn how to improve on a particular body characteristic (Halliwell & Dittmar, 2005). Indeed, it is likely that self-improvement motives would be especially pertinent for many women following holistic health culture, as they seek advice and inspiration to adopt a 'healthier' alternative lifestyle. In this way, this group may be protected from some of the negative effects of social comparisons associated with viewing thin-ideal media. However, Halliwell and Dittmar also caution that focusing on self-improvement may allow women to momentarily believe they can alter their appearance in line with the idealised standard, and the effects of this may be short-lived, resulting in more negative effects

once the self-improvement motive has dissipated.

As highlighted by participants' comments in this research, the ever-expanding media landscape can be an unfavourable influence on body image, thus justifying the ongoing need for intervention strategies that promote critical media literacy among girls and women. Furthermore, the unique challenges posed by holistic health rhetoric on social media suggest that women who aspire to holistic health ideals are an important population to consider in relation to building media protective strategies. Despite the assumptions that holistic health culture actually provides freedom from an aesthetic view of health (MacNevin, 2003), women who follow holistic health culture are still exposed to media ideals featuring the thin-ideal in general media, as well as thin-ideal images promoted under the guise of health. Indeed, in some respects such women may be more vulnerable to the latter. Moreover, some of the protective strategies for general media ideals may be less useful when applied to holistic health rhetoric. For instance, one of the media protective strategies that women high in body appreciation are likely to endorse is reminding themselves that models in thin-ideal media are not necessarily healthy or happy (Andrew et al., 2015). However, an integral part of holistic health culture is the intertwining of ideals of health, happiness, and wellbeing (Robison & Carrier, 2004; Schneirov & Geczik, 2003).

While some women interviewed as part of this thesis demonstrated an awareness of how the media, generally, creates and disseminates unattainable appearance standards for women, only a few women mentioned how appearance ideals promoted through holistic health culture might also contribute potential harm. Thus, it is suggested that an important area for future research is the role of health ideals in shaping experiences of positive body image, as expressed through holistic health rhetoric. Specifically, future research could also investigate how health-related commentary on social media platforms might influence body image through means of enabling more social comparisons in the domains of eating and exercise behaviour, rather than comparisons centred solely on appearance.

7.1.2 *Other body-related threats*

Apart from exposure to unrealistic thin-ideal media, some women's body image is also challenged by appearance commentary from family members or peers,

experiencing weight changes in an undesired direction, or witnessing thinner peers talk about their own weight in a self-disparaging manner (Tylka, 2011; Webb et al., 2014). Several women in this thesis enunciated other threats to body image besides media pressure, including the experience of shopping for clothes:

I've been negative when I'd like to wear not a size 14 pair of pants when I'm going out. Or I can't find nice clothes because I'm too overweight to look good in the clothes that you can buy. It's very hard to find clothes, I guess, that, I don't know ... that look good on me (laughing). [Leah]

As shown in previous research, weighing and body monitoring can be a threat to women's feelings about the body, such that the number on the body weight scale may function as an 'emotional barometer' influencing their subsequent mood and self-esteem (Mintz et al., 2013). In the same way, Leah's comment indicated that the number (or size) on the clothing she selected when shopping also affected her feelings about her body.

For some women, there was a notable sense of internal conflict expressed when attempting to overcome distressing body image experiences. This was highlighted by Lara as she spoke about getting dressed for a social outing:

We went out for a function on the weekend and I was getting upset because none of my clothes were fitting right, I thought, 'who am I trying to dress for?' and just all that. It's conflicting for me I think, because I know it doesn't matter and it's all a facade in the world of celebrity and all that, and how magazines tell us how we're supposed to look but that doesn't mean it's not in your head going, oh I should get that latest look or I should, you know, that's how they're wearing their hair now and that how their eyebrows are and all of that, you know. [Lara]

Several of the women in the current research also spoke about their ongoing attempts to maintain a positive body image while encountering body-related threats:

I've felt a lot of pressure to fit in and be a certain size and ... I recognise that now and I can stand back from it...and my weight, the struggle with that is different ... don't get me wrong, I still have those moments where I look in the mirror and like 'oh, God, you gotta change that' or you know 'that's gross' or 'come on, sort that out' [but] I love myself a lot more, is the best way to say it. [Hannah]

As Hannah explained, she sought to “stand back” from the situation and rationalise her feelings, while also recognising that those body image challenges are a part of life and accepting that, despite having a more positive attitude towards her body overall, she would occasionally still feel negative about her body. Such an adaptive means of responding to body image challenges is consistent with the research on ‘positive rational acceptance’ (Cash et al., 2005). Women who demonstrate this characteristic are accepting of the stressful body image experiences they encounter, and engage in rational self-talk and positive self-care.

A number of the women interviewed as part of this thesis mentioned the importance of responding to body image threats from a perspective of self-acceptance and self-love:

Love yourself, believe in what your intuition is telling you is right and just love yourself for who you are. [Claire]

Similarly, another woman noted that the most important influence in her attitude towards herself and her body has been spiritual work in relation to self-acceptance:

The biggest thing has been ... just working on myself and starting to become more, sort of, spiritually aware ... working on more self-acceptance ... valuing what you have to offer ... in being an individual and respecting yourself I suppose. [Olivia]

The above comments are similar to how previous research has described the quality of body appreciation among women with a positive body image. Fundamentally, women with positive body image express a sense of comfort with and love for their bodies, and choose to accept their perceived bodily flaws while focusing on their assets (Wood-Barcalow et al., 2010). Emma expressed a related sentiment:

Look in the mirror every morning and say that ‘I love you’ and I know that ... ‘I’m proud of you’...that you do the best you can do with your body and mind. And that’s the way I get through is, just love yourself, no matter the changes as you’re getting older and all that, it’s just part of life. And I do that and it’s taken me years to get to that level, ‘cos I was very much a perfectionist, very much sensitive to what people would think. [Emma]

As Emma’s comment emphasises, it is important to “do the best you can do with

your body and mind". This strategy is consistent with research on body image flexibility, an extension of body appreciation, that enables women to live healthily, respect, care for and protect the body in the face of body image threats such as their distressing thoughts and feelings (Webb et al., 2014).

One woman in this study, Alice, recognised that her appearance wasn't the sole aspect of her identity that defined her, and spoke about her other (presumably internal) qualities. Likewise, women with positive body image consider their appearance as a functional yet modest component of their overall identity and ground their self-worth in areas unrelated to body image (Wood-Barcalow et al., 2010). However, as Alice's comment highlights, she was aware of her other qualities, yet didn't view these as being as important as her appearance:

I've got so many other qualities you know ... that I'm aware of and I, but I don't give them the same weight that I do to my physical appearance which isn't fair [Alice]

This comment reflects the complex nature of women's attempts to respond adaptively to intensive and pervasive pressures to achieve the thin-ideal. Similarly, as Natalie described, despite her attempts towards positive self-talk, she still experienced much self-doubt in relation to her appearance:

I, just as many women do, deal with that self-doubt often ... as much as I say, [I am] trying to incorporate positive self-talk, I'm often saying, you know I look fat or ... I can't wear that sort of, those sorts of clothes because of my figure or this or that ... So it is something that, it can, it can actually take up a lot of your thoughts, I think, can dominate your thinking if you allow it to. [Natalie]

Reflecting on my personal experiences through the process of undertaking the current research, I have also observed my own tendencies to revert back to the cultural dictate of body dissatisfaction, despite learning the value of fostering attitudes of body appreciation and acceptance. Everyday body-related threats I encounter remain challenging, and can include issues of weight and/or health being raised in casual conversations with friends where I feel the pressure to conform to weight-reduction strategies such as strict dieting and strenuous exercise that are against my better judgement. However, such challenges are a seemingly inevitable aspect of many women's life in Western modernity, and I hope that by being more

conscious of, and seeking to actively challenge their occurrence, I can demonstrate a sense of positive rational acceptance.

As discussed, while some women in this study often found it challenging to respond appropriately to body-related threats, many appeared to be well versed in the self-acceptance and self-love rhetoric that is commonplace in women's modern holistic health culture. Acceptance-orientated approaches to coping with body image challenges share some common features with the mindfulness rhetoric that is common in modern holistic health culture. For instance, Jon Kabat-Zinn (2005) emphasises that the full human experience encompasses both positive and negative aspects, and compels participation in the "full catastrophe" of living a meaningful life. In this way, these strategies of openness and awareness of experience in coping with body image threats, may hold particular relevance for women engaging in holistic health culture, and may be a useful avenue for intervention given the burgeoning public interest in mindfulness practice.

7.2 [Re]constructing femininity

7.2.1 Challenging feminine appearance ideals

To elicit women's views on how women's body image relates to their position in society, participants in the current study were asked to consider some of the reasons why women have negative attitudes towards their bodies and the way they look. In response, a number of women spoke about living in a cultural milieu that equates femininity with beauty, thinness and sexualisation. Specifically, they challenged the idea that women's worth is dependent on the way they look:

We are taught to value ourselves based on outward appearance. It's completely backwards. [Hannah]

We're dishonouring the real true worth of women and we're putting them down to this ... [Claire]

These comments reflect how, in contemporary Western culture, women frequently encounter a fairly rigid and homogenous appearance standard of 'thin, young, attractive', that is more harmful to body image than the variety of flexible appearance ideals that are presented to men (Buote et al., 2011). The extreme and

pervasive tendency to equate women with their appearance and the concomitant self-surveillance has been linked to a host of detrimental psychological consequences for women (Calogero, 2012; Fredrickson & Roberts, 1997). According to objectification theory, and expressed by participants in the current research, these gendered beauty ideals can exert a harmful effect even on young girls:

You look at the girls, these younger girls these days with all the make-up that they wear to make them look like they're ready for a photo shoot. I think it's really sad because when I was growing up, we might put a little bit of mascara on, maybe some lipstick and that was it. And the fashions that they wear now, and yeah they all look good but it's sad that they're not really just being themselves. [Lara]

I think it's got to do with gender roles as well ...it's just so ... in everything, it's hard to really escape it, even little children ... like I see kids and they're wearing things that I never would have worn as a kid, like as a kid I just knocked around in whatever ... you know there was no emphasis on appearance ... I feel like it's grooming them to be on that path of always having to look good in clothes ... [Grace]

As illustrated by these comments, the pressure of aligning with ideals of feminine beauty is especially apparent among adolescent girls and, as Davison and McCabe (2006) found, their concern about how others view their appearance can significantly influence their sense of self-worth. Despite participants in this study expressing views that challenge the cultural tendency to equate femininity with beauty, there was a notable sense of internal conflict and contradiction. Indeed, while some women may not agree with or personally endorse this view of femininity, they may still feel the pressure to live up to these standards to acquire the privileges of thinness, such as societal worth and acceptance (Buote et al., 2011). Olivia articulated this complex dynamic, whereby body politics become personal:

Obviously, I want to just feel comfortable with my appearance but I'm also working at not buying into the collective consciousness of what appearance is. [Olivia]

Similarly, Chloe spoke about how gendered appearance norms held some importance for her, and she was careful not to gain weight, yet she didn't want to project the idea that she was solely focused on appearance:

Appearance ... probably for me it's more of a personal thing, and it is important for

me ... I wouldn't like to see myself with ten extra kilos, just because I haven't been careful ... [but] I wouldn't just put the appearance just always out there [as priority], to be able to wear very tight things, you know ... this is not me. [Chloe]

Certainly, it can be challenging for women who are unwilling or unable to relinquish the economic and social rewards that they have diligently worked for by adhering to the societal mandate of thinness (Hesse-Biber et al., 2006). Women can also struggle with letting go of body practices and beautification rituals that not only serve as a means of oppression, but also provide reward and benefit for women (Rubin et al., 2004). Indeed, the belief in 'beauty as currency' refers to the perception among women that they will reap more benefits from their bodies than other skills, attributes or pursuits (Calogero et al., 2017). Even among proponents of the 'fat acceptance' movement who identify as feminists and explicitly reject the thin-ideal, some women express a reluctance to completely relinquish the struggle for thinness despite acknowledging these ideals as unrealistic and a defeatist pursuit (Donaghue & Clemitshaw, 2012).

Participants interviewed as part of this thesis were asked to reflect on how they thought society would be different if women felt good about their bodies:

I see a lot of my friends who are still really caught up in body image and ... just trying to change themselves instead of just loving themselves. And then that's such a big distraction because ... you won't have the emotional energy to invest in doing other great things that you might be capable of. [Grace]

Most women have got far more potential than what they are, but because they're so focused on their physical appearance they're not actually developing their mental ability. [Claire]

If you didn't have to expend the energy thinking and worrying about how you look all the time, then you can focus on achieving other things, you know what I mean? [Leah]

These comments demonstrate participants' support for the feminist proposition of the 'politics of distraction'. This reflects the idea that, through focusing on women's appearance, and fostering practices of body obsession, the thin-ideal serves to limit women's participation in society and the public space they occupy (Bordo, 1993;

Hesse-Biber et al., 2006; Wolf, 1991). Similarly, through the 'politics of distraction', women are urged to closely monitor their bodies and focus on their physical selves to the exclusion of other pursuits such as social change, education and political action (Hesse-Biber et al., 2006). This awareness was also voiced by Alice:

I think they'd be a lot stronger. I think that ... women would be more motivated to pursue ... the whole equality thing ... I think that they could just do a lot better for themselves. [Alice]

As pertinently described by Calogero (2012), the culturally-induced fragmentation of women through sexual objectification is such that they are reduced to existing merely as a body. Furthermore, as Calogero states, women's opportunities for social activism are severely limited by this self-objectification that pervades their day-to-day experience, whereby their attention is guided towards appearance and a focus on how they look rather than what they can do or how they feel. By adopting an observer's view of the self and engaging in meticulous self-surveillance, women's motivation to take the collective action necessary to challenge gender inequalities is undermined (Calogero, 2012).

Research suggests that feminist ideology and beliefs can enable women to be more critical of cultural messages about beauty and help protect against the effect of appearance-focused social comparisons on body image (Myers et al., 2012; Rubin et al., 2004). Arguably, the self-objectification that occurs through social comparisons can reduce opportunities for women to take collective action. Indeed, they actually serve to reinforce women's subjugation. While Alice communicates a strong recognition of the political costs of women's (collective) body obsession, she still maintained a personal focus on weight and appearance, as evident through her responses to other parts of the interview. It is also possible that, while Alice and some of the other women in this thesis are familiar with and can recite feminist arguments, they may not necessarily have internalised them, but rather opted to provide a socially desirable response in the context of being interviewed.

This disconnect between Alice's feminist rhetoric and her personal quest for weight loss (despite being of normal weight), may also demonstrate the limitations of feminist beliefs in allowing women to challenge the tyranny of thinness. For example, a meta-analysis of correlational research suggested that identification as a

feminist provides some protection against feelings of body shame, and is also negatively associated with internalisation of negative media messages that promote the drive for thinness (Murnen & Smolak, 2009). Yet these effect sizes were generally small, demonstrating that feminists are not immune to the deleterious effects of pervasive sociocultural appearance ideals in Western modernity. Moreover, while feminist identification may play an important role in promoting positive body image (through enabling them to resist and/or reinterpret body-related threats), it does not appear to influence women's levels of disordered eating, and thus may be insufficient to change actual behaviours (Murnen & Smolak, 2009). Further to this, as was expressed by women interviewed in this present research, there may be a sense of tension experienced between women's feminist beliefs and their feelings about their own appearance within the constraints of a culture that objectifies female bodies (Rubin et al., 2004). As part of this struggle, women may feel distress and shame related not only to their bodies but also their perceived failure to measure up to the view of the 'good feminist', who should be able to reject mainstream appearance ideals and feels good about herself unconditionally (Rubin et al., 2004). Critically, while a considerable proportion of women may hold feminist beliefs, they may not necessarily identify as feminists and embrace feminism as part of their identity, likely due to the negative connotations and stigma associated with the feminist label (Borowsky, Eisenberg, Bucchianeri, Piran, & Neumark-Sztainer, 2016; Chrisler, 2012). This distinction is key, on the basis of research that suggests women who identify as feminists demonstrate higher levels of body satisfaction, compared to non-feminist women and women who hold feminist beliefs but do not identify as feminists (Borowsky et al., 2016).

In my own personal experience, the potential for holistic health culture to embody feminist ideals was not an idea that had previously occurred to me. While I had been aware of the prominence of female practitioners in the holistic health field, and the popularity of holistic health approaches among women more generally, I had not experienced this aspect of holistic health culture until undertaking this research. Rather, it was as I conducted this ethnographic study, and learned more about the participants' understandings of holistic health and body image, that my own understandings of health and feminism shifted and evolved. I began reading feminist literature, to help me make sense of some of the issues I encountered

throughout the course of this research, as well as my feminist beliefs. This feminist literature, particularly seminal texts such as *The Beauty Myth* by Naomi Wolf (1991), re-affirmed my belief in the fundamental ways that a woman's feelings about her appearance and ways of relating to her body, impacts on the many facets of her everyday life. Such readings instilled in me a desire to uncover and challenge the covert ways that 'the beauty myth' continues to exert its influence over the lives of girls and women. In this way, in the process of undertaking this research, my attitudes towards health and the body changed, as did my attitudes towards the nature of femininity. This was particularly notable in my personal and family life as I observed my niece in the stages of pre-adolescence, and I realised that I was questioning those taken-for-granted assumptions about appearance-based culture and how these expectations are imposed on girls at such a young age. Yet, like many of the participants in this study, my awareness of key feminist issues and debates gave rise to much internal conflict. While I felt strongly that women should challenge the oppression that they are subject to, I still haven't been able to completely relinquish a desire to achieve unrealistic appearance ideals (e.g. the thin-ideal) and notions of femininity, as well as the associated rewards, such as status and feelings of success. Essentially, it is difficult to completely abandon a belief in what one participant in Donaghue and Clemitshaw's (2012) study so aptly called "the mythical land of skinnydom". Still, my journey into feminism is ongoing and my feminist identity is constantly evolving, as I seek to further develop my understandings of what it means to be a feminist in contemporary society, and challenge the oppression that is ingrained in women's everyday lives.

That many of the women interviewed as part of this thesis cited feminist arguments related to body image, might suggest that there is something about this model of health that encourages women to challenge gendered appearance norms. For instance, holistic health culture has a unique connection with femininity, and popular holistic rhetoric appropriates women's desire for female empowerment and the recognition of women's intuition and inner wisdom (Nissen, 2015; Robison & Carrier, 2004; Sointu, 2013; Weaver, 2016). It has been suggested that women's participation in holistic health can be emancipating and empowering, allowing them to experience feminine strength (Keshet & Simchai, 2014), while also legitimising women's need for self-care (Nissen, 2015). Hence, holistic health culture may be a

novel avenue through which to promote feminist education in relation to body image, given its unique connection to femininity. However, there is a risk that by constructing holistic health as a feminine domain it may serve to further reinforce women's stereotypical role as the soft, nurturing gender, and thus curtail other expressions of femininity. Indeed, femininity is a social construct and, while notions of an 'inherent femininity' can help to empower women, they can equally act to constrain their choices and behaviours. It is also important to recognise that the feminist values held by women in this study may not have arisen from their involvement in holistic health culture per se, but rather were related to other aspects of their participation in society, formal education or upbringing. Moreover, it is also possible that, in some ways, holistic health culture is antagonistic to feminist efforts to challenge gendered appearance norms. That is, through manifesting as a supposed 'health' pursuit, it may still fuel women's body obsession with dieting and exercise regimes, as a means of gendered and self-imposed social control (Hesse-Biber et al., 2006). While a number of participants questioned the status quo relative to beauty and femininity, they also expressed a sense of conflict relative to defying the thin-ideal. This highlights the persistent and pervasive nature of appearance-focused culture in modern Western society and how contingent rewards (i.e. beauty as currency) are all too compelling to resist.

7.2.2 Broadly conceptualising beauty

In the interviews conducted as part of this thesis, participants were asked about the role models who influenced their attitude towards health and body image. In response to this question, several participants conveyed the idea that beauty should be perceived in diverse ways that differ from the sociocultural ideal:

I think people should be allowed to feel beautiful for whatever, however they are, because they are. [Claire]

We need to really create a new paradigm of what beauty is ... valuing our uniqueness. I sometimes look at people and ... in a room full of people, maybe there's one that's got that perfect, you know, magazine look. But generally ... I sit and look at everybody and I think, you [can] see beauty in everybody. You know, whether they're skinny or fat or short or tall. You can find something unique in each person

and it's so lovely to kind of spark that in people, but we don't. We certainly don't see it in ourselves; we're comparing, we're judging all the time. [Olivia]

The above comments bear similarity to findings of qualitative research among women with a positive body image, where they expressed an inclusive, broad and flexible view of beauty, and the belief that someone can be attractive or beautiful despite being at odds with societal standards (Wood-Barcalow et al., 2010). In particular, the comment by Olivia about valuing uniqueness might suggest that an individual's personality is fundamental to their 'beauty'. This was also reflected in Holmqvist and Frisé's (2012) qualitative research among adolescents with a positive body image; they recognised that an individual's personality and way of being could influence their perception of that person's attractiveness. Also reflective of a broader understanding of beauty, these adolescents stressed the importance of being and looking like oneself, instead of striving to resemble the cultural ideal (Holmqvist & Frisé, 2012).

Reflective of a broader conceptualisation of beauty, some women interviewed in this research also spoke about their perceptions of older people as being beautiful and inspiring:

Sometimes I see older people, like people who are 20 years older and I think yeah, I want to be like that when I'm 20 years older ... I see someone who's 50, 60 and they're walking with a spring in their step and they're looking good. And I'm thinking, I want to be like that, I want to be like that. [Leah]

A woman called Ernestine Sheperd, she is my heroine ... she's 79 and she's the world's oldest bodybuilder. And I don't want to be a bodybuilder, but Ernestine Sheperd actually started when she was 57 ... and she's now a beautiful bodybuilder ... people line up to get into her classes. She's inspiring. [Isabelle]

One participant in her early thirties spoke about one of her role models for health and body image, and reflected on how she perceived this woman as beautiful, whereas due to the narrow conceptualisation of beauty she held in the past she wouldn't have always thought this way:

I think my perception of image and beauty has changed a lot in the last ten years, going through my twenties. So now I see it differently ... I had a lot more narrow view of it

before and now I have a much more broad view that has maybe just come with my experiences and age. [Grace]

Cindy O'Meara, she's a nutritionist on Facebook. She's in her fifties, so I guess that's another example of differences in beauty. I never would've really looked to someone who was in her fifties, but I think she's beautiful and she's what I would aspire to be. [Grace]

Another woman spoke about a former female bodybuilder as being one of her role models, because of her more holistic approach to health:

There's a lady in America, Marziya Prince, she was a body builder but now ... she's a sun warrior ambassador, and she's got her own website that she promotes. She's a vegan, she was a vegan bodybuilder but she's not a bodybuilder anymore but she does a lot of health, but she's more natural looking and her sort of posts and stuff are more about a holistic view. It's not just about how much weight you're lifting and all of that, it's about your mind and all of that ... people like that inspire me. [Lara]

This ability to conceptualise beauty in a broad, inclusive and flexible way is an important facet of positive body image. Indeed, this quality is associated with women's higher levels of body appreciation and self-compassion, as well as better quality of life relevant to body image (Tylka & Iannantuono, 2016). At the same time, broadly conceptualising beauty is also linked with lower levels of body surveillance, thin-ideal internalisation, social comparison, and less anti-fat attitudes (Tylka & Iannantuono, 2016).

Broadly conceptualising beauty is certainly a challenge in the context of the enduring and pervasive power of the prevailing thin and attractive ideal, and the social rewards contingent on achieving these standards. It is possible that some women may express an ability to perceive beauty in diverse ways, while still believing that cultural appearance ideals are in fact more desirable (Tylka & Iannantuono, 2016). Likewise, in a study conducted with adolescent girls, participants believed that positive body image messages fail to take into account the realities of the intense pressure to have "a good body" and the paramount importance attached to appearance in their all-girls' school, where "what you look like is such a big factor" (Carey, Donaghue, & Broderick, 2011, p. 304). Still, promoting broad

conceptualisations of beauty is a critical target for intervention efforts to improve women's positive body image. Importantly, broadly conceptualising beauty is not limited to perceiving the beauty in others, but rather girls and women should also seek to notice the beauty in themselves as well (Tylka & Iannantuono, 2016).

Reflecting on my personal experiences, the idea that holistic health culture might encourage women to conceptualise beauty in different ways was apparent when I attended a workshop on walking meditation as part of the formal participant observation phase of this ethnographic research. This workshop was facilitated by two young women who also led regular classes on Open Heart Meditation. At the start of a morning break in the seminar, one of the participants commented to one of the facilitators how she had a certain way about her, or an ease of being, that she found quite captivating. I found myself paying close attention to this interaction, as the peaceful, calm and confident demeanour of this young woman was something that I had noticed also, although I wasn't able to articulate it at the time. The facilitator attributed this to her regular meditation practice, which she thought enabled her to be protected from the influence of others' negativity. As illustrated through this example, the experience of attending this workshop enlightened me to this alternative conceptualisation of beauty. However, other elements of this workshop served to reinforce typical concepts of beauty as being about appearance ideals and weight loss. This was particularly apparent when the facilitators spoke about the benefits of engaging in this walking meditation for weight loss and, to my surprise and discomfort, encouraged us to pair up with another participant, to take measurements of our arms, chest, waist and thighs. We were instructed to note these measurements down in the booklet we were supplied with so they could serve as a 'before and after' comparison to verify the weight-loss benefits of this walking meditation regime. The facilitators also encouraged us to take 'before' photos on our mobile phones, from various angles to track changes in our posture and physique over time. As demonstrated through this case example, holistic health culture can simultaneously appear to promote more inclusive notions of beauty, while at the same time reinforce potentially harmful sociocultural thin ideals.

Not all participants raised the idea of broad conceptualisations of beauty; however, that some women discussed this idea spontaneously with reference to their holistic health role models, might suggest that holistic health culture promotes a more

inclusive view of beauty. Nevertheless, and as noted previously, while holistic health culture may present a beauty ideal that appears different from the dominant sociocultural ideal, it may be presenting yet another rigid and unattainable ideal. As such, while holistic health may promote the idea of beauty as being in line with balance and attunement, this is still dependent on the degree to which someone commits to holistic health ideals and behaviours.

7.2.3 *Sisterhood and solidarity*

In this study, participants were asked what they perceived was important in enabling women to develop more positive body image. In response, a number of women recognised the role for women's relationships to play an empowering role; specifically, the opportunity for women to act as a sisterhood, joined in solidarity to positively support one another:

We've got to go further and go back to, trying to change ... the divide and conquer attitude towards women ... because until we get rid of that we're not going to get [women] to change ... because it's like they don't realise, I have got a sisterhood here and we can stand together, and we have got the power. [Claire]

Maybe we would be more inclined to be more like, more that sisterhood of women, if we ... supported and nurtured and were there for each other, instead of competing or comparing. [Olivia]

Likewise, other qualitative research has found that some women express a desire for a type of feminist utopia in which their relationships with other women are characterised by a sense of unity and camaraderie (Rubin et al., 2004). As one participant surmised, encouraging an attitude of shared support could also help women to become more accepting of their bodies:

Acceptance, you know, I think through other women ... being around other healthy women and talking about this stuff and kind of normalising accepting who we are ... allowing that you know we're not going to be perfect and that's okay. I think easing up on ourselves and being around others who think similarly is really helpful. I'm very fortunate for that community. [Elizabeth]

This demonstrates the importance of the interpersonal dimension of body image and

the potential for building a culture of positive body acceptance among women, whereby communication of acceptance of their bodies can encourage women's positive attitudes and respect towards their bodies (Avalos & Tylka, 2006). Perceiving body acceptance from others predicts not only women's appreciation of their own bodies, but also their focus on the functionality (rather than the appearance) of their bodies, which together contribute to a positive body orientation that is linked with levels of intuitive eating (Avalos & Tylka, 2006).

Inclusive of the notion of sisterhood and solidarity, some participants also raised the topic of intergenerational support and empowerment. As an example, Maya spoke about the importance of the mentorship she received in a women's group and credited this with helping her develop more positive attitudes towards her body:

For me it helps to really have a community of supportive women around me, so this women's group that I go to which has got a range of ages, so there's a bit of mentoring there ... just being around older women who are comfortable in their own skin and hearing them express that in a variety of ways and it sort of reminds me that, hey this is reality and it's good. [Maya]

Additionally, for Maya, the presence of strong female role models in her upbringing also contributed to the way she felt about her body well into adulthood:

I grew up living with my mum and my grandmother and next-door was my aunt and all three were fiercely independent, strong, divorced women (laughing). So I think I was really influenced by each of them and ... feeling that when it all boils down to it, it doesn't really matter what you're wearing or what you look like, it's just not the important thing in life. And that's really stayed with me. [Maya]

As indicated in other qualitative research, the ability to provide mentorship for younger girls about healthy lifestyle choices and positive body image is a central characteristic of women with positive body image (Wood-Barcalow et al., 2010). As Marianne conferred, this intergenerational support could occur through rituals celebrating womanhood:

I think in this sort of culture we don't have enough ... rituals and time with women who are older, to know that these things are necessarily normal ... just having more older women talk to younger women as well ... so that young women are honoured

by older women when they reach puberty and things like that. And we don't really do anything for women at menopause either; you know it's something to be dreaded or complained about or whatever. And I think it would be lovely to ... I think we should embrace the rituals of our ... womanhood, if you like ... and the changes, and see them as positive ... I think that's what's missing in our society. [Marianne]

In stark contrast to the dynamic of sisterhood and solidarity, several participants spoke about the tendency for women to feel they are in competition with one another, particularly with regards to appearance. As an example, this point was raised by Alice, when considering how women could be encouraged to develop more positive attitudes towards their bodies:

Women need to stop being bitches to each other, first of all and, like, be nice to each other, compliment each other and raise each other up, rather than bring each other down and name-call and shame and whatever. I think the sisterhood has kind of failed lately. [Alice]

Another participant, Olivia also raised the idea of competitiveness in response to a question that asked how society would be different if women felt good about their bodies and the way they looked:

It would cut out so much competition I think. Because ... it's so competitive ... women looking at each other and ... this is the ideal body and you've got it but you haven't and ... competition would be a big thing. [Olivia]

As highlighted in the previous discussion on social media, a sense of appearance-related competitiveness among women may be another means through which a culture of normative bodily discontent is reinforced. Indeed, peer influences are central to the perpetuation of appearance ideals (McKinley et al., 2011). Just as women are socialised to see *themselves* as objects to be viewed from an observers' perspective, they are also socialised to adopt an objectified gaze of *other women* through careful surveillance of their appearance and engaging in processes of social comparison (Rubin et al., 2004). From a feminist perspective, having women competing with one another rather than working collectively to achieve social change, serves to maintain the status quo (Wolf, 1991). The nature of women's competitiveness and objectification of one another relative to appearance is

epitomised in the way women are widely encouraged to pass judgement on how celebrities and non-celebrities alike measure up to standards of beauty and attractiveness. For instance, mass media provides cultural permission to comment on women's appearance through casting votes to celebrities who are deemed to be better attired; those celebrities who meet the stringent appearance standards are praised, whereas those who do not are subject to criticism and scorn (Chrisler, 2012). The tendency for women to attempt to 'bring each other down' may also be one way that women seek to respond to the pressures of living in a society that sexually objectifies them. Thus, it allows them to exert a sense of power despite being in a subjugated position.

Relatedly, Lara spoke about the potential for social media to amplify the culture of competitiveness and criticism and among women who are new mothers, through the insidious practice of body shaming:

You can have people on Instagram or whatever that are really fit-looking and then there's other women saying, well that's unrealistic. All these women that have babies and then they're really fit and proud to show their bodies, the other women are saying "oh, that's not fair, you know, that's not a realistic thing". And I think well it is for those women, they've exercised and done that and that's what they've done after [the] birth. But that's okay for the other women that haven't done that. But then the fit women will pay out on the ones that haven't, saying "well, you're lazy" and they'll say "well, you're obviously not playing with your kids enough". And it's just always tearing each other down over something. Whether it's the (incomprehensible) or looks or whatever, there's always another woman that's going to say something negative.

[Lara]

This comment by Lara alludes to the possibility that social media can encourage women to carefully surveil others' appearance, as well as their health behaviours, dietary and exercise regimes, to detrimental effect. This may encourage women to engage in potentially harmful social comparisons with their peers and may even give rise to 'fat talk', whereby women engage in common dialogue centred on their perceived bodily imperfections (see Nichter, 2000). Even when women feel positively about receiving appearance compliments in an interpersonal context, these comments are far from innocuous, and can contribute to women's self-objectification

through increasing their habitual body monitoring and, in turn, their levels of body dissatisfaction (Calogero, Herbozo, & Thompson, 2009). This is particularly likely to be the case when such comments suggest a positive view towards weight loss and reinforce the thin-ideal as a standard that women *can* and *should* strive to achieve.

My personal experience of holistic health as espousing sisterhood and solidarity (as opposed to appearance-related competitiveness among women) was something that I had not experienced until undertaking participant observation as part of the current research. While I had occasional conversations in the past with women who shared a similar, holistic view of health, it was really through my participation in holistic dance-therapy classes (Chakradance) where I began to understand how holistic health culture can provide a means of interpersonal interaction and support. The Chakradance classes were facilitated by the same person who ran the women's group that Maya mentioned previously, and provided opportunity for self-reflection and sharing of experiences throughout the class. While I discussed how I felt more relaxed and grounded after the dancing, others spoke about how Chakradance provided them with an opportunity to explore their spiritual wellbeing and connection to the world. One woman in particular spoke about how Chakradance provided her an outlet of expression that was unique to her identify as an individual person, rather than her role as a mother. The sense of shared support and acceptance inherent to this setting was especially apparent during a moment where one of the participants apologised because she thought she had spoken out of turn when beginning to share her experience; she thought she may have interrupted the flow of proceedings and shared her experience before she was formally invited to. To this, the facilitator smiled and replied "you can't do the wrong thing here".

Another illustration of how holistic health culture can be an avenue through which to promote a sense of sisterhood and solidarity arose when I was interviewing Marianne. In response to questions I asked her about what might encourage women and girls to feel more positive about their bodies, Marianne raised the idea of Red Tent Circles, in which women join together to celebrate womanhood, including (but not exclusively for) adolescent girls who have recently begun menstruating. Again, this case example demonstrates how holistic health culture can be one avenue through which to promote a sense of sisterhood and solidarity among women. Yet, holistic health culture may be a very individual pursuit for some, such as those who

are engaged in attending one-on-one Complementary and Alternative Therapies, or practice meditation or yoga without engaging with other participants.

As discussed in this section, a number of participants recognised the competitiveness that exists among women relevant to their appearance and how this can negatively influence women's body image. Some also spoke about the importance of promoting a culture of sisterhood and solidarity to encourage women's shared acceptance of, and support for, one another, including the notion of intergenerational support. Holistic health culture provides some opportunities through which this interpersonal aspect of positive body image could be built, for example, through women's groups and Red Tent Circles (Bussey, 2016), as well as group workshops focusing on spirituality and wellbeing. However, this is not the only interpersonal means through which women can seek to develop positive body image. Some women with positive body image may consciously choose to associate with friends who have a similarly positive body image and are not focused on weight concerns; they perceive this sense of unconditional acceptance from others as being vital to the development of their own positive attitudes towards the body (Wood-Barcalow et al., 2010). Recent research supports this idea, demonstrating that greater perceived body acceptance by family and friends is linked with adolescent girls' higher levels of body appreciation (Andrew et al., 2016b). Notably, while the shared support among women participating in holistic health culture may, in some ways, have a detrimental effect, it appears that this is generally beneficial to help encourage the development of positive body image.

7.3 Summary

This chapter has discussed how a group of women participating in holistic health culture sought to contest ideals of appearance, health and femininity. While many of the women were critical of appearance ideals promoted through media (including social media), they experienced a sense of internal conflict as they sought to challenge these largely unattainable standards of appearance. Through their participation in holistic health, they are exposed to health ideals that, ostensibly, offer a different and 'healthier' bodily standard to achieve. However, as argued in this thesis, holistic health can still position the body as a project to be worked on, and an ideal to be achieved through careful and meticulous self-surveillance and

transformation of one's lifestyle habits. The pressure to strive to meet health ideals was identified as problematic for some participants, and they cited specific strategies for responding adaptively to these challenges. Still, the tendency to engage in social comparisons in relation to not just appearance, but also eating and exercise behaviour, suggests an important focus for future research and intervention development. The unique connection between holistic health and femininity is a promising means through which these women can challenge the insidious appearance culture in contemporary Western culture. Specifically, the feminist ideals inherent to holistic health culture may provide an opportunity for women to challenge appearance ideals and adopt broader conceptualisations of beauty, as well as promoting a sense of sisterhood and solidarity, whereby women band together, to fight self-objectification and work towards promoting more positive relationships with the body. The means by which the women in this study sought to contest gendered beauty ideals points to the potential to use particular intervention strategies more broadly in public health interventions to promote positive body image. This will be discussed in the following chapter.

CHAPTER EIGHT

Implications for promoting positive body image among women

In this study, in-depth ethnographic interviews with 25 women, along with insights gained from participant observation, demonstrated the central role of holistic health culture in shaping participants' experiences of positive body image. These insights illustrated how holistic health culture may encourage or dissuade the development of positive body image, and sexual objectification theory was used to help elucidate these findings. This research demonstrates that, while holistic health practices and philosophies may have the potential to promote positive body image, a more nuanced perspective highlights a potential paradox. Essentially, a desire to adhere to a holistic health lifestyle in order to achieve optimum health may, paradoxically, detract from adherents' capacity to achieve optimum health by undermining the potential to develop positive body image.

As discussed in this chapter, the findings from the current PhD thesis reaffirm the continued need for a range of strategies to improve women's positive body image. Critically, however, this research has also illuminated the limitations of certain intervention strategies to improve positive body image among women. How this study adds to existing knowledge in the field of positive body image will be discussed with reference to:

- Encouraging the use of adaptive *cognitive processing strategies*, including cognitive dissonance, positive rational acceptance and body image flexibility, to respond to body-related threats
- Emphasising a focus on *body functionality* to redirect attention from appearance-focused evaluations of the body
- Adopting an *intuitive eating* style, whereby food choice is guided by attentiveness to the body's internal cues rather than externally imposed food rules

- Practicing *mindful and attuned self-care* behaviours such as yoga and adaptive appearance management, and those that respond to the body's need for exercise, spirituality and connection to nature
- Promoting *self-compassion* to help assuage the self-criticism and self-judgement women encounter in relation to their bodies
- Building *critical media literacy* skills to enable women to uphold their positive body image in the context of body-related threats encountered via social media, as well as those presented under the guise of health and fitness
- Empowering women to draw on the ideology of *feminism* as a lens through which to challenge sexual objectification, and embrace a broad conceptualisation of beauty

The contribution of the current research to informing the use of *societal-level interventions* for positive body image in the sociocultural environment is also discussed, including universal prevention and education, social advocacy and reframing the anti-obesity message in public health. However, it is important to note that this thesis did not delve into evidentiary claims regarding holistic health, and the implications discussed need to be subject to further examination.

8.1 Cognitive processing strategies

A key focus of interventions aimed at ameliorating negative body image is encouraging the use of cognitive dissonance strategies, which have also demonstrated potential to impact positive body image. According to Stice and Presnell (2007), cognitive dissonance interventions hinge on an attitudinal shift towards a new perspective, facilitated by activities that require participants to speak out against the thin-ideal. When individuals who internalise the thin-ideal are encouraged to make counter-attitudinal statements, they experience discomfort because they are acting in a way that is inconsistent with their beliefs. It is hypothesised that this subsequently prompts them to re-evaluate their beliefs so they are in line with their actions (Stice & Presnell, 2007). This theory underpinned an intervention study conducted by Halliwell and Diedrichs (2014), who found that a one-hour cognitive dissonance intervention among adolescent girls significantly increased their body appreciation, and reduced body dissatisfaction and thin-ideal

internalisation. The authors observed these effects immediately post-intervention, compared to a control group.

The idealised holistic health standards ascribed to by the women represented in this PhD thesis, have the potential to threaten their body positivity. As such, cognitive dissonance interventions are likely to be of benefit in promoting positive body image among this group. Notably, these interventions should also focus on encouraging women to speak out against idealised health standards, recognising that it may be more difficult for women to discern and challenge those potentially harmful appearance ideal messages that are wrapped up in the guise of 'health'. However, this may prove a difficult strategy to implement, given that holistic health, as an alternative health culture, is subject to much criticism and its adherents may be reluctant to publicly denigrate their holistic health beliefs, which can be firmly tied to their sense of self and morality. As a case example, some participants' comments reflected an intense focus around multiple aspects of food choice (e.g. emphasising organic, 'clean', whole food), and while these structured eating regimes may undermine the development of positive body image, they are distinctly valorised by this health culture as part of a broader philosophy that speaks to their way of being-in-the-world.

Aside from cognitive dissonance interventions, other cognitive processing strategies may also facilitate adaptive responses to body-related threats and challenges. For instance, women can be encouraged to cope more effectively with their body image experiences through emphasising a flexible mindset (i.e. body image flexibility) that enables them to respect, care for and protect the body in the face of the distressing thoughts/feelings they are facing (Webb et al., 2014). In a similar way, being accepting of their experience, while also engaging in rational self-talk and positive self-care (i.e. positive rational acceptance) is associated with women's better psychosocial functioning and more favourable quality of life experiences relevant to their body image (Cash et al., 2005).

Several participants in the current research alluded to the use of such strategies, including trying to "stand back" from situations where they experienced body image challenges, and drawing on their sense of self-acceptance in the face of distressing thoughts and feelings about their body, as well as the belief that their appearance

wasn't the sole aspect of their identity that defined them. The capacity to do so may be related to the nature of holistic health culture and its focus on multiple aspects of wellbeing, including drawing on spirituality to respond to body-related threats, and focusing on subjective experiences or symptoms of good health, such as energy and vitality. Moreover, acceptance-orientated approaches may resonate with members of this culture-sharing group in particular, due to parallels with mindfulness practice. Mindfulness was spoken about keenly among many participants, reflecting a burgeoning public interest in this ancient practice, as discussed in detail later in this chapter. Yet, despite attempting to use an adaptive means of responding to body-related threats, many women also reported a sense of internal conflict when implementing these strategies. Indeed, it is likely that because of the pervasiveness of thin-ideal messages in Western society, it is complex for women to challenge these pressures and renounce their desire to conform, perhaps, because of the societal rewards associated with achieving appearance ideals. Thus, while cognitive processing strategies can be considered a necessary part of interventions to improve positive body image, they may be insufficient when used in isolation of other strategies, including those considered in the remainder of this chapter.

8.2 *Emphasising body functionality*

Intervention strategies that focus on the body's functionality (e.g. energy, enjoyment and the capacity to live life to the full) can help facilitate positive body image, through deflecting attention from appearance-focused evaluations of the body. Such strategies have been used previously in this area, including the *Broaden Your Horizons* program, which employed the use of structured writing assignments as a mechanism for training women to focus on the functionality of their body (Alleva et al., 2015). Participation in that intervention was associated with women's greater satisfaction with the appearance and functionality of their body, higher levels of body appreciation, and lower levels of self-objectification.

A number of participants in the current study spoke about their body in terms of its ability to enable and support their everyday activities, and allow them to get the most out of every day and live life to the full. These comments reflected their sense of health as being a state of optimal wellbeing, understood in terms of energy and vitality, as commonly represented in holistic health rhetoric (Robison & Carrier, 2004;

Schneirov & Geczik, 2003). However, it is also important that women are encouraged to reflect on their body's functionality in ways that are independent of whether or not they engage in particular holistic health behaviours. As Abbot and Barber (2010) stated, an important element of body functionality is the degree of behavioural-investment to improve or maintain a particular body dimension. As highlighted by the comments of some women in this thesis, behaviours that are initially (or ostensibly) aimed at improving aspects of body functionality, may also serve to reinforce self-monitoring behaviours in ways that are detrimental to body image. As a case example, several women in this study reported following particular dietary regimes because they observed a positive impact in doing so on their energy and the management of health conditions. It is plausible, however, that despite their initial (and benign) motivations, these regimes may undermine the development of positive body image through posing unrealistic standards which they feel compelled to adhere to. Moreover, certain activities targeted at dimensions of body functionality (e.g. diet and exercise) may also result in appearance changes such as weight loss that may prompt positive comments from others, thus further inciting processes of self-objectification. So, while a focus on body functionality can help shift attention away from appearance-focused evaluations of the body (Alleva et al., 2015), there are some complexities inherent to this dynamic.

Moreover, while from a public health perspective, it is important to increase individual responsibility and empowerment to improve health, there should be caution exercised to avoid inadvertently suggesting that individuals are solely responsible for their own ill health – a suggestion which overlooks factors beyond an individual's control and the significance of social determinants. This demonstrates the need for further research investigating how functionality of the body can overlap with the appearance of the body, and the associated implications for interventions.

Overall, body functionality appears to be a promising strategy to promote positive body image among women. However, it is important to emphasise the wide-ranging aspects of body functionality, so as to help challenge the potentially detrimental impact of rigid health ideals and prevent self-objectification. As Alleva and colleagues (2015) described, body functionality can encompass physical capacities, health and internal bodily processes, as well as creative endeavours. It may be that emphasising the body's capacity to engage in creative endeavours, for example, is an

aspect of body functionality that holds potential for promoting positive body image among women who ascribe to strict standards of 'health', without the potential for inadvertently reinforcing body monitoring. It is important to note that body functionality is an innovative approach to promoting positive body image, and research on this construct is limited. However, as research progresses in this emerging field, it is expected that this will help inform how different dimensions of focusing body functionality can impact on the development of positive body image among women.

8.3 Intuitive eating

In the literature on positive body image, body dissatisfaction and eating disorders, there is considerable support for the use of intuitive eating as an intervention approach to facilitate a more positive relationship with food and the body. Intuitive eating promotes reliance on internal regulatory processes of hunger and satiety to guide eating (Bacon & Aphramor, 2011), and is considered by body image advocates as "a healthier, more effective, and more innate alternative" to dietary restriction (Denny, Neumark-Sztainer, Loth, & Eisenberg, 2012, p. 13). The reported benefits of intuitive eating include improvements in body acceptance, body appreciation and psychological wellbeing (Avalos & Tylka, 2006; Linardon & Mitchell, 2017; Van Dyke & Drinkwater, 2014).

While intuitive eating was not explicitly mentioned by participants in the current study, some of the key findings suggest that its practice could constitute a promising strategy to cultivate positive body image. For example, some of the women followed noticeably restrictive diets that involved a high level of scrutiny and careful monitoring of the food environment, and excessive concern about nutritional purity and natural, minimally processed and 'clean' wholefoods. As mentioned in the section above, that some participants' comments allude to the adoption of rigid and inflexible eating rules, suggests that intuitive eating strategies may be valuable in helping challenge this dichotomous thinking around food (e.g. conceptualising food as 'good' or 'bad'). Notwithstanding this assertion, whether or not intuitive eating 'works' for women who follow *very* strict nutritional regimes associated with holistic health culture remains to be seen. Indeed, participants' comments illustrate a plethora of complex factors surrounding 'healthy' food choice in modern Western

society, such that eating 'natural' food, as advocated in holistic health principles, is not as straightforward as it may have once been. It is plausible that changing societal ideals and characteristics of the modern food environment have given rise to an increased preoccupation with 'healthy food'. As Nicolosi (2007) states, the modern consumer is increasingly distanced from food production processes, leading to a profound sense of insecurity around the food they eat. However, rather than pathologising women who express excessive concern about the safety and purity of the food they consume (Dunn & Bratman, 2016), it is important to help these women to move towards a more positive and healthy relationship with their bodies, even in the face of challenges posed by modern food production. Intuitive eating may be one intervention that can play a role here.

Several participants in the current study sought to achieve balance and moderation in their eating behaviours; however, this more flexible approach is not synonymous with intuitive eating (Linardon & Mitchell, 2017). In following a flexible, rather than an intuitive approach to eating, women are prevented from realising the potential for a more adaptive style of eating that can facilitate positive body image. That a number of participants recognised the value of incorporating a more balanced approach to eating is, however, encouraging, and introducing them to the theory and practice of intuitive eating could provide them with the practical tools to enable this aim. For instance, intuitive eating coaches individuals in how to reject the diet mentality, honour their hunger and discover the satisfaction of eating (Tribole & Resch, 2017). In particular, intuitive eating strategies could hold particular appeal for women who are aligned with holistic health culture, because it draws on the sense of 'body intuition' that is a feature of holistic health philosophy. Indeed, intuitive eaters attend to their body's internal cues to guide what and how much to eat, and they demonstrate an awareness of how their body responds to different foods (Tribole & Resch, 2012), as well as an interoceptive ability (the ability to detect and value the body's internal sensations) which is a critical mechanism underlying the development of intuitive eating (Oswald, Chapman, & Wilson, 2017). This further supports the need to teach women how to listen to and value their internal bodily sensations, as a potential avenue to help promote intuitive eating, and in turn, encourage positive body image. As discussed, this approach can leverage elements

of holistic health culture, such as mindfulness and body intuition, to help encourage intuitive eating.

Notably, research indicates that intuitive eating may develop as an outcome of women's body appreciation (Andrew et al., 2016b) and the perception that their body is accepted by others (Augustus-Horvath & Tylka, 2011). Hence, it may be necessary to develop other aspects of positive body image among followers of holistic health culture, in order to positively influence their eating style.

Additionally, it is important to recognise that, from a public health perspective, there is conflicting evidence on the impact of intuitive eating on the nutritional quality of dietary intake (Van Dyke & Drinkwater, 2014), and further research in this area is needed. Additionally, the concept of intuitive eating tends to rest on the assumption that people always have control over when and what they eat, and therefore may fail to take into account constrained opportunities to access high quality food in disadvantaged populations (Loring & Robertson, 2014). The adaptation of intuitive eating strategies to be more inclusive of such health inequalities is an important area for future research.

8.4 Attuned and mindful self-care

Attuned and mindful self-care is an integral component of positive body image (Cook-Cottone, 2015; Wood-Barcalow et al., 2010) and, although research is limited, there is sufficient reason to justify its inclusion in interventions to develop positive body image among women, including its reported links with body-esteem and reduced eating disorder risk (see Cook-Cottone & Guyker, 2017). As described by Cook-Cottone and Guyker (2017), mindful self-care encompasses practices of mindful relaxation, physical care (e.g. nutrition and exercise), self-compassion and spirituality or a sense of purpose, as well as establishing and maintaining supportive relationships and supportive structures/environments. In particular, self-care activities that facilitate embodiment can help protect against the culturally driven propensity towards self-objectification, by allowing women the opportunity to experience their bodies in non-objectifying ways (Menzel & Levine, 2011; Piran, 2016). This embodiment theory of positive body image is supported by several empirical studies (Mahlo & Tiggemann, 2016; Tiggemann, Coutts, & Clark, 2014).

The current ethnographic research makes a meaningful contribution to this emerging area of inquiry, by expanding knowledge on the range of self-care activities and how they are experienced by women in the context of their everyday lives. Indeed, the women described in this thesis demonstrated a strong commitment to nurturing mental, emotional and spiritual wellbeing through the use of a variety of self-care strategies, as guided by an attunement and responsiveness to their body's needs. In the following sub-sections, the evidence for particular self-care strategies in improving women's positive body image, including: yoga, exercise, appearance management, spirituality and nature will be discussed. These are also considered in the context of findings from the current research, which help reaffirm the usefulness of existing approaches to self-care, as well as highlighting the potential limitations of self-care strategies in cultivating positive body image among women.

8.4.1 *Yoga*

Yoga-based interventions have demonstrated considerable promise in the field of eating disorder prevention and treatment (Cook-Cottone, 2016), and yoga practice is also related to women's positive body image, as mediated by higher levels of embodiment and reduced self-objectification (Mahlo & Tiggemann, 2016). The usefulness of yoga as an important self-care strategy to help foster the development of positive body image, is also reflected in the recommendation from researchers that yoga and other mind-body exercises should be taught in schools as a way to promote body awareness and acceptance among students (see Impett, Daubenmier, & Hirschman, 2006).

The findings from the current ethnographic study also support the use of yoga as a self-care strategy to improve women's positive body image. In particular, the practice of yoga was highly valued by participants in enabling them to feel grounded and calm, and nurturing their emotional and spiritual wellbeing. As such, yoga can act as a form of mindful and attuned self-care that fosters an embodied connection to the self. However, it is important to recall that one participant commented on the inauthentic nature of modern yoga practice, and a tendency towards 'fashionable' poses, as opposed to practicing yoga in line with more traditional philosophies. While this was not expressly shared by other participants, and therefore was not substantiated as 'thematic' in this research, it may be that other participants held

similar views. This assertion is made in light of some recent research that describes how certain features of the modern yoga environment (e.g. floor-length mirrors; depiction of a thin, lean 'yoga body') can serve to undermine, rather than enhance, women's positive body image, through giving rise to processes of self-objectification (Mahlo & Tiggemann, 2016; Webb et al., 2017). For this reason, self-care strategies that aim to promote positive body image among women and girls should emphasise attending to the functional and internal aspects of one's experience during yoga. Indeed, research suggests the ability to be mindful of one's experience during yoga is instrumental in reducing self-objectification (Cox et al., 2016). Moreover, mindful self-care is not about following a set of prescribed behaviours in order to accomplish an externally constructed objective; rather, mindful self-care aims to support an embodied connection, and positive way of inhabiting the body (Cook-Cottone & Guyker, 2017).

8.4.2 *Exercise*

Apart from yoga, mindful self-care also incorporates other aspects of physical self-care, which, according to Cook-Cottone and Guyker (2017), fulfils the body's need for movement. Structured exercise that meets the need for movement, has been used successfully as a body image intervention approach. For instance, a school-based, all-girls physical education class – dubbed *New Moves* – improved body image and self-worth among participants (Neumark-Sztainer et al., 2010). While attending to the body's need for movement, exercise is an embodying self-care strategy that also emphasises functionality of the body (e.g. athletics), thus further demonstrating its potential role in the development of positive body image (Menzel & Levine, 2011).

In the present research, participants generally reported engaging in exercise primarily as a valuable means of mental and emotional self-care. In this way, the findings of the current research reinforce the utility of exercise as a self-care strategy that can encourage the development of positive body image among women. Some participants' comments, however, alluded to the more typical construction of exercise as a weight control technique and 'fat-burning' strategy. Indeed, while exercise may be generally considered a positive and healthy self-care practice, there is also the potential for overlap with rigidity and over-control around these behaviours (Cook-Cottone & Guyker, 2017). Hence, the way that exercise is framed

within public health interventions has important implications for women's expression of positive body image. The narratives provided by the participants in this study demonstrate that exercise supported an overall sense of wellbeing, which highlights the potential for public health to re-frame messages to promote exercise in a way that encourages, rather than undermines, the development of positive body image.

Notably, when physical activity messages are framed in terms of overall benefits for daily wellbeing rather than weight loss, they have been found to enhance body image among women, as well as positively influencing their perceptions about being physically active (Segar et al., 2012). This was particularly the case with a campaign developed by Sport England (2016), entitled *This Girl Can*, which emphasised the enjoyment of exercise regardless of women's size, shape and weight. By breaking down the barriers to exercise participation that women experience, including a fear of judgement, the campaign was credited with encouraging 2.8 million women to exercise more (Sport England, 2016). Although the campaign has also been subject to criticism for promoting sexual objectification of the female body (Fullagar & Francombe-Webb, 2015), it was recently adopted by VicHealth in a concerted effort to inspire women to become more active (VicHealth, 2017). While this demonstrates that the field of public health has begun to recognise the value of alternative framing of exercise messages to encourage women to be more active, there is still the need to effect change in the commercial fitness industry. As Donaghue and Allen (2016) found, personal trainers may encourage aesthetic reasons for exercise participation (i.e. weight-loss) among their clients, which can serve to undermine the potential for more sustained involvement in an exercise program as linked with intrinsic motivations (Teixeira, Carraça, Markland, Silva, & Ryan, 2012). The potential utility and viability of reframing exercise messages in the commercial fitness industry is a prime area for future investigation.

8.4.3 Dance

Dance as a form of exercise may hold particular potential for the development of positive body image, with past research finding significantly higher body appreciation among street-dancers compared to non-dancers (Swami & Tovée, 2009). Dance was also an integral part of the school-based *New Moves* program that was

found to improve body image and self-worth among girls (Neumark-Sztainer et al., 2010). Several participants in the current research spoke about dance as one of their self-care practices that provided an opportunity for self-expression as well as managing stress. As such, this research reaffirms the value of dance-based strategies for contributing towards positive body image among women.

Notably, dancers are not a homogenous group; rather, different styles and genres of dance may differ in their aesthetic requirements and the extent to which they accentuate appearance concerns (Swami & Tovée, 2009; Tiggemann, 2015). As an example of this, belly-dance is seen as being accessible to a diverse range of women, of various body sizes and shapes (Tiggemann et al., 2014). Moreover, previous research has identified that women's engagement in recreational belly-dancing helped to cultivate positive body image by reducing self-objectification (Tiggemann et al., 2014). In particular, belly-dancing requires focused attention, strength and flexibility, and allows women to reconnect with their bodies, and with other women in a female-centric social environment.

As discussed in Chapter 6, Chakradance is a form of dance which has emerged through holistic health culture that may also have specific implications for the development of some women's body image. Through emphasising spirituality and freestyle movement guided by intuition, it is plausible that this more inclusive, relaxed and unstructured approach to dance could help encourage participation in exercise in a way that is more consistent with the construct of mindful self-care (i.e. for nurturing multiple aspects of wellbeing, rather than for aesthetic reasons). Moreover, that the dance is performed with eyes closed may serve to further reduce self-objectification. Further research is needed to determine whether Chakradance and other forms of dance, such as popularised dance-fitness classes mentioned by participants in the current study (i.e. Zumba and Konga), impact differentially on the development of positive body image among women. Importantly, the precise mechanisms through which dance-based interventions such as belly-dancing can improve positive body images are likely to differ according to the style of dance that is participated in, as well as its centrality to a person's social identity. These issues represent an interesting area for future research.

8.4.4 Appearance management

Although not explored in the findings of this thesis, appearance management is a facet of women's engagement in holistic health with particular implications for their expressions of positive body image. As qualitative research has found, women with a positive body image describe engaging in self-care activities such as pampering their bodies through regular massage and grooming rituals (Wood-Barcalow et al., 2010). Grooming and beauty rituals can also provide an opportunity to practice mindfulness (Reid Boyd & Moncrieff-Boyd, 2017); in this way, such rituals can act as a means of both physical self-care and mindful relaxation (Cook-Cottone & Guyker, 2017).

In the current ethnographic study, several participants spoke about their use of natural and toxin-free beauty products; however, this did not emerge as a prominent theme in the findings. The phenomenon of 'natural beauty' is a relatively unexplored aspect of women's engagement in holistic health culture. Nevertheless, the current research points to how, in their engagement with the rites of beauty under a holistic health paradigm, women can be exposed to not only the surrounding belief systems that reinforce appearance concerns (i.e. the beauty myth) (see Wolf, 1991), but also the additional pressure of ensuring purity in the beauty products they use. In this way, while some grooming behaviours promoted under a holistic health paradigm may be consistent with positive body image, they could also have the potential to perpetuate the existing objectification of women's bodies.

Although mindful self-care behaviours, such as grooming, can be aligned with positive body image, it is important that these are endorsed in a way that helps mitigate any potentially detrimental effects. Specifically, they should avoid inadvertently encouraging women to define themselves according to their physical appearance, or from conceptualising their self-worth in ways that are contingent on their appearance (Cash, Melnyk, & Hrabosky, 2004a). In doing so, women can be prompted to engage in beauty rituals in an intuitive way that is consistent with Cook-Cottone's (2015) conceptualisation of mindful self-care, and employ these practices in a way that helps them feel good about their body as it is, rather than striving to change their body to conform to a particular beauty ideal. It is also important to recognise that women's participation in beauty rituals (as well as some

other mindful self-care pursuits) is facilitated by their level of economic privilege, thus limiting the degree to which this intervention strategy can be applied to less affluent populations. However, it is not about the beauty products themselves but rather the experience of attending to the body in a mindful way, including through bathing and showering (Reid Boyd & Moncrieff-Boyd, 2017). As this research has illustrated, living mindfully was an important aspect of the participants' approach to self-care.

Again, while it was not a specific focus of the current research, appearance management is an aspect of self-care that should be the subject of future research, including how the phenomenon of 'natural beauty' is experienced among women and its implications for cultivating positive body image. Notably, although some women construe their engagement in beauty practices as being intrinsically rewarding, providing pleasure, comfort and enjoyment, this may serve to overlook the pervasive social consequences attached to compliance (or non-compliance) with culturally-defined beauty standards, while also making invisible the effort and discipline that is required to achieve this 'normative' and 'natural' standard of female beauty (Stuart & Donaghue, 2012; Wolf, 1991).

8.4.5 Spirituality

According to Cook-Cottone (2014), spirituality as a form of mindful and attuned self-care can encompass spending time in a spiritual place, spending time with others who share a similar spiritual worldview, as well as experiencing meaning and/or a larger purpose in one's private/personal or work/school life. Spirituality is linked with an embodied connection and sense of unity with the body (Jacobson et al., 2013), hence enabling women to experience their bodies in non-objectifying ways (Menzel & Levine, 2011). Hesse-Biber (1996) also advocates spirituality as a means of 'strengthening of the self' to help cultivate positive body image. In particular, she suggests that this can help counteract the tendency for women's selfhood to be devalued through sexual objectification.

Higher levels of spirituality have also been related to greater body satisfaction and less potentially harmful appearance investment (Goulet et al., 2017). Other research has explored the role of religiosity in some women's body image. For instance, as Homan and Boyatzis (2010) discovered, women with a secure attachment to God,

and who feel loved and accepted by God, experience lower levels of body dissatisfaction, dieting, pressure to be thin, and internalisation of the thin-ideal, as well as being less likely to engage in psychological processes of self-comparison that have the potential to impact negatively on body appreciation. However, the participants in the current ethnographic study were more likely to describe themselves as spiritual rather than religious, with some making reference to 'higher consciousness', 'energy centres' and 'spiritual harmony', as well as spiritual practices of meditation, mindfulness, yoga and Tai Chi. In this way, the current research makes a unique contribution to knowledge on how women express spiritual self-care, as an aspect of positive body image, in the context of their everyday lives. As revealed by a number of participants' comments, spirituality was highly valued and was experienced as central to their self-care and, on this basis, it appears that nurturing spiritual wellbeing is an aspect of self-care that should continue to be encouraged as a means of cultivating women's positive body image. However, despite being recognised as a determinant of health, spirituality is rarely incorporated into health promotion practice (Fleming & Evans, 2008).

While spirituality as a specific form of mindful and attuned self-care appears promising in cultivating women's positive body image, further research is still needed, particularly given the paucity of studies in this area. Such research could examine the particular mechanisms through which spirituality can shape women's body image. While there is empirical support for the role of body sanctity in body image (e.g. Goulet et al., 2017; Jacobson et al., 2013), spiritual beliefs that encourage self-acceptance may also hold particular potential for positive body image, as well as spiritual practices that integrate physical practices and thus facilitate an embodiment of mind, body, and spirit. Relatedly, future research could also focus on investigating potential intervention strategies through which spirituality (or religiosity) can be facilitated. In an experimental intervention by Kline and Backof (2007), women were asked to read spiritual or religious body-related affirmations. It was found that these participants felt better about their bodies compared to a control group who did not read such affirmations, and the positive changes were more pronounced among the group who read religious affirmations, which included statements about God's love and acceptance (Boyatzis et al., 2007). As the authors surmised, affirmations that referenced divine acceptance from an authoritative voice outside the self may have

contributed to this effect, whereas the spiritual affirmations emphasised a positive and holistic view of the body without reference to God. Nevertheless, when women, such as the participants in this current research, do not ascribe to a particular religious view, it may be that they are more open to developing aspects of spirituality, rather than religiosity as such. Accordingly, developing spirituality (rather than religiosity) may be a more amenable and inclusive target for intervention strategies.

According to Homan and Lemmon (2016), religiosity is likely to facilitate a myriad of psychological benefits that influence women's emotions and behaviours in general. However, in the absence of longitudinal data that demonstrates otherwise, it is possible that the link between body image and religiosity is purely correlational. It is plausible this is also the case for spirituality, although further research is still needed to help clarify the nature of the relationship between spirituality and positive body image. Further research is also needed to determine how different kinds of spiritual and religious beliefs can influence aspects of body evaluation and embodying experiences, including by separating out the multiple dimensions of religiousness (Homan & Boyatzis, 2010).

8.4.6 Nature

As described in this thesis, contact with and connectedness to nature is an aspect of mindful and attuned self-care (Cook-Cottone, 2014, 2015), and has been linked with higher levels of body appreciation among women (Swami et al., 2016a, 2016b). This is likely due to the opportunity for embodying experiences, that can promote a sense of empowerment and a focus on body functionality (Menzel & Levine, 2011; Swami et al., 2016a). The benefits of nature exposure and nature connectedness to body image may also be mediated by increased self-esteem, with the speculation that this improved self-esteem may come about as a result of the emotionally restorative properties of nature (Swami et al., 2016a). Furthermore, it is likely that higher self-esteem provides women with the psychological tools that promote healthier body image and buffer against potential threats to body image (Swami et al., 2016b). The potential for nature to influence body image is a relatively new area of research, and thus there is limited empirical research available to demonstrate the effectiveness of interventions utilising this strategy. However, based on empirical support for the

embodiment theory of positive body image (Mahlo & Tiggemann, 2016; Tiggemann et al., 2014), and the call for contact with nature to be adopted as an upstream mental health promotion more broadly at a population-wide level (Maller, Townsend, Pryor, Brown, & St Leger, 2006), it is reasonable to suggest that nature-based interventions represent an innovative and novel approach likely to promote positive body image among women.

The participants in this current research also spoke emphatically about the role of nature as a self-care strategy that helped nurture their overall wellbeing. As such, the findings reinforce the potential for nature-based interventions as a specific aspect of mindful and attuned self-care that can help cultivate positive body image. Uniquely, this study allowed women to express how they engaged with nature in their everyday lives, including: exercising among nature, gardening, swimming in the ocean, and vision quests in nature. Future research could examine how such ways of attending to, and connecting with, nature are related to the various aspects of women's positive body image, as a means of informing potential intervention strategies. For instance, research could investigate the utility of particular strategies that predominately focus on embodiment (e.g. exercising in nature), spirituality (e.g. attending to nature's beauty), and functionality (e.g. gardening), and how they are related to women's positive body image.

Another aspect of nature (and spirituality) highlighted by the current ethnographic research was women's engagement in Complementary and Alternative Medicine (CAM). It is plausible that CAM is beneficial for the cultivation of positive body image, particularly as a self-care strategy that helps facilitate the mind/body connection. It is in this way that some of the women in the current study described their use of CAM, to help address their physical, mental, emotional and spiritual needs. However, although some women may utilise CAM as a means of attuned and mindful self-care, from a public health perspective, it is prudent to take a cautious position and avoid explicitly recommending the use of CAM in this way. This stance is suggested at least until there is further evidence to support the effectiveness of CAM in promoting positive body image, as well as further evidence to support the legitimacy of this form of alternative health care in public health more broadly. Again, this is an aspect of self-care that is likely to have more relevance for middle and upper class individuals, and is unlikely to be accessible to women from less

privileged groups in society. Many working-class individuals are unlikely to have the time, financial or emotional resources to invest in holistic spirituality and self-actualisation activities (Keshet & Simchai, 2014).

8.5 Self-compassion

While self-compassion is an aspect of mindful self-care (Cook-Cottone & Guyker, 2017), it has also been implemented in stand-alone interventions to improve some women's body image. Self-compassion is an integral component of positive body image, and participation in self-compassion meditation training has been found to produce gains in self-compassion and body appreciation as well as reductions in body dissatisfaction, body shame and appearance-contingent self-worth (Albertson et al., 2015; Tylka & Wood-Barcalow, 2015). Moreover, individuals who are high in self-compassion also demonstrate higher levels of intuitive eating (Stapleton & Nikalje, 2013).

The concept of self-compassion resonated strongly with participants in this current research, particularly as a means of avoiding the self-criticism and guilt they faced when they failed to live up to their idealised standards of holistic health. In this way, the findings of the current ethnographic study reaffirm the continued need for self-compassion approaches to help cultivate women's positive body image. That self-compassion was a prominent theme in the interviews suggests that women may be quite receptive to self-compassion interventions, particularly given the parallels between self-compassion and holistic health philosophy. For instance, the concept of self-compassion includes maintaining an attunement to the body's unique needs through a sense of bodily intuition and wisdom, as well as recognising the need to practice self-compassion in light of these perceived needs (Neff, 2011). In a similar way, under the holistic paradigm of health, women are acknowledged and valued as the 'experts' of their bodies and their lives, and encouraged to draw on their unique ways of knowing, the inherent wisdom of the body, and their experiential knowledge, in order to bring about better health (Nissen, 2015).

Due to the paucity of longitudinal studies in the area, it is unclear whether self-compassion may function as a cause or consequence of positive body image (Wasylikiw et al., 2012). Nevertheless, existing research demonstrating the role of self-compassion in women's body image points to the meaningful contribution this

practice can make in interventions promoting women's positive body image. In particular, self-compassion can assist women to be accepting of and appreciative of their bodies, by mitigating the sense of judgement and self-criticism they experience in the context of body-related threats, including their inability to achieve idealised health standards. Notably, when participants spoke about self-compassion in the current ethnographic study, they were referring to a general mindset and attitude towards oneself. This suggests the opportunity for more formal self-compassion training, such as the self-compassion meditation training conducted by Albertson, Neff and Dill-Shackleford (2015), as a useful and cost-effective means of encouraging positive body image among women.

8.6 Critical media literacy

As described in this thesis, a core component of positive body image is the ability to uphold positive feelings about the body in the context of body-related threats and challenges, including sociocultural ideals transmitted through various media channels (Menzel & Levine, 2011; Tylka & Wood-Barcalow, 2015). To this end, media literacy interventions aim to develop critical viewing and thinking skills in response to the media, so as to reduce vulnerability to the media's negative effects on body dissatisfaction, and minimise eating disorder risk. In support of this approach to improving body image, a recent meta-analysis by McLean, Paxton and Wertheim (2016) reported that a number of media literacy-based interventions have proven successful in improving a range of body-related outcomes including internalisation of the thin-ideal, body size acceptance and drive for thinness among girls. In addition, social media literacy interventions are emerging as an innovative approach to address specific challenges to body image posed by social media, including the transmission of appearance ideals, as well as peer comparisons and appearance-related commentary. Specifically, as reported by McLean, Wertheim, Masters and Paxton (2017), favourable effects on adolescent girls' body image, disordered eating and media literacy were observed following a pilot intervention that combined media literacy strategies with a peer influence approach.

As reflected by participants' comments in the current study, the pervasiveness of thin-ideal media means that women may find it difficult to challenge these messages, despite being aware of the unrealistic nature of the ideals they promote. This

supports the ongoing need for critical media literacy interventions to help promote positive body image among women. In addition, while research on social media literacy interventions is only just emerging (McLean et al., 2017), it would seem that such approaches are warranted on the basis of the unique challenges posed by this environment, and as indicated by participants' narratives in the current study. Indeed, a number cited the social media environment as one of the major challenges to maintaining a positive body image, including the pressure created by idealised images of both celebrities and non-celebrities, as well as the public appearance-based and health-related commentary that they are witness to. These findings mirror the accumulation of research demonstrating that social media provides a climate ripe for potentially harmful social comparisons, with associated risks to body image (Fardouly & Vartanian, 2016).

As suggested by the findings of the current research, women may be especially challenged by thin-ideal media when it is framed primarily as a matter of health rather than appearance. Arguably then, positive body image intervention strategies could benefit from expanding their focus to incorporate critical health media literacy (Higgins & Begoray, 2012), to enable women and girls to engage critically with media messages about health, particularly those messages pertaining to women's appearance. The need for such strategies to be incorporated into social media literacy interventions is indicated particularly on the basis of the trend towards idealised fitness imagery ('Fitspiration') on various social media channels. This topic was touched on by several participants in the current study who initially followed such content as a means to inspire them to become healthy, only to disengage from these specific sources later, due to the pressure they incited by portraying a largely unattainable ideal. Despite its purported goal, research has found that Fitspiration does not actually encourage exercise behaviour among women (Robinson et al., 2017). Encouragingly, however, social media may represent a novel avenue through which some women's body image can be actively promoted, such as through the viewing of self-compassion quotes on social media, which is associated with women's greater body satisfaction and body appreciation (Slater, Varsani, & Diedrichs, 2017). The use of social media as an avenue to promote positive body image represents a potentially significant focus of future research. This research could also investigate the extent to which disengaging from certain social media

channels or profiles (as demonstrated by participants in the current thesis) is an adaptive strategy to help uphold women's positive body image. Different elements of holistic health culture described in the preceding sections may provide a means for women to help challenge deleterious media messages, for instance through promoting a more embodied connection to the body, and a greater awareness of how their external environment affects their internal state, and acting in light of these needs (i.e. attuned and mindful self-care).

A particular avenue through which women can learn to become more critical of media messages is through adopting feminist beliefs and attitudes. Discussion will now turn to the topic of feminism, which constitutes one of the theoretical underpinnings of this study.

8.7 *Feminism*

This thesis specifically acknowledges that positive body image includes a self-protective way of processing body-related messages (Menzel & Levine, 2011; Tylka & Wood-Barcalow, 2015) and feminism can provide a useful lens through which to challenge the sexual objectification of women. In adopting a feminist 'lens', women are empowered to criticise culture rather than their own bodies when encountering unrealistic depictions of women (Piran, 2015). In illustration of this, research has found that feminist ideology and beliefs can enable women to be more critical of cultural messages about beauty and help protect against the effect of appearance-focused social comparisons on body image (Myers et al., 2012; Rubin et al., 2004). Moreover, identification as a feminist is negatively associated with internalisation of negative media messages that promote the drive for thinness, likely because it leads to an elevation of critical consciousness to resist and/or reinterpret body-related threats (Murnen & Smolak, 2009).

That a number of participants in this thesis so keenly cited feminist arguments, and appeared to use them as a vehicle through which to criticise gendered appearance norms, reinforces the potential for feminist-informed interventions to help promote positive body image. Specifically, several participants' comments in this study indicated an ability to identify and label instances of sexual objectification, and place self-objectification in context; these are among the intervention strategies suggested by Tylka and Augustus-Horvath (2011) to assist women in fighting sexual

objectification. In addition, the women represented in this thesis also expressed an awareness of harmful social comparisons and recognised triggers to self-objectification experiences. However, they also expressed a sense of conflict relative to defying the thin-ideal; hence, a heightened awareness of sexual objectification on its own may be insufficient. As such, to counter negative messages there may be a need to emphasise other more practical prevention and intervention strategies to help strengthen women's resistance to appearance ideals in a sexually objectifying milieu. More practical strategies could include, for example, creating and practicing pre-prepared statements (scripts) to respond to objectifying comments (Tylka & Augustus-Horvath, 2011).

Promoting women's ability to conceptualise beauty in a broad, inclusive and flexible way is another characteristic of positive body image (Tylka & Iannantuono, 2016), and a valuable target for feminist-informed intervention efforts that enable women to challenge gendered appearance norms. Research has found that broad conceptualisations of beauty are associated with women's higher levels of body appreciation and self-compassion, as well as better quality of life relevant to body image, and lower levels of thin-ideal internalisation and social comparison (Tylka & Iannantuono, 2016). A number of women in the current study spoke openly about perceiving beauty in diverse ways that differed from the sociocultural ideal, which suggests their receptivity to such approaches for promoting positive body image. However, beauty was often conceptualised in a way that depended on an individual's adherence to health ideals, and thus reinforced the primacy of holistic health behaviours in determining an individual's value or worth. This suggests the need to promote broad conceptualisations of beauty that, instead of being associated with particular behaviours, are based on unique aspects of an individual's personality and way of being. Such a dynamic has previously been articulated by participants in Holmqvist and Frisén's (2012) study. Similarly, Tylka and Augustus-Horvath (2011) also suggested that assisting women to emphasise internal qualities is one way to challenge sexual objectification. There is a clear need for further research in this area, however, to help inform the nature of intervention strategies. Such research could also investigate how women's perceptions of beauty and health interact, and the implications for positive body image. Notably, in this current study, participants' ability to conceptualise beauty using broad parameters was limited to

their perception of others' beauty. As per Tylka and Iannantuono's (2016) declaration, this justifies (and calls for) the need for intervention strategies that foster women's ability to notice the beauty in themselves.

Importantly, feminism should not be considered a panacea for body image disturbances (Rubin et al., 2004) and in promoting feminist interventions for body image, it is also imperative to address the resistance that some women and girls may feel to embracing a feminist identity (Borowsky et al., 2016). Specifically, there may be a sense of tension experienced by women amidst the constraints of a culture that sanctions the objectification of female bodies, and provides rewards and benefits for compliance (Rubin et al., 2004). This was certainly evident among the participants in this ethnographic study who, despite expressing strong feminist beliefs, still found it problematic to relinquish the quest to achieve sociocultural appearance ideals. This highlights the need for feminist interventions to target change at the societal-level, beyond that of the individual; so that new social norms support an individual's pursuit to challenge the sexual objectification of women. This proposition is afforded specific attention in the next section, and serves to culminate the overarching position, or call to action, that this thesis advocates.

8.8 Societal-level interventions

The strategies for intervention that have been outlined thus far aim to improve positive body image at an individual level, through cultivating individual women's characteristics of positive body image and their resilience in the context of societal pressures, including gendered appearance norms and the thin-ideal. However, there is also scope for interventions that act on broader sociocultural factors implicated in women's body image. In contrast to individually-orientated approaches to body image intervention, universal prevention programs recognise the broader sociocultural context in which women's body image develops (Bell, Rodgers, & Paxton, 2017). These may take the form of interventions that reduce women's opportunities to engage in behaviours detrimental to body image, as well as education programs implemented at a wider societal-level to improve awareness and alter cultural norms (Levine, 2017). The need for interventions addressing these macrolevel factors is justified on the basis of the enduring and powerful drive to attain cultural standards of attractiveness. Societal-level intervention strategies to

foster the development of positive body image are also very much in accordance with one of the central tenets of feminist research; that is, the goal of creating social change (Reinharz & Davidman, 1992).

The findings of the current study provide support for the use of broader societal-level interventions to promote positive body image, including to help address some of the limitations of individual-level interventions as outlined above. Indeed, individual-level interventions implemented in isolation of broader social changes are likely to have limited impact (Hesse-Biber, 1996). For example, despite having a strong sense of self and spirituality, valuing their body's functionality, practicing self-acceptance and self-compassion, and holding feminist beliefs, many of the women in this study felt challenged and conflicted in responding to appearance pressures in society. While some of these challenges may be posed by their alignment with holistic health ideals, it is also likely reflective of the broader sociocultural environment that communicates to women that their value is dependent on the way they look. As many participants ardently described, the immense pressures of living up to unattainable appearance standards are such that, even with their best efforts, it is incredibly difficult to resist the desire to conform. Significantly, the women in this study were able to articulate how society would be different if women felt good about their bodies; in particular, how it would enable women to reach their potential and invest time and energy in other, nonappearance-related pursuits – a point made some years ago in Naomi Wolf's (1991) seminal work. As illustrated by these findings, women have a keen desire to challenge sociocultural norms, but may feel powerless to do so on their own. This suggests the potential for collectively working together to defy the cultural norms that maintain the tyranny of thinness. Indeed, a number of women in this study favoured the idea of women acting as a sisterhood, joined in solidarity to positively support one another.

As many of the women in this study described, they internalised a negative body image during adolescence and prioritised appearance over their health and wellbeing, even to the point of some experiencing eating disorders. This reinforces the need for preventive interventions to help build adolescent girls' resilience in the face of threats to positive body image. Notably, universal body image interventions directed at children and adolescents play a central role in attempting to change

broader-level cultural norms about appearance and the body (Bell et al., 2017; Levine, 2017). Implementing broad-level interventions targeting the sociocultural environment at pivotal stages in females' lives when body image originally develops may help them to develop a more positive attitude towards their body in the first place. Additionally, later in adulthood, their positive body image could be strengthened through the presence of supportive peers with similar values. As previous research has found, women with a positive body image tend to surround themselves with other people who are similarly accepting of themselves, thus further reinforcing their positive body image (Wood-Barcalow et al., 2010).

Peers are a central influence in reinforcing appearance ideals (McKinley et al., 2011) and there is evidence that women's body appreciation is at least partly determined by their perception of greater body acceptance from others (Andrew et al., 2016b; Augustus-Horvath & Tylka, 2011; Avalos & Tylka, 2006). Therefore, to foster a positive body orientation in women, there is a clear need to work towards reducing weightism and the lack of body acceptance by others as it is transmitted through women's social networks (Avalos & Tylka, 2006). In this way, there is potential for building a culture of positive body acceptance among women, with communication of mutual acceptance and respect, so as to further encourage positive attitudes towards the body (Avalos & Tylka, 2006). As outlined here, such efforts could begin in the school setting, by attempting to change sociocultural norms among children and adolescents.

Indeed, the school setting presents an ideal opportunity for the dissemination and implementation of body image intervention programs, which have previously proven successful in improving body dissatisfaction and increasing body-esteem (Dunstan, Paxton, & McLean, 2017; Halliwell et al., 2016; McCabe, Connaughton, Tatangelo, & Mellor, 2017). Moreover, these interventions can encompass content relevant to valuing diversity in appearance, peer relationships and appearance conversations, as well as managing appearance-related teasing (Dunstan et al., 2017; Halliwell et al., 2016; McCabe et al., 2017). Encouragingly, one noteworthy school-based intervention in Australia (the *Healthy Me* program) included sessions that explored the concept of physical health, and integrated messages about promoting healthy diet and exercise, as well as other health strategies such as managing stress (McCabe et al., 2017). This highlights an important target for future interventions,

including facilitating an understanding among young people of how positive body image can, in some ways, be facilitated by diet and exercise (i.e. nutrition and movement as a means of mindful and attuned self-care), as well as hindered by it (i.e. idealised health standards and rigid eating and exercise regimes). In this manner, such interventions could aim to influence peer-level norms about both appearance and health. On the basis of findings in the current research, it is also suggested that universal prevention and intervention programs could incorporate an understanding of how other aspects of self-care (e.g. mindfulness and meditation practices) could undermine the development of positive body image; for example, when they are practiced in a way that is devoid of an attitude of self-compassion and an attunement to the body's needs, and thus could serve to reinforce processes of self-surveillance and self-monitoring.

A few of the women in this study spoke about the sexualised cultural milieu that contributes to women's body dissatisfaction; this reinforces the need to address boys and men's appearance-related attitudes in relation to girls and women. It is in this vein that co-educational programs such as the Happy Being Me program (Dunstan et al., 2017) are conducted, and which seek to improve both girls' and boys' body image individually, and by addressing boys' attitudes towards and expectations of girls' appearance. Similarly, media literacy interventions that aim to reduce internalisation of media ideals, can be imperative in attenuating girls' and boys' individual risk for body dissatisfaction (Wilksch, Tiggemann, & Wade, 2006), as well as likely influencing boys' perceptions of whether media ideals represent a realistic and attainable standard that women should be expected to align with. As argued by feminist theory, intervention efforts that focus on preventing boys and men from sexually objectifying women, alleviate girls and women of burdening the full responsibility of fighting their own self-objectification in society (Tylka & Augustus-Horvath, 2011).

Again, while the universal intervention and prevention strategies described here are generally targeted at reducing body dissatisfaction and risk of eating disorders, it is likely that they can also promote aspects of positive body image. Indeed, and as noted previously, many of the factors implicated in the development of negative body image also play a role in determining women's positive body image, including self-objectification, social comparison, appearance media consumption, and thin-

ideal internalisation (Andrew et al., 2016b). Similarly, according to Piran (2015), several existing prevention programs found to be effective in reducing negative body image and thin-ideal internalisation are also likely to enhance positive ways of inhabiting the body. In particular, common program components include body appreciation exercises, as well as developing participants' critical voices and resistance strategies in response to social pressures (Piran, 2015).

As suggested by the findings of this study, to promote women's positive body image on a broader scale, it is also necessary to address structural features of the society that shapes how women view their bodies and selves. Social activism strategies aim to alter factors within the macrolevel environment that are implicated in the development of women's body dissatisfaction (Hesse-Biber, 1996). For instance, this may include lobbying to prohibit the use of ultra-thin models in the fashion industry (Record & Austin, 2016), the use of disclaimer labels on digitally altered thin-ideal advertisements (Bury, Tiggemann, & Slater, 2017; Paraskeva, Lewis-Smith, & Diedrichs, 2017), and legislation to limit/regulate sales of dietary supplements for weight-loss (Austin, Yu, Tran, & Mayer, 2017; Kulkarni, Huerto, Roberto, & Austin, 2017). Women can also be empowered to participate in social activism at the grassroots level through collective efforts to change cultural norms within their own communities (Hesse-Biber, 1996). Such examples have included a successful petition to phase out the controversial 'fat' and 'ugly' emoji's on Facebook (Hinde, 2015).

There is much opportunity for social advocacy efforts to be extended into the holistic health sphere. Common channels of communication (e.g. books and magazines) and places of congregation (e.g. health food stores, yoga studios) could provide a platform upon which social advocacy can be enacted to support women's positive body image. Targets for such advocacy efforts could include lobbying to restrict the sale of weight-loss products in health food stores.

As the current ethnographic research showed, holistic health adherents act as a culture-sharing group with common beliefs and values; by harnessing the power of this group to work collectively, there is potential for change to improve women's overall wellbeing, as espoused by holistic health philosophy. In Chapter 6, I described an instance of a yoga teacher trying to effect change by introducing new classes targeted at mothers and their teenage daughters to specifically promote

positive body image. Such strategies, at a grassroots level, should be further encouraged as a means to promote women's positive body image through acting on the social environment. It is conceivable that strategies that arise from within, rather than outside, the holistic health community are more likely to be endorsed by its adherents and have greater potential efficacy in achieving change. Changing aspects of the holistic health environment to be more consistent with positive body image would indeed be beneficial for those women currently engaged in this culture. Moreover, if this change was realised, women more broadly might be encouraged to turn to holistic health as a specific means through which to improve their positive body image. Likewise, the public health sector would be able to unreservedly recommend holistic health as a means to encourage women to adopt healthier behaviours (e.g. meeting diet and exercise recommendations) while also cultivating positive body image.

There is also much potential for grassroots advocacy efforts to change holistic health culture as it is portrayed on social media. One participant in the current study spoke about the culture of body shaming online among new mothers, with passionate advocates on either side of the debate as to whether women should be focused on exercise and fitness while raising young children. Yet, rather than engaging in hostile and futile debates about what these women disagree on, there could be a greater emphasis on what they do agree on, including simple positive body image and self-compassion statements. As an example, one online community encouraged girls and women to post a 'stamp' about positive body image on their social media page for others to see it ("Stamp out bodysnarking," 2012). Likewise, this strategy could be tailored to the holistic health environment, for example, by using 'stamps' or hashtags that discourage trends towards eating 'clean', in lieu of more intuitive eating approaches as consistent with positive body image. Importantly, however, it would be necessary to do this in ways that did not serve to amplify debate among women, or worsen the sense of competitiveness that is also likely to be detrimental to body image. The use of such strategies to foster positive body image among women is a worthwhile target for future research.

The representation of holistic health on social media is reflective of how the concept of health is constructed more broadly in society. As found in the current study, participants expressed a fervent belief in the value of health which, as demonstrated

in this thesis, can have important implications for how they relate to their bodies. While this suggests the utility of individual-level strategies such as those described earlier in this chapter, there is also an opportunity to inform change at a broader scale; specifically, by the way that understandings of health are shaped by public health messages.

Interestingly, it was the topic of anti-obesity discourse that was one of the initial avenues I pursued for this PhD study, only to later choose a more specific focus on positive body image, as expressed in holistic health culture. While obesity is a crucial issue for public health to address, it is my belief that it is important to approach this in a way that is not damaging to body image, and instead can enhance aspects of body appreciation and body respect associated with adherence to recommended health behaviours. Reflective of my enduring interest in this topic, I also undertook a separate (but somewhat related) body of research during this PhD project, that aimed to determine the current context for the promotion of positive body image among young women, as understood from the perspective of health promotion practitioners (Monks, Chisuwa, Thomas, Fletcher, & Fenner, 2016). This smaller research project, on *Professional (non-lay) Representations of Health and the Body*, has provided important insights which have informed the recommendations in this thesis. As such, I have included a brief overview of the background and rationale for this research project, followed by a summary of the findings and a discussion on how they can be considered together with findings from the current research, to inform future directions for public health.

The formative research on *Professional (non-lay) Representations of Health and the Body* (Monks et al., 2016) was premised upon my awareness and concern about the pervasiveness of public health messages regarding weight control, and their likely influence on women's positive body image. In the current context of high rates of obesity across many countries, anti-obesity messages have permeated into many facets of mainstream society (Lupton, 2015; Rail, Holmes, & Murray, 2010). Indeed, the rise of reality media focusing on competitive weight loss in recent years means that anti-obesity messages are further pervading the public and private spheres of modern life (Monson, Donaghue, & Gill, 2016; Sender & Sullivan, 2008). How anti-obesity discourse is framed, however, can have important implications for how people understand health, and it was this recognition that motivated the

aforementioned research. For example, anti-obesity messages can emphasise individual responsibility for the attainment of health and appearance ideals (Crawford, 1980; Rail et al., 2010) and, through presenting weight loss as a universal good, lending legitimacy to the pursuit of the thin-ideal (Orbach, 2009; Rich & Evans, 2005). Dominant anti-obesity messages and the 'weightism' that operates in wider society can also serve to reinforce the idea of evaluating the worth of the body based on its appearance, while also giving credence to an objectified view of the body (Tylka & Augustus-Horvath, 2011).

As illustrated by the findings of the current ethnographic research, how women perceive 'health' and the necessity to achieve an ideal state of health, can have important implications for the development of positive body image. While the participants in this study followed an idealised version of holistic health, the construction of health in dominant society more broadly is also likely to be a factor in influencing how these women perceive health and its importance in their lives, regardless of the means through which they seek to achieve it. However, by reframing the anti-obesity message, there is greater opportunity for public health to help influence mainstream culture, and to encourage women in particular to engage in healthy behaviours in ways that circumvent the risk of perpetuating body dissatisfaction and weight stigma.

A noteworthy endeavour to alter societal perceptions of weight and health is the social movement known as Health at Every Size (HAES). The HAES paradigm prioritises wellbeing over weight loss and espouses an explicit rejection of the diet mentality (Bacon & Aphramor, 2011; Tylka et al., 2014) While this is an empowering message for some (particularly those who have experienced weight stigmatisation), exhorting women to abandon their pursuit of the thin-ideal is an ambitious undertaking, particularly in the context of a sexually objectifying culture that offers rewards for their compliance.

Whether the HAES message is palatable among a health-conscious population such as the holistic health culture focused on in this research remains to be seen. Notably, HAES was not mentioned by any of the participants in this study, and likewise, I only first became aware of HAES when reading the scholarly literature on the topic of anti-obesity discourse. Arguably, the limited recognition of this approach could be

because it has more relevance for higher weight individuals. Nevertheless, by appropriating selected elements of holistic health culture highlighted in this thesis, especially those that are likely to have greater acceptability and relevance among a range of women, it is possible that public health can make some progress in terms of reframing anti-obesity messages to be more consistent with the cultivation of positive body image. For example, this could include a more positive focus on physical, mental, emotional and spiritual aspects of self-care, guided by an attunement to the body's needs. There is some room for optimism, in that there has been momentum around a joint and collaborative approach to address the spectrum of weight-related issues in public health (Austin, 2011; Ferrari, 2011; Russell-Mayhew & Grace, 2016). This compelling issue keenly awaits further research to determine how, in the context of public health efforts to stem high rates of obesity worldwide, women can still be encouraged to develop adaptive characteristics of positive body image.

As mentioned, during the course of this PhD study, I also coordinated a formative research study on *Professional (non-lay) Representations of Health and the Body* (Monks et al., 2016). Through this smaller research project, I sought to understand how health promotion practitioners perceived positive body image, and what they considered to be the benefits, risks and barriers to promoting positive body image alongside education about maintaining a healthy lifestyle. Semi-structured interviews were conducted with a total of 14 health promotion practitioners in the latter half of 2015, from the fields of nutrition, dietetics, physical activity, social marketing, workplace health promotion and obesity prevention, body image and mental health promotion. Central themes identified from the data included: perspectives on health, body image and obesity, barriers to health and wellbeing, and healthy lifestyle messages. The interplay between obesity prevention messages focused on weight control and body image was also discussed, as was the role of public health in addressing the culture of dieting among women, and assisting women to navigate the abundance of health information in modern society and adopt a more sustainable approach to healthy living. Based on the interviews, a set of recommendations were developed for strategies to support positive body image alongside education on maintaining a healthy lifestyle. In particular, these included addressing the emotional aspects of eating, taking the focus off weight-related

outcomes to consider broader perspectives on health, and providing education around mindful eating.

As argued in this thesis, promoting positive body image is a worthy goal of public health efforts to help ameliorate the detrimental health impacts of normative body discontent experienced by young women, as well as affording additional benefits for multiple aspects of their physical and psychological wellbeing. Encouragingly, the aforementioned study found that many of the public health practitioners expressed an awareness of, and concern about, how anti-obesity messages impact on women's body image, as well as the stigmatisation of overweight and obesity (Monks et al., 2016). It is anticipated that these findings will help to guide action aimed at strengthening the role of health promotion practitioners in the promotion of positive body image among young women. Such information may lead to the development of interventions that follow a broader conceptualisation of health and a more holistic approach to promoting positive body image alongside education about following a healthy lifestyle. Additionally, considered in conjunction with the findings of the current PhD study, there is opportunity for educating health promotion practitioners on the role of other aspects of positive body image. Specifically, while the practitioners demonstrated an openness to mindful (or intuitive) eating approaches, there is also opportunity for reframing healthy lifestyle messages to reflect a greater focus on self-care to support both mental and physical aspects of health, as well as the importance of critical health media literacy in supporting women to adopt healthy behaviours in ways that do not serve to undermine the development of positive body image.

8.9 Conclusion

The current study has extended the knowledge base on links between positive body image and holistic health culture, through demonstrating how particular facets of holistic health culture can potentially encourage the development of positive body image among women. Critically, it has revealed the intricacies of women's experiences of positive body image, and highlighted the multiple contradictions and complexities that exist at the nexus of appearance and health.

As outlined in this chapter, there is an array of existing intervention strategies for promoting positive body image, which are reaffirmed by the findings of the current

ethnographic research. Importantly, however, this chapter has also highlighted the limitations of such strategies, and suggested possible refinements based on the findings of the current study. For instance, this research has highlighted how intuitive eating may be a useful strategy to improve positive body image among a health-conscious population (i.e. to encourage their more flexible attitudes towards eating). However, on a practical level it may prove difficult (i.e. due to the complexity of issues surrounding food choice).

A number of intervention strategies to improve positive body image are only just emerging and, in this way, the current study has made a substantial contribution to the current state of knowledge on these issues. In particular, this research has considerably expanded understandings of the different types of self-care practiced by a group of women in the context of their everyday lives, and how they might relate in different ways to aspects of positive body image. The current study has also revealed how interventions based on mindfulness and self-compassion, for example, may hold particular appeal, and be well-received by women who adhere to holistic health principles, as well as women more generally. Furthermore, this research has also highlighted how women's feminist beliefs, while providing a lens through which to criticise instances of sexual objectification, may be insufficient in allowing women to relinquish the desire to achieve appearance ideals. Indeed, the complete renunciation of appearance ideals may not be a feasible goal. In many ways, this research also reveals how health ideals can substantially overlap with appearance ideals, with important implications for intervention strategies to improve positive body image among women. For example, intervention strategies focused on critical media literacy and critical social media literacy should also aim to equip women with the capacity to contest health messages that can pose a threat to a healthy and balanced relationship with their body.

The role of the broader sociocultural environment in shaping women's positive body image should not be overlooked. Hence, this chapter has also provided examples of how individual-level strategies can be complemented by universal prevention and intervention and social advocacy efforts. In addition, there is also potential for public health discourse about obesity to be reframed more positively to avoid exacerbating body dissatisfactions. This also points to the opportunity for public health to

appropriate elements of holistic health culture that are consistent with the development of positive body image.

Overall, through an examination of how women's engagement in holistic health culture shapes their experiences of positive body image, this PhD study has provided a nuanced understanding of this multidimensional construct, and particularly how health ideals interact with the different aspects of positive body image. The findings of this research reaffirm the continued need for a range of existing intervention strategies, as well as highlighting the limitations, and possible refinements of, certain approaches to promote positive body image among women. Further investigations into the lived experience of positive body image among women with different conceptualisations of health, as well as women from different cultural and socioeconomic backgrounds, will help contribute to a more well-rounded understanding of this construct, and how the more adaptive elements of these health cultures could be incorporated into comprehensive intervention programs to improve women's positive body image.

As noted in the preface, this research project has been partly driven by a sense that holistic health could provide a more empowering way of relating to the body, as compared to predominant weight-based health messages that emphasise strict diet and exercise practices, while minimising the role of other aspects of wellbeing. To this end, I set out to explore the parallels between positive body image and holistic health culture. However, while learning about the potential for holistic health to encourage women's positive body image, at the same time I also became aware of the considerable limitations of this paradigm, as illuminated through an understanding of sexual objectification theory. As stated, this thesis represents only the beginnings of my journey into feminism and reflects an ongoing commitment to challenge women's subjugated position in society, particularly as it relates to the way they experience health and relate to their bodies. Essentially, it is my belief that there is abundant opportunity to help counteract the deleterious self-monitoring processes that holistic (as well as mainstream) health culture gives rise to, particularly through ensuring an attunement to, and mindfulness awareness of, the body's needs. Through emphasising and legitimising women's self-care in ways that are supportive of overall wellbeing (including their physical health), it is anticipated that

the field of public health can make some progress towards promoting healthy lifestyles in a way that is consistent with the cultivation of positive body image.

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Appendices

Appendix A: Recruitment flyer



Research participants needed, women aged 18 and over

Do you see **health** as **holistic**, involving **body, mind** and **spirit**?

Do you engage with **complementary** or **alternative** medicine, **natural** therapies, or **wellness rituals** such as meditation or yoga?

A researcher from Edith Cowan University is conducting a study into how natural, alternative or holistic health and wellness practices may contribute to women's everyday (non-expert) knowledge about health and the body. We would like to hear about the health-related practices and wellness rituals you engage in, and how you take care of yourself and your body. This research will help contribute to a better understanding of how we can support broader understandings of health and a more positive approach to promoting healthy lifestyles in public health.

Participation in this study will involve one face-to-face interview (30-45 minutes) with the researcher at a time and location convenient to you. Interviews by phone or Skype can also be arranged. Participation in the study is voluntary and you will receive a \$30 Coles/Myer gift voucher in recognition of you volunteering your valuable time.

If you would like to participate in this study:

Please contact Helen Monks, PhD Candidate at the School of Exercise and Health Sciences by phone: 0438 990 281 or email: h.monks@ecu.edu.au to find out more.

This study has approval from the Edith Cowan University Human Research Ethics Committee



Appendix B: Sample email to holistic health centres

Dear <insert name>,

Subject: The 'wellness' movement: Shaping women's representations of health and the body

I am conducting a PhD research project at Edith Cowan University that seeks to investigate how wellness principles and practices may contribute to broader understandings of health among women. I am interested in speaking to women aged 18 years and above, who are members/clients at your wellness centre, and are willing to share their experiences of wellness in a face-to-face interview to be arranged at time and place convenient to the participant.

I would like to seek your permission to recruit women attending your wellness centre/classes for participation in these interviews. If you are in agreement, this will involve a recruitment flyer (attached) being placed at the reception desk or notice board at the wellness centre. Women interested in participating in interviews will also be provided with an information and consent letter as attached.

I would also like to attend wellness classes and public education sessions at the wellness centre to observe the nature of the information being provided to participants and implications for their understandings of health. Whilst I will take notes about the experience generally, the behavior of specific individuals will not be observed and individuals will not be identified through the observation.

Please indicate by return email or phone call to 0438 990 281 if you approve for me to conduct my research at your wellness centre. I will follow up from this email with a phone call if I have not received a response by _____.

If you have any queries about this project please contact me at the above phone number or email. Alternatively, please contact Leesa Costello at l.costello@ecu.edu.au. This research has been approved by the ECU Human Research Ethics Committee.

Thank you for your consideration of this request.

Kind regards,

Helen Monks

Appendix C: Participant information and consent letter



The 'wellness' movement: Shaping women's representations of health and the body

JOONDALUP CAMPUS

270 Joondalup Drive, Joondalup
Western Australia 6027
☎ 134 328

www.ecu.edu.au

ABN 51 361 485 361 CRICOS IPC 00279B

Dear Participant,

We are conducting a research project to explore how women's engagement in wellness practices and rituals may contribute to their understandings of health and their body image. This research recognises that body dissatisfaction is widespread among women who experience considerable pressure to maintain an appearance that is both healthy and attractive. Public health messages regarding weight control are commonplace in our society, and may contribute to individuals striving for ultimate physical health, sometimes to the detriment of their mental health and overall wellbeing.

What is the purpose of the research?

This research project is part of a PhD project that seeks to investigate how wellness principles and practices may contribute to broader understandings of health among women. We are interested in your attitudes towards health and wellness, the health practices and rituals you engage in, and how these may influence your relationship with your health and your body image.

What does participation involve?

Should you agree to participate in this research project, you will be asked to attend one face-to-face interview, lasting approximately 45 minutes. The interview will be arranged at a time and place convenient for you, and you will be provided with a \$30 Coles/Myer gift voucher as recognition for you kindly volunteering your time. The interview will be digitally recorded for transcription purposes and the recordings will be later destroyed. All information you provide will remain strictly confidential and will be accessible only by the researcher and supervisor of this study. Participation in this research project is entirely voluntary, and you have the right to withdraw from the study at any time without consequence.

You may benefit from participating in this research by developing a greater understanding of your wellness practices, attitudes towards health and body image. This research will help contribute to a better understanding of how we can support positive body image, and will inform recommendations on how a wellness approach to healthy lifestyles education can be promoted more broadly in public health.

If you would like to be involved, you will be asked to complete a consent form. For further information about this study or if you have any questions, please contact Helen Monks at hmonks@our.ecu.edu.au, or Leesa Costello at l.costello@ecu.edu.au. If you have any concerns or complaints about the research project and wish to speak to an independent person, you may contact the Research Ethics Officer at research.ethics@ecu.edu.au or (08) 6304 2170.

Thank you.

Helen Monks
PhD Candidate
School of Exercise and Health Sciences
Edith Cowan University, Joondalup

This research has been approved by the Edith Cowan University Human Research Ethics Committee

Consent Form

The 'wellness' movement: Shaping women's representations of health and the body

I _____ have read the information letter provided to me about participation in this study, and any questions I have asked have been answered to my satisfaction. I understand that should I have any further questions I may contact members of the research team. I understand that participation will involve being interviewed, and interviews will be digitally recorded for transcription purposes and later erased. I understand that all information gathered during this research project will remain strictly confidential. I agree that the research data gathered from this study may be published, and all personal information will be de-identified, with code names substituted for real names.

I agree to participate in this study, realising that my participation is entirely voluntary, and I may withdraw my consent at any time, without penalty or disadvantage to myself.

I hereby consent to participate in this study.

Name of participant (printed)

Signature

Date

Email address

Researcher's signature: _____ Date: _____

Appendix D: Interview guide

Health, wellness and the body

Interview guide

Introduction:

Thank you for participating in this interview. I am interested in what you think and feel about your health and wellness. There are no right or wrong answers to these questions, just your thoughts and feelings - please just be as honest as you can. I will ask you some questions to guide the interview process, but its okay to go back and forth between the different topics discussed in the interview. You don't have to answer any question that you don't want to and we can stop the interview at any time should you feel uncomfortable. The interview will be digitally recorded to help with transcribing your responses but it will not be listened to be anyone other than myself. When I have finished transcribing the interview you will have the opportunity to view your responses and tell me if they are an accurate representation of what you think and feel about this issue.

Do you have any questions before we begin?

1. To provide some background to this interview, could you please tell me a little about yourself?
 - age, marital status, occupation

2. From the following list of words (see attached), can you pick the **five** most important things for you in terms of your overall approach to health and wellness? Why did you choose these words?

3. What are some of the specific strategies you use to manage your health wellness?
 - Nutrition? Specific diet?
 - Physical activity?
 - Relaxation and self-care rituals?
 - Natural health practitioners?
 - What do you like about these? How do these make you feel?

4. If there anything that concerns you about your approach to healthy living, or anything you wish to improve?

5. What difficulties do you experience in trying to stay healthy and well?
 - Health issues?
 - Barriers – time and financial?
 - Wider societal/health system issues?

6. Can you share with me an example of when you weren't able to live up to your ideal of 'healthy living'? How did this make you feel?

7. What do you think is the importance of weight and appearance in maintaining health and wellness?

8. What do you think are some of the reasons women may have negative attitudes towards their weight and appearance? Who benefits from this?

9. How do you think our society would be different if women felt good about their bodies and the way they look?

10. What do you think would help women to feel good about their body and appearance?

11. What are some of the ways that you personally try to maintain a healthy attitude towards your body and the way you look?
 - What challenges do you experience when trying to use these strategies?

12. What do you think has influenced your own attitude towards your body and your appearance?
 - Role models?
 - Media?
 - Friends and family?
 - Holistic and natural health?

13. What types of general health advice do you follow?
 - Who do you listen to?
 - Medical, research, natural health, media?
 - Natural health practitioners?

14. What are your reasons for choosing these types of advice over other forms of health advice, such as messages from the Health Department or your GP?
15. How would you respond to criticisms about the credibility and trustworthiness of natural and holistic health?
16. What changes do you think need to be made to the public health system to improve women's health and wellness? What benefit do you think this would this have?
17. Looking back on your life since puberty and adolescence how has your attitude towards your overall health and wellness changed (if at all)?
 - Why do you think there has been this change?
18. What advice would you give to your younger self to improve your health and wellness?
 - What would you do differently?

Thank you for agreeing to participate in this interview. Your responses are very valuable and important to my research to help understand how women view their health and their bodies, and how we can work to improve public health in this area.

Appendix E: Word cloud

movement mindfulness
nutrition emotional
meditation mental sport
body fitness energy
spiritual nurturing
growth wellbeing
functional wellness weight
vitality holistic feeling
relaxation self-care
natural self-compassion
physical social
exercise appearance

Appendix F: Participant descriptions

Alice (27)	Alice is single and works in management in the energy and resources sector. She adopts a spiritual approach to managing her overall wellbeing, using holistic healing, Reiki and crystals. Stress management is important for her to help cope with anxiety and panic attacks, including mindfulness, yoga and breathing exercises. Alice notes that the breakdown of a serious romantic relationship has been a negative influence on her overall wellbeing and self-confidence in recent times.
Alison (23)	Alison is single, and a part-time nutrition student and health food store assistant. Her diet is high in vegetables, while minimising grains and dairy. She enjoys regular Pilates classes and jogging. Alison regularly consults with a kinesiologist to help with her energy levels and to balance emotional issues, and views this as an important tool in self-development.
Anne (37)	Anne is single and works as a massage therapist. Her approach to health and wellbeing emphasises regular meditation, including attending sound meditation classes. Anne has regular kinesiology treatments and sees a naturopath for nutritional advice. In the past, Anne has experienced burnout and panic attacks due to stress from overworking, and now values the ability to follow her body's wisdom about how far to push herself.
Chloe (37)	Chloe is married with a young son, and two stepsons aged 11 and 18. She works in the public service sector. Mindfulness is a key part of her approach to health, and she identifies as a Buddhist. Chloe uses a combination of alternative and conventional medicine. While nutrition is important for Chloe, she tries to avoid becoming obsessive about food, due to experiencing an eating disorder in the past.
Claire (55)	Claire is divorced, with four children aged 22 to 30 years old. She works in information technology. Claire eats organic and avoids dairy and meat in her diet, and is very conscious of nutrition, stemming from severe illness she experienced as a child and adolescent. She practices yoga and uses a range of alternative therapies, including Ayurveda, acupuncture, and energetic medicine. Claire values a spiritual approach to her health and cites self-acceptance and self-love as particularly important in helping to manage her overall health wellbeing.

Eleanor (72)	Eleanor is retired and has several children and grandchildren. She follows a diet of intermittent fasting and consumes mainly organic food, prepared from scratch. Eleanor was recently diagnosed with osteoporosis, and managing this effectively is an important part of her approach to health. She seeks to maintain a healthy weight, practices meditation regularly and prefers natural medicine as the first-line of treatment for health ailments.
Elizabeth (53)	Elizabeth is divorced, and has three adult children. She works in the education sector. Elizabeth follows Ayurvedic principles including dietary guidelines, which she describes as being well-suited to her on an emotional and spiritual level. Elizabeth meditates daily and practices TaiChi, and values her connection with nature for spiritual wellbeing. After suffering from an eating disorder in early adulthood, Elizabeth has embraced self-acceptance and healing through spirituality in her later years.
Emma (43)	Emma is married, with a 7-year-old daughter, and works part-time in administration and customer service. Emma values the role of holistic health in promoting overall wellbeing, including meditation and contact with nature. Along with an attitude of self-compassion, this holistic approach is also an important part of managing a debilitating mental health disorder, in conjunction with prescription meditation.
Grace (30)	Grace is single, and works in corrective services on a full-time basis. She enjoys yoga and walking, and tries to incorporate mindfulness practices into her life for her mental health. Grace follows a diet rich in whole foods, minimising processed foods, dairy, nightshade vegetables and gluten where possible. Self-care and self-love are an important part of Grace's approach to managing health and wellbeing, particularly after experiencing an eating disorder in late adolescence.
Hannah (27)	Hannah is married, a mother to two children and works in administration and marketing. She eats a mostly vegan, organic diet, and avoids genetically modified foods, MSG and phytotoxins. Hannah feels that a more natural and holistic approach to eating has helped her to become more accepting of her body and adopt a balanced attitude, particularly compared to adolescence when she would calorie restrict and exercise compulsively.

Isabelle (57)	Isabelle is married, has four children and grandchildren, and works in the aged care sector. Isabelle follows a vegan diet and practices mindfulness, and rarely experiences ill health which she attributes to following good health practices. She is currently trying to manage her weight through an intensive exercise training program. Isabelle also seeks to maintain her energy levels and brain health to ensure a good quality of life as she ages.
Katherine (55)	Katherine is a mother and grandmother who works in management and governance in higher education. She suffers from Inflammatory Bowel Disorder and follows a specific diet to manage this condition. Katherine prefers alternative medicine, including homeopathic remedies, due to her belief in its effectiveness, and that it is better for her. Katherine wishes to pursue meditation as a means of relaxation and to alleviate anxiety.
Lara (34)	Lara is married and a stay-at-home mum of two young children. Lara and her family follow a vegan diet with a high proportion of raw foods, and she regularly consults with a holistic nutritionist. Eating organic is a priority for Lara, who is concerned about exposure to pesticides and chemicals in food. She enjoys a variety of physical exercise including tae-kwan-do, kickboxing, walking and weight training.
Lauren (36)	Lauren is in a DeFacto relationship, has a 5-year-old daughter and is currently pregnant with her second child. Lauren works in records management. She participates in yoga and belly-dancing classes for relaxation and self-expression. In the past, Lauren has experienced very high stress levels from overworking in a competitive office environment and now recognises the need to balance her wellbeing. She believes it is more important to be healthy than to be overly focused on appearance.
Leah (45)	Leah is in a DeFacto relationship and works as a technical officer. She has a health condition that affects her mobility and hopes to manage this more holistically, by incorporating lifestyle changes with taking regular prescription medication. Leah would like to lose weight, but experiences several barriers to managing her health, including time and fatigue.

Lynne (62)	Lynne is married and works as a teacher of English as a Second Language (ESL). She recently lost a large amount of weight after undertaking a diet program, and nutrition remains an important priority in managing her health. Lynne also seeks to maintain her mental and spiritual wellbeing through regular meditation and mindfulness practice.
Marianne (51)	Marianne is married and has two sons aged 18 and 22. She works in administration. She eats organic food, enjoys regular exercise and has seen a range of alternative health practitioners. Marianne believes that being healthy is more important than weight, and it is important to celebrate the rituals of womanhood to help young women relate to their bodies more positively.
Maya (35)	Maya is married and a mother of two young children. She works in project management. Maya follows a low-sugar diet and would like to practice more yoga and meditation. Her participation in a women's group is an important part of Maya's approach to self-care. Maya feels that over time she has become more accepting of her appearance.
Melissa (24)	Melissa is in a DeFacto relationship, works in administration and is also completing her Masters in Health Promotion. She regularly sees a naturopath and has found the natural health approach particularly beneficial in resolving a chronic digestive disorder. Melissa enjoys regular yoga practice, as well as running for the physical and mental health benefits. She describes her diet as high in protein and good fats, low in refined sugars, with minimal carbohydrates.
Naomi (36)	Naomi is married, with two daughters, and is an early childhood teacher. Nutrition is a priority for her, particularly having been diagnosed with Crohn's disease, although she tries to eat across all the different food groups. Naomi practices mindfulness meditation, consults with a naturopath, and uses essential oils for health and relaxation. Having suffered from an eating disorder in the past, she is concerned about the body image pressures for her daughters, and tries to de-emphasise appearance and avoid media that promotes unrealistic ideals.

Natalie (32)	Natalie is married and has just finished her Master's degree. She uses alternative medicine to help manage her Chronic Fatigue Syndrome. She adheres to a mostly gluten-free diet and minimises dairy to help alleviate symptoms. Natalie enjoys walking and yoga for relaxation and participates in Zumba classes.
Nina (31)	Nina is married, with two young children, and works in administration. Nina follows a predominantly organic, plant-based diet and attempts to live as naturally as possible. She also prefers more natural therapies for managing her and her family's health. When Nina was younger she focused mainly on eating and exercise for appearance, but now her focus is more on being healthy.
Olivia (44)	Olivia is married, with two daughters, and works in marketing. Olivia visits a holistic general practitioner, and a holistic counsellor for her emotional health and wellbeing. She also has regular Bowen therapy treatments and consults with a naturopath for remedies to address the symptoms of her epilepsy, alongside prescription medication. Olivia values a spiritual approach to her health and does meditation, as well as working on self-awareness.
Rachel (34)	Rachel is single and works as a project officer. She follows a vegan diet, high in raw foods, and practices Ashtanga yoga daily. Following a breakdown from overworking, Rachel now prioritises her mental health to avoid stress and suffering from burnout and values the ability to stand back and put things in perspective.
Sarah (22)	Sarah is single, and works as a part-time receptionist at a natural health centre while studying nutrition. She follows a mostly vegan and organic diet, and seeks to prioritise her mental health and wellbeing through self-care and relaxation. Sarah's overall approach to health emphasises moderation and balance, following her recovery from an eating disorder in adolescence.