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## Turning Wounds into Wisdom: An Intuitive Inquiry into Healing Women's Body Image through Creative Expression

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St. Catherine University

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**Dedication**

We honor the many facets and intricacies of women everywhere,  
how they feel about themselves, their views and values,  
and their connections and contributions in this world.



We dedicate this research study to all women, Goddesses of every color, shape, and size,  
particularly those who have complicated relationships with their bodies.

*We see you. We appreciate you.*

*We respect you. We support you.*

*We recognize your pain and beauty.*

*We empower and encourage you to do YOU.*

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### **Abstract**

Body dissatisfaction among women is prevalent, affecting many facets of life and presenting few effective healing interventions for changing one's body perception. In the qualitative contexts of the critical paradigm and an intuitive culture of inquiry, we used A/R/Tography with the four researchers also acting as participants. To describe how creative expression may change a woman's deeply held perception of her body, we conducted and participated in a retreat focused on personal narratives, reflective journaling, storytelling, and individual creativity. Through the application of thematic analysis, we identified themes of community, exhaustion, hope, and insight. Results of this research suggest the potential for positive transformation in female body image perception by engaging in creative expression. Thus, women should be encouraged and empowered to participate in community-based events involving creative expression and storytelling as a modality for healing.

*Keywords:* Body image, A/R/Tography, creative expression, critical paradigm, intuitive inquiry, lived experience, storytelling

## Introduction

*Body dissatisfaction occurs when perceptions of one's actual body weight and shape do not meet desires or expectations...Whether stable or transient, the prevalence of body dissatisfaction among girls and women in Western society is widespread, with the majority reporting negative thoughts and feelings about their weight and body shape. Body dissatisfaction has been linked to disordered eating, depression and anxiety, suicide attempts, and poorer quality of life...Therefore, interventions to reduce body dissatisfaction in young women have long been considered an important research priority.*

(Moffitt, Neumann, & Williamson, 2018, p. 67)

Body acceptance and self-compassion are necessary for general well-being, impacting the maintenance of fulfilling relationships, the processing of feedback, and feeling a sense of control in one's environment (Andrew, Tiggemann, & Clark, 2015; Beekman, Stock, & Howe, 2017; Ferreira, Dias, & Oliveira, 2019; Ferreira, Pinto-Gouveia, & Duarte, 2013; Fiori, Aglioti, & David, 2017; Liss & Erchull, 2015; Neff & Vonk, 2009; Swann, Chang-Schneider, & Larsen McClarty, 2007). Body dissatisfaction among women is prevalent throughout Western society (Woodman & Steer, 2011). Poor body image among Western women is widespread, with some researchers reporting that up to 72% of women perceive their bodies as unacceptable and dissatisfactory (Fiske, Fallon, Blissmer, & Redding, 2014), with few documented successful interventions. Understanding that poor body image is a widespread concern in the Westernized world, we delve into the causes and solutions to improving women's perceptions of their bodies. For the purpose of this research, we use the terms "body perception" and "body image" interchangeably.

People who experience stigma about their appearance internalize that stigma and are more likely to encounter health concerns (Chrisler, 2011; Durso, Latner, & Ciao, 2016; Täuber, Gausel, Flint, & Som, 2018). Research strongly supports the parallel between women who are at war with their bodies and the onset of depression, self-objectification, low self-esteem, and



disordered eating (Guertin, Barbeau, Pelletier, & Martinelli, 2017; Jackson et al., 2014; Liss & Erchull, 2015; Lydecker & Grilo, 2018; Man Chow, Hart, & Tan, 2018; Nicoli & Liberatore, 2011; Wilson, Latner, & Hayashi, 2013). Maladaptive feelings of poor self-image and low self-compassion decrease psychological well-being and mental health (Lamarche, Gammage, Kerr, Faulkner, & Klentrou, 2016; Pinkasavage, Arigo, & Schumacher, 2015; Thøgersen-Ntoumani, Ntoumanis, Cumming, & Chatzisarantis, 2011; von Spreckelsen, Glashouwer, Bennik, Wessel, & de Jong, 2018). Additionally, contention with body image links the emotional presence of fear and disgust (Harvey, Troop, Treasure, & Murphy, 2002). Emotional triggers prompt self-defeating behaviors resulting in depression (Harvey, Troop, Treasure, & Murphy, 2002; Homan & Tylka, 2018), disordered eating, and social anxiety, mainly when there's a threat to one's self-esteem (Swami et al., 2013). Oliveira, Trindade, and Ferreira (2018) confirm that emotional well-being suffers due to body shame and mental instabilities around body image insecurities.

The majority of Western women experience a significant problem with poor body image, requiring effective interventions (Fiske, Fallon, Blissmer, & Redding, 2014). Specific interventions to change female body image perception, particularly those that do not include any physical change to the body, are few and far between. This lack of research is problematic as not every woman can (or should have to) physically change her body and may present with limitations due to illness, medication, genetics, and other unseen circumstances. Additionally, there is a need for more interventions in creating positive change for women's body image perceptions. Scholars and the medical community acknowledge the need for specific research around interventions to help women increase body appreciation (Andrew, Tiggemann, & Clark, 2015; Beekman, Stock, & Howe, 2017; Ferreira, Dias, & Oliveira, 2019; Ferreira, Pinto-Gouveia, & Duarte, 2013; Fiori, Aglioti, & David, 2017; Liss & Erchull, 2015; Neff & Vonk,

2009; Swann, Chang-Schneider, & Larsen McClarty, 2007).

Freie and Miller (2014) theorize that “from a Jungian perspective, accessing the energy of the soul is a way that psyche can be heard and for archetypes and energies beneath the surface of consciousness to be given voice” (p. 2). Artistic and creative therapies occur in many cultures to promote wellness and healing “in an attempt to record and release the energetic sense of lived experiences in a creative way for healing” (Freie & Miller, 2014, p. 1). Creative expression is an effective intervention in improving an individual's mental well-being (Anderson & Gold, 1998; Archibald & Dewar, 2010; Capous-Desyllas & Morgaine, 2018; Case & Rule-Hoffman, 2006; Cassone, Lewis, & Crisp, 2016; Garner, 2015; Herman, Harrison, & Backos, 2018; Holbrook & Pourchier, 2012; Pratt, 2004; Rogers, 2000; Rogers, 2016). Creative activities, such as painting, writing, storytelling, and other forms, can increase beneficial health and well-being (Garner, 2015). Creative expression may allow for opportunities of growth for women regarding their acceptance and compassion for their bodies. Therefore, the purpose of this research is to describe how creative expression may change a woman's body image.

Following this introductory chapter, we review the current literature on relationships women have with their bodies and address interventions to heal women's negative body perceptions. Then, we outline the project's theoretical lenses followed with professional and personal lenses from each researcher. Elaboration of the research design follows, with emphasis on the chosen method of A/R/Tography, the intuitive culture of inquiry used within the boundaries of the critical paradigm, then data collection and analysis. Finally, we discuss research findings, with a review of results and related implications.

### **Literature Review**

The purpose of this chapter is to review the literature relevant to body image and to explore potential changes to women's body image perceptions through creative expression. First, we review the literature related to women's body images. Then, we explore women's challenges to positive body perception. In conclusion, we discuss potential benefits of creative expression as a healing modality for body image discrepancies.

#### **Body Image and Well-Being**

Body image, also referred to as self-perception, is an increasingly complex topic among researchers (Andrew, Tiggemann, & Clark, 2016) and difficult to define. Grogan (2010) says that body image pertains to an individual's "perceptions, feelings, and thoughts" about their body and includes "body size estimation, evaluation of body attractiveness, and emotions associated with body shape and size" (p. 757). According to Ferreira, Pinto-Gouveia, and Duarte (2013), body image is a "central self-evaluative dimension" (p. 207). Andrew, Tiggemann, and Clark (2016) define positive body image as "holding love, confidence, respect, appreciation, and acceptance of one's physical appearance and abilities, and is distinct from an absence of body dissatisfaction" (p. 34). For the purpose of this paper, we define body image as an individual's body perception.

Western society creates an environment that reinforces negative self-perception and body image among women (Moffitt, Neumann, & Williamson, 2018; Woodman & Steer, 2011) by prioritizing the value of women's body shapes over personality, intelligence, respect, and integrity (Ferreira, Pinto-Gouveia, & Duarte, 2013). Women in Western society regularly experience the policing of their appearance, which often leads to equating one's body with self-worth as human beings (Liss & Erchull, 2015; Moffitt, Neumann, & Williamson, 2018). Such

societal views create a need for women to compare themselves to others while monitoring their bodies regularly, resulting in feelings of inadequacy (Ambwani, Baumgardner, Guo, Simms, & Abromowitz, 2017; Liss & Erchull, 2015). Constant comparison and feelings of inadequacy negatively affect women's body perceptions, as well as their general health. Disordered eating habits, for instance, illustrate how societal expectations negatively impact women's body image.

The following data indicates how societal expectations impact women's eating habits, affecting body perception. For example, women who feel ashamed of their bodies consume more calories than women who are not ashamed, while women who are worried about weight gain experience shame and eat less (Troop, 2016). Women with higher body satisfaction and better body image tend to weigh less (Goswami, Sachdeva, & Sachdeva, 2012). Beyond that, research finds that women who have higher body image satisfaction have lower weight and body measurements (Gois, Ferreira, & Mendes, 2018). In comparison, those with lower levels of satisfaction have higher weights and body measurements (Gois, Ferreira, & Mendes, 2018). These studies provide evidence that women in lower weight ranges can perceive their bodies more positively. Women with deeper concerns for body weight and the opinions of others have lower body satisfaction and increased tendencies for disordered eating (DE) (Lydecker & Grilo, 2019). Women who have body image dissatisfaction, low self-esteem, and unrealistic body image ideations are more likely to practice DE (Ferreira, Pinto-Gouveia, & Duarte, 2013; Zeigler-Hill & Noser, 2015). When women begin dieting or engaging in DE in an attempt to achieve societal beauty standards, they also damage and lose their hunger cues (Fredrickson & Roberts, 1997).

Disordered eating habits are a direct result of objectification (Fredrickson & Roberts, 1997). Furthermore, "objectification theory asserts that self-objectification, which manifests as

self-surveillance, leads to increased body shame and subsequent eating pathology” (Schaefer, 2018, p. 1). A woman may experience her body evaluation and judgment by others in her own home, out in public, at social gatherings, and in the media. All women are vulnerable to the destructiveness of objectification, particularly when cultural pressures lead to the internalization of it (Fredrickson & Roberts, 1997; Moradi & Huang, 2008). When a woman fits the description of physically attractive in her society, she experiences more privileges than women who do not; therefore, it makes sense that she would want to pursue this goal (Fredrickson & Roberts, 1997; Mahoney & Wilkins, 2006). Internalized cultural beauty standards and expectations result in increased mental health complications, including shame, depression, and anxiety (Fredrickson & Roberts, 1997; Moradi & Huang, 2008). Since objectification is persistent throughout a woman’s entire life, she may not be able to heal her mental health to a satisfying level (Fredrickson & Roberts, 1997; Moradi & Huang, 2008). Objectification makes a woman feel separate from her body and internal cues, including sexual, emotional, and psychological knowing. Feelings of disconnectedness from one’s body challenge the ability to maintain positive and/or accurate body perception.

Additionally, women’s increased attention to appearance results in decreased concentration towards the needs of physical and mental health (Fredrickson & Roberts, 1997). Objectification of women causes damage in many areas of their lives, including the cut and fit of their clothes, varying levels of responsibility placed on them for an attack or rape, and feelings of safety in their homes and work environments (Fredrickson & Roberts, 1997). Women’s physical and mental potentials often don’t surpass societal dictates deemed appropriate for women based on nearly unachievable levels of physical attractiveness (Fredrickson & Roberts, 1997; Moradi & Huang, 2008).

In addition to DE habits and objectification, poor body image may hinder women's sexual health. As a result of constant monitoring of their bodies, mental health symptoms, and past sexual trauma, women in heterosexual relationships report lower levels of sexual satisfaction and orgasms than men (Fredrickson & Roberts, 1997).

Body perception influences many areas of women's lives, including eating habits, mental health, sexual health, and how women talk about and refer to themselves. In the next section, we explore barriers women face that impede positive perceptions of body image.

### **Body Talk Challenges Women's Positive Body Perception**

Self-perceptions of physicality originate from reflections of external influences and societal expectations. Negative body conversation often results in damage to a woman's mind, body, and spirit (Guertin, Barbeau, Pelletier, & Martinelli, 2017). Weight stigma perpetuates the belief that people of a specific size or shape are lazy, incompetent, and immoral, causing women to strive to stay out of such categories through virtually any means necessary to maintain the status quo in society (Täuber, Gausel, & Flint, 2018). Attempts to adhere to what is socially acceptable can lead to conversations centered on changing one's appearance, eating habits, and exercising routes, due to fear of weight gain (Ambwani, Baumgardner, Guo, Simms, & Abromowitz, 2017, p. 85).

Body talk (BT) is a form of conversation used to express body dissatisfaction, alleviate weight-related guilt, decrease body image dissatisfaction, and increase social bonds and conformity (Ambwani, Baumgardner, Guo, Simms, & Abromowitz, 2017; Lydecker, Riley, & Grilo, 2018; Man Chow & Tan, 2018; Tzoneva, Forney, & Keel, 2015). Webb, Rogers, Etzel, and Padro (2018) characterize self-body talk (SBT) as "vocalizing self-deprecating evaluations of one's own body (e.g., "I look so fat in these jeans") in the presence of others" (p. 169). Body

talk conversations are prevalent among Western cultures in media, peer groups, and within families (Lydecker, Riley, & Grilo, 2018). Such conversations may include direct comments on a specific body part or person's weight, including teasing or criticism, but also consist of indirect comments on a person's weight or that of others listening (Lydecker, Riley, & Grilo, 2018; Mills, & Fuller-Tyszkiewicz, 2018). Most BT occurs during adolescence and young adulthood; however, it continues to occur throughout the lifespan, creating a culture of normalcy (Ambwani, Baumgardner, Guo, Simms, & Abromowitz, 2017; Tzoneva, Forney, & Keel, 2015; Man Chow & Tan, 2018). SBT has become a predictable part of the conversation among women, and while most do not enjoy negative chatter, they have a perpetual desire to conform to social norms of beauty and therefore participate in SBT (Tompkins, Martz, Rocheleau, & Bazzini, 2009).

Research linking negative body talk (NBT) to poor body image is emerging. According to Nichter and Vuckovic (1994), fat talk (FT) is a term that defines self-disparaging comments expressed to other individuals about the size or shape of one's own physical body or weight. Engeln-Maddox, Salk, and Mill (2012) define NBT as "how fat talk is associated with body dissatisfaction and the tendency to engage in fat talk" (p. 163). For the purpose of this paper, we will use FT and NBT interchangeably. Correlations exist between NBT and internalized body stigma, a conditioned internal preference towards thin bodies among women (Shannon & Mills, 2015). In regard to NBT, Man Chow and Tan (2018) state:

Like holding negative views toward fatness, frequently disclosing self-disparaging body-related complaints in everyday conversations with peers is a marker of women's compromised well-being. More precisely, a recent systematic review revealed higher levels of fat talk to be associated with increased depression, social comparison tendencies, perceived sociocultural pressures to be thin, appearance investment, body

dissatisfaction, eating disorder pathology, body surveillance, body checking, and body-related cognitive distortions in college women. More frequent fat talk was also linked to lower self-esteem, body appreciation, and body esteem in undergraduate females.

Therefore, the co-occurrence of anti-fat attitudes and fat talk is particularly problematic in undermining young women's psychosocial well-being. (p. 6)

NBT indicates an inadequate form of motivation that leads to depression, low self-esteem, and DE (Guertin, Barbeau, Pelletier, & Martinelli, 2017). Verbally objectifying one's body serves to manipulate, shame, and condemn people into exclusively identifying their self-worth by their looks and body type (Quinn, Kalen, & Cathey, 2006). Constant rumination, disparaging commentary from self and others, body surveillance, obsessive exercise, and DE often result from chronic self-objectification (Liss & Erchull, 2015; Guertin, Barbeau, Pelletier, & Martinelli, 2017).

Women who engage in body talk with other women have higher instances of restricting their food intake than women who listen but do not participate (Lin, 2017). Disparaging conversations about one's body can result in depression, anxiety, and DE; additionally, even well-intended BT can cause negative outcomes (Mills & Fuller-Tyszkiewicz, 2018). Tompkins, Martz, Rocheleau, and Bazzini, (2009) find that while women prefer to engage in positive body talk versus negative, they still expect it to occur among their peers. Participants report body dissatisfaction as a direct result of the compulsion to conform to societal beauty standards.

Body talk is something that many girls witness early in life, whether from peers, the media, or their families. Negative body talk (NBT) often occurs in the child's home through weight-related conversations overheard and comments directed toward the child (Man Chow & Tan, 2018). More than half of children witness negative body talk, specifically from their



mothers, regarding weight (Berge, Hanson-Bradley, Tate, & Neumark-Sztainer, 2016). Instances of BT and DE of adolescents are higher when their mothers reciprocate NBT (Man Chow & Tan, 2018).

NBT becomes more common among peers as women age. Women often engage in NBT among friends as an outlet for negative emotions and to diminish feelings of dissatisfaction (Gois, Ferreira, & Mendes, 2018). Women also use NBT to reinforce social bonds among peers (Gois, Ferreira, & Mendes, 2018). Women who report struggles with body image likely have/had mothers who brought attention to their bodies as children, while women with a strong sense of self do not report struggles with body image (Robbins, 2018). Women who engage in NBT have higher levels of negative body perception, internalized weight stigma, and habits of DE than women who only listen but do not participate (Mills & Fuller-Tyszkiewicz, 2018). Body talk participation, in contrast to merely listening, leads to greater validation (both internally and externally) of a socially constructed ideal thin body.

Positively intended BT, either self-directed or overheard, results in body dissatisfaction (Mills & Fuller-Tyszkiewicz, 2018). Women with significant negative body image tend to have high instances of NBT, and engagement in NBT not only facilitates disturbances to female body image but also has the potential to continue to do so across the lifespan (Mills & Fuller-Tyszkiewicz, 2018). In the next paragraph, we discuss negative factors correlated to body talk.

Body talk teasing is associated with body dissatisfaction and DE behaviors (Lydecker, Riley, & Grilo, 2018), dysfunctional appearance attitudes, the drive for thinness, body checking, body comparisons, higher levels of participating in normative NBT (Webb, Fiery, & Jafari, 2016), negative affect, anxiety, and depression (Ambwani, Baumgardner, Guo, Simms, & Abromowitz, 2017). Often, women use NBT to relieve distress from their body dissatisfaction

(Ambwani, Baumgardner, Guo, Simms, & Abromowitz, 2017). Poor body image is a health concern that requires the investigation of potential healing interventions. Informing future interventions to improve body perception is necessary to counter self-criticism, body image shame, unfavorable social comparisons, low self-esteem, and deflection of others' criticism (Ferreira, Dias, & Oliveira, 2019). The next section reviews benefits of creative expression relative to enhancing women's positive body image.

### **Benefits of Creative Expression for Positive Body Image**

Research suggests creative expression is a significant part of complementary medical interventions for mental health symptoms (Anderson & Gold, 1998; Archibald & Dewar, 2010; Capous-Desyllas & Morgaine, 2018; Case & Rule-Hoffman, 2006; Cassone, Lewis, & Crisp, 2016; Garner, 2015; Herman, Harrison, & Backos, 2018; Holbrook & Pourchier, 2014; Pratt, 2004; Rogers, 2000; Rogers, 2016). Henderson and Gladding (1998) indicate that creative arts occur across cultures and societies to enrich lives as the arts improve mental health, and that "creative arts draw people out of self-consciousness and into self-awareness by having them express themselves in a symbolic manner" (p.184). The successful use of creativity and artistic therapies to treat a plethora of trauma and challenges, including addiction (Shea, Poudrier, Thomas, Jeffery, & Kiskotagan, 2013), anxiety and depression (Archibald & Dewar, 2010; Clay, 2017; Freie, 2014; Racque-Bogda, Piontkowski, Hui, Ziemer, & Garriott, 2016; Rogers 2015; Smith, 2019), obsessive-compulsive disorder (Woodman & Steer, 2011), and physical and sexual abuse (Burgess-Proctor, 2015; Chittenden, 2013; Logel, Stinson, Gunn, Wood, Holmes, & Cameron, 2014; Robertson & Thomson, 2014) is well documented. In a review of the profound effect of feminist theology and art creation on a woman's growth in their environment, Clay (2017) concludes that art provides a voice for women to expand beyond the restraints of society's

expectations of them. Clay (2017) also states that creating art through a feminist lens may release the trauma held in women's bodies. However, very little research exists that addresses creative intervention as a remedy for poor female body image and associated issues.

Interventions are necessary to improve inferior body image, thus leading one's body perception to improve (Grogan, 2010). Therapeutic interventions around poor body image should define what it is, the negative impact it has on other women, and how to dismantle it (Mills, & Fuller-Tyszkiewicz, 2018). Research points to the intersection of creativity and health, and the positive influence of creative expression on holistic mental health (Garner, 2015). Utilizing mindful interventions such as artistic creativity and reflective journaling (focusing on gratitude, self-compassion, positive body talk, and self-acceptance) may positively alter one's body perception and set the groundwork for increasing self-acceptance. Artistic ability is not necessary as it is the process of being creative and not the artwork itself that holds the potential for transformational healing (Garner, 2015). Creativity, at its core, needs space to emerge on its own (Rogers, 2000) and various types of creativity allow for positive, life-changing outcomes. According to Garner (2015), "[a]ctivities often described as creative and those that produce therapeutic health benefits include art, dance, music, drama, storytelling, painting, and various forms of writing" (p. 97). Additionally, Fortuna (2019) found working with clay may heal anxiety and self-consciousness.

Anderson and Gold (1998) report the use of creative expression and art therapy for women's emotional healing before professional counselors came into existence. Women find crafting to be a non-verbal method to heal from trauma, loss, and depression (Anderson & Gold, 1998). Quilting, in particular, is a powerful way for women to translate their life experiences into symbolism (Anderson & Gold, 1998). Case and Rule-Hoffman (2006) state that art creation,

specifically the act of painting, alleviates uncomfortable thoughts and emotions, and provides peace and calm. The use of hands is not the only way to develop creative expression. Storytelling promotes authenticity and connection among participants (Hayman, Wilkes, Jackson, & Halcomb, 2011), which includes empathetic listening, allowing for safety in creativity, and the opportunity to explore feelings and identify with others on a deeper level (Rogers, 2000). Art creation encourages people to explore feelings with an array of mediums that may produce unique outcomes, both individually and as a group (Hogan, 2001).

Rogers (2000) states that, “we express inner feelings by creating outer forms” (p. 230) and that creative expression facilitates healing, uniting the mind, body, and soul to release emotional stress. Artwork speaks with its own unique language and provides additional space for emotions to find a voice (Rogers, 2000). According to Hogan (2001), “The creative process has the last word, and cannot be translated...a picture speaks for itself through the way it is made; image and meaning are identical” (p. 21).

Data supports that a variety of mental health symptoms are the result of holding a disparaging view of one’s body (Mills & Fuller-Tyszkiewicz, 2018). While there is a lack of research measuring the influence of creative expression exclusively on female body perception, we have presented data supporting that creative expression decreases mental health symptoms in general. Creative expression may be a realistic option to many, as it is accessible to anyone desiring a creative outlet.

On creative expression, Anderson and Gold (1998) state it is to “express the unspeakable, to soothe the self, and to connect to other women who could understand and share the symbolic meaning of their journey” (p. 15-16). We use this artistic platform to develop methods for

women attempting to improve body image perceptions. It allows for creative autonomy, weaving threads into the tapestry of the collective experiences of women.

### **Summary and Research Question**

More than half of women battle with their body image and subsequently suffer from resulting adverse health. Due to the lack of research in the area of developing positive body images for women, medical scholars and health experts identify the need for specific research in interventions. Creative expression may have a beneficial healing effect that helps women shift damaging body image perceptions. Therefore, the purpose of this study is to describe how creative expression may alter women's self-image perceptions. Our research question is: "Can a woman's perception of her body change through creative expression?"

### **Research Lenses**

The purpose of this chapter is to present the relevant research lenses that formed the development, implementation, and interpretation of this research study. Presenting our lenses provides an opening to share our personal biases and lived experiences that contribute to the chosen design, data collection, analysis, and conclusion of this research. It is with intention that we used the most common of our shared assumptions within epistemology, ontology, and culture of inquiry. By isolating our ideals through the discovery of our personal and group lenses, we developed and analyzed our research with the focus on feminist theory. Through sharing and utilizing our voices, we empower the reader to evaluate the reliability and validity of this research study.

To begin, we provide details on our research paradigm and the cultural frame of inquiry. Then we describe our theoretical lens and its influence on the project's creation. Finally, we share our personal and professional lenses. The decision to combine the personal and professional lenses was an artistic one. Our research topic blurs the lines between personal and professional experiences. Therefore, we believe combining them allows for more relevant context and increased authenticity in the accountability of our researching standards.

### **Research Paradigm and Culture of Inquiry**

At the start of this research journey, we discovered common ground within the context of the critical paradigm. Choosing critical paradigm allowed us flexibility, “which could help in suggesting betterment in the unbalanced social system” (Asghar, 2013, p. 3124). Additionally, it affords the opportunity for us, as researchers, to “challenge and improve the status quo” (Asghar, 2013, p. 3126), and “discover new dimensions to explore and present findings” through the

method of A/R/Tography (Asghar, 2013, p. 3126). The critical paradigm also informed the design and implementation of our research which we speak to in the Method chapter.

Bentz and Shapiro (1998) define a culture of inquiry as a “chosen modality of working within a field, an applied epistemology or working model of knowledge used in explaining or understanding reality” (p. 83). In deciding our culture of inquiry for this project, we examined our values, traditions, personal and social norms, and our relations within community. This examination led us to choose creativity to represent the aforementioned qualities. More specifically, we chose A/R/Tography to allow for the element of art/creativity as well as a narrative format. As featured in the Results chapter, we consciously intended to include participant responses via direct quotation whenever possible. In addition to the A/R/Tographic culture of inquiry, we applied the theoretical lens of female objectification theory within the framework of feminist theory to our research design, implementation, and interpretation.

### **Theoretical Lens**

The grounding theoretical framework in this research study is that of feminist theory. The theory suggests that social and sexual objectifications of women’s bodies become part of their lived experiences. Recognizing that we, four adult women, possess such lived experiences influenced our research design and our interest piqued as we explored unconventional methods of intervention for challenges to self/body perception. As researchers, we acknowledge the interconnectedness of our own personal and professional lenses and how this relevance lends credibility to our chosen design.

To confront and understand feminist issues around body image, we turned to creativity to strive for reconciliation and resolution within an anti-oppressive framework (Capous-Desyllas & Morgaine, 2018, p. 58). We used female objectification theory to provide necessary context to

female lived experience (action), female perspective (reconciliation), and female purposefulness (resolution). As well, we establish particular links to our research study which we elaborate on in the Results chapter.

**Female objectification theory.** Feminist theory, particularly female objectification theory, heavily influenced the design of our data collection. The root of our intention lies within empowering each participant to speak and write about lived experiences around body image and self-perception, which we predicted would facilitate healing through storytelling and reflection. Through a feminist lens, we explored and verbally illustrated our emotions and experiences. With feminist knowledge and language, we communicated different ways of knowing, seeing, feeling, and becoming beyond the social expectations applied to us as children and young adults.

Feminist theory aims to examine gender inequality and promote the social advancement of women (Abbott, Wallace, & Tyler, 2005). Female objectification theory frames our study of women's perception of body by examining gendered discipline and analyzing engendered disciplinary practices relative to the female body and resulting bodily perceptions. As Bartky (1990) observes, "it is women themselves who practice this discipline on and against their own bodies....The woman who checks her make-up half a dozen times a day...who worries that the wind or rain may spoil her hairdo...who, feeling fat, monitors everything she eats, has become...a self-policing subject, a self committed to relentless self-surveillance" (p. 80).

Fredrickson and Roberts (1997) suggest that female objectification begins in childhood and continues throughout adulthood, resulting in female bodily objectification playing an influential role part in the female lived experience. Slater and Tiggemann (2002) report that adolescent girls experience the same levels of objectification and appearance anxiety as adult women. Sexual objectification occurs when a girl or woman is viewed and valued *not* as a whole



and autonomous person, but rather as physical body parts that exist solely to satisfy the sexual appetites of others (Kahalon, Shnabel, & Becker, 2018). Each woman's specific and subjective experience of objectification is dependent upon the intersectionality of her particular identities, including but not limited to race, age, gender identification, and socioeconomic status, and results in rarely allowing her to feel safe in her own body (Fredrickson & Roberts, 1997).

### **Professional and Personal Lenses**

Our professional and personal experiences provide a wealth of knowledge, keen insight, and dominant ownership of how we visualize women's body perceptions changing through creative expression. The four of us are in various stages of acquiring a Master of Arts in Holistic Health Studies at St. Catherine University in St. Paul, Minnesota. Our research group was born over french fries and pie after class one evening. A connection quickly emerged once we started sharing how external messages wreak havoc on our body image perceptions and how we attempt to make peace with our bodies daily. We agreed that diets are a toxic culture that perpetuate feelings of unworthiness in women. We discussed different books we've read, shows we've watched, and advertisements we've seen, all with mixed messages and confusing presumptions of how women feel about their bodies. We recalled memories that created and perpetuated the belief that we must do everything within our powers to conform to society's trending ideals of beauty. Such messages and experiences make up the ingredients of the oppression stew served to us, and contribute to trauma that we, as women, have experienced during our existence.

A few months into our research journey, a fourth member joined our team. Initially, it was unclear to the original researchers if the fourth contributor would share the same passion for the research purpose, but it quickly became clear that she did, which enforced our inclination that most, if not all, women have complicated body image perceptions. As well, it was clear that

women crave change and healing from the negative perceptions of the self/body they carry through most of their lives.

While the details of our stories differ dramatically, the interconnectedness of our experiences are undeniable. An interest in understanding each other's experiences emerged, combined with empathy and compassion for the stories we did not relate to. Questions arose that we had thoughts and theories on but were unable to form concrete answers to in the moment. Why is it hard for women, in particular, to believe that their bodies are good enough, simply as they are, in the present moment? Is it possible to change how women see their bodies without actually changing their physical appearance? We asked ourselves what would it look like to hold space for women, namely ourselves, as we share personal stories, reflective writing, and art while considering a potential research question, *Can a woman's perception of her body change through creative expression?* In acknowledging our powerful roles as both researchers and participants in the data collection and analysis of our research study, we detail our professional and personal experiences and how those experiences have affected our research journey.

As Creswell and Creswell (2018) indicate, reflexivity is when the "inquirer reflects about how their role in the study and their personal background, culture, and experiences hold potential for shaping their interpretations" (p. 186), and ultimately frame the direction of this research project. Therefore, we reveal our professional and personal experiences and how we link them to this research project.

**Mary Jewison.** I begin with my personal lenses. I grew up an athlete. I was in basketball, track and field, and played 4-H softball. I was an all-state high jumper my junior and senior year of high school. I was thin, muscular, active, and clueless as to what my body was capable of and how "perfect" it was.

My entire life, I watched my mom struggle with her weight. Her mom (my grandma) was “perfect;” never weighing more than around 130 pounds. Grandma would eat half a banana with one slice of toast for breakfast, followed by one shredded wheat for lunch and a “balanced” dinner. That was it. She never seemed to stray from that routine. She was very particular about her appearance and I would watch her sit at her vanity desk, which was surrounded by mirrors and lights, and apply make-up for nearly an hour every time we needed to leave the house. She got her hair set every Thursday at the beauty salon. This was the example that was set for my mom. As a result, my mom has always struggled with her image. Growing up, I watched my mom go on and off Weight Watchers and other diets throughout my childhood. I don’t specifically recall her commenting about my body during my childhood, but I do remember her making comments about her body and other women’s bodies, and I remember her comparing herself to other women.

I went on my first diet during my sophomore year of college after my mom told me I should start watching what I was eating because I was starting to get a “big butt.” I remember being so pissed that I snapped at her. But it was enough to start the trajectory of disordered eating that I have been on the last 20 years. Since then, I have been on numerous diets and “lifestyle changes.” Each time I lost some weight, just to gain it all back, plus some. Over the last 20 years, I have tried Weight Watchers, the Whole 30, In.Form, vegetarianism, juicing, Advocare 24-day challenge, 21-day fix, Herbalife, etc. You name it, I’ve tried it. I have yet to find my “perfect” diet or body through this yo-yo process. My own lifelong struggles with eating and my own body image insecurities led me to want to research women and body image.

Interestingly, when I started nursing school is when I really started to gain weight. This was my second time through college, as I already had a bachelor’s degree. At a time when I was

learning how to care for others, I forgot how to care for myself. I literally quit any kind of self-care and started stress eating. I drank a lot of alcohol and would binge on “unhealthy” foods and not exercise at all. This caused me to go on streaks of eating “healthy” foods followed by binging on “unhealthy” foods. With that came all the guilt and shame with myself and my actions, which were reinforced in America’s diet culture, including fat-talk. Originally, fat-talk was the focus of this research project, but as I read more of the literature, I realized it isn’t the problem but rather a side effect of a culture obsessed with body image and thus we changed the focus of this project from fat-talk specifically, to body image as a whole.

During nursing school, it was the first time in my life that I had to pull all-nighters to keep up with school. It was the first time that something didn’t come naturally easy for me, and I didn’t know how to cope. I already had a degree, from which I graduated with honors, and I was suddenly thrown into this academic world that was so much harder than any schooling I had done before.

My life has continued to be stressful. I have stress at work, as well as stress with my marriage, and raising young children. This stress has caused a continual decrease in self-care. However, I am learning and attempting to allow myself some self-compassion daily. I know from my own experience that when I am compassionate with myself, I feel better. Understanding this, led me to want to include compassion as one of the research topics. I also try to show my two young daughters positivity and compassion toward their bodies every day so they do not learn the same struggles I have learned. I always try to complement them on their kindness, abilities, and intelligence, rather than traditional beauty. I talk with them about accepting their body and all sizes of bodies. I teach them that even though someone might be fat, doesn’t mean we should comment on it - or anyone else’s body. With this I teach them that everybody is

unique and special. I try to show them that everyone is different and that it is ok because everyone is beautiful. As I am teaching them this, I am also reminding myself of this lesson. This is something I need to do daily as I will often be hard on myself about how I look. But when I talk with them, I have to do so from a place of sincerity in order for them to believe and understand. Part of my desire to do this particular research project is to better understand how I can help my young daughters with their perceptions of their bodies as they grow and mature into women. In our family, we routinely use creative expression - and I've seen how it helps distract me from the outward pressures from the world related to physical appearance and allows me to focus on creating something I love, which results in higher confidence in myself.

Professionally, I am a registered nurse. My entire career has been working with chronically ill patients. I am a typical nurse - in that I am really good at educating patients and family members how to take care of themselves but fail to practice what I preach. When I was an oncology nurse, I had to sit down with patients to provide survivorship education. I felt like a total hypocrite. I was teaching them how to eat healthy, manage stress, and get enough sleep. Meanwhile, I did none of that. It was painful to watch people lose weight from cancer treatment, and then have people tell them how “good” they looked. For that reason, I rarely will comment on someone’s weight as one never knows if it is due to sickness rather than health. We have no way of knowing what others are really going through, but I am always curious what other women are thinking about their bodies as well. This further led me to want to research body image, as it is such a major piece of my mind - I wanted to understand how other women thought of these.

As we have worked through this project, and as I have read the literature on fat-talk, body image, body compassion, and body acceptance, I have started to address this in conversations

with friends, family, and co-workers. We live in an unforgiving American culture which focuses on appearance, rather than personality, intelligence, or kindness. I wanted to find a way to shift the expectations to focus on the positive, rather than the negative. My goal is to educate and influence a culture shift from fat-talk and body shame to that of one of body acceptance and body love - one person at a time. I hope to begin this shift with the four of us as researchers on this project. My personal and professional lenses have brought me to develop this passion for improving women's body image with the hopes of identifying ways in which we can learn to heal and improve our perception of ourselves. It motivated me to develop a sensitive way of broaching a difficult and personal topic, in an effort to create a platform that can be used to heal. I used my personal experiences with poor body image to guide me through all aspects of this project. My personal lens allows me to interpret the data of this research with compassion, kindness, and acceptance.

**Alicia McNeil.** I put myself on my first diet when I was in 2nd grade; this is either shocking to you, or you can relate. Looking back at old pictures, I wouldn't describe myself as even chubby. I point this out not because I believe being classified as "chubby" would have justified a diet, I don't. I bring this up to show that self-destructive messages about what is deemed socially acceptable for the female form do not spare children. I can't recall where I got the message that I must do my darndest to avoid my getting fat. It might have been the diet and fat talk I heard from the adults who cared for me in regard to their own bodies. I cannot recall any cast members on my favorite tv shows with any "extra" weight on their slender frames, rather displaying the narrow continuum in which body size is allowed to exist. If there did happen to be a larger person on tv, they were often the "funny friend" or villain. What I do remember is thin characters making jokes about their nonexistent bellies or large thighs. How

confusing for a young girl! It became clear to me that most women hold contempt for their bodies. While this saddens me, it does make for a fantastic research topic.

In high school I began the dangerous habit of skipping meals, and eventually would go entire days without eating. The growling of my stomach felt triumphant; as if I was accomplishing something great. Each uncomfortable ache represented weight loss or a body part reducing in size. I would receive compliments on my shrinking body from people who had no clue they were encouraging my disordered eating. Disparaging comments and well-intended compliments equally threw fuel on my starvation fire. Despite the lack of nourishment and over-exercising, my weight never got low enough for a formal diagnosis, or for observers to voice concern. Make no mistake about it, my thoughts were *consumed* with burning calories, avoiding carbs, and eating as little as possible. I would have anxiety attacks about everything that went into my mouth; it was pure hell. All the while I perceived my body as disgusting and not worthy of love and respect. I had no idea that many years later I would feel compassion for my younger self and explore through research how to challenge the perception of my body.

In an effort to draw attention from what I considered to be my “problem areas”, which included my entire body, I grew long luxurious hair, perfected my makeup, and bought the most stylish clothes I could fit into and afford. If I wasn’t going to have a flat tummy, it wasn’t going to be the first thing you noticed about me! I learned quickly that engaging in other areas of conformity could feed my need to look like the girl I wanted to be; even if I knew deep down that I was compensating for not feeling comfortable in my body. In my opinion, I could never be thin or pretty enough; there was always something I could be working on. And it worked, for many years; until I started asking myself some very tough questions, unknowingly planting the seeds for this research project.

My undergraduate education provided me with many practice counseling sessions within my cohort. It is there that I began to chip away at these deeply embedded beliefs I had about my body and how it equated to my worth as a human being. It was also during this time that I found the book *Intuitive Eating* by Evelyn Tribole and Elyse Resch; which very well may have saved my life. My new outlook wasn't limited to my body. In an act of rebellion, which later felt like elated liberation, I chopped my hair and dared to go out into the world with a naked face. I. Felt. Great. Empathy and remorse organically grew towards my body for all the abuse I'd put it through. Now in graduate school, this intuitive inquiry allows me to identify my self-destructive thoughts, process them, and continue to challenge them.

My professional career started as a licensed alcohol and drug counselor; I worked mostly with adult women. I've witnessed my clients survive and continue to live through many traumas, many directly related to their bodies. The journey to recovery from chemical dependency pushes a woman to allow herself to heal in mind, spirit, and body. Many of these women shared their fear of gaining weight as a side effect of their recovery; so much so that they considered not abstaining from the use of chemicals in order to prevent this. The possibility of repairing or forming meaningful relationships, returning to work, getting their children back from Child Protection Services, and healing holistically were drowned out by the fear that weight gain might occur. Some of my clients would report tremendous improvement once they stabilized on various types of medication to support their mental and chemical health, however this achievement was short lived for some of them who couldn't bear weight gain as an actual or a potential side effect. This is evidence that complicated body relationships do not spare those fighting for their lives against addiction.



Recently, I worked with adults who have experienced long term homelessness in Minneapolis. For these clients, food restriction is not a choice, it is a daily battle. Dieting is truly a privilege for those with the means to be picky about what they are consuming. After hearing the stories of my clients, diet culture seems even more bizarre and ridiculous. Think about it; there are women choosing to starve themselves, while others in their same community starve from lack of resources. The many different and complex relationships I've seen people have with food and their bodies supports my critical theory for this research project and has indirectly led me to this research project.

In addition to observing my client's issues with eating and dieting, I also heard constant comments from my colleagues. These are smart, compassionate, and insightful clinical professionals. They have varying degrees of mental health education and training, including disordered eating, yet they too frequently obsess over their bodies and what they were eating. They have strong trauma informed approaches in life, however still categorized food and "good" or "bad"; serving as a reflection upon themselves as "good" or "bad" on any given day. It quickly became apparent to me that negative body influence can infiltrate the brains of anyone, which contributed to my interest in our research topic.

I read and listen to many anti-diet and body positivity media sources. I absorb these new voices and influences, savoring their nourishment as they replace my old and destructive inner narrative. At times I am angry at the messages I constantly see circulating in our world. Now that I have woken from my diet propaganda slumber and filter negative messages through a feminist objectification lens, those insidious messages now appear to me in blinking neon. I also feel sad at times, particularly when I hear women make disparaging comments about their bodies and appearance. I must admit it is also triggering for me, often leading me to flirt with the idea that

the next round of dieting and restricting will make me feel better about myself. I don't stay in this mindframe long, as I reflect how far I've come in my healing, and to remember that I never want to go back. A great majority of my healing has come in the form of creative expression, particularly in reflective writing and the creation of connection with other women through storytelling, which greatly resembles the design of this research project.

Eight years ago, I was diagnosed with Stage 4 Endometriosis which has resulted in pain, hopelessness, and heartbreak; but also in a bottomless well of gratitude for my body. At times, I feel ashamed for how I treated myself prior to the discovery of the endo and wonder if the disease would have blossomed had I treated myself with patience and compassion, rather than with disappointment fueled by comparison of others and hate for my body. I torture myself with the thought that maybe had I not restricted so severely for so many years, I wouldn't be dealing with chronic disease now. That shame morphs into compassion and gratitude when I reflect on what my body has endured and overcome. This machine of mine keeps on running no matter the physical pain, emotional distress, or fatigue it encounters. Endometriosis is a disease that abuses my body; therefore my hate and distrust would only serve to create more damage; my body doesn't deserve that. Acting as a researcher and as a participant in this research study is the best way to proceed because I have been consciously and unconsciously asking myself the research question for over 20 years. I interpret the data from this research study as a woman who views her body as a survivor of trauma.

**Crysia Pettigrew.** My innate beliefs in subjectivism and value in lived experiences are the preface to this research project. A criticalist perspective also colors my view as I come to this segment of my life with emotional, physical, and spiritual experiences in the topic we're exploring. I know not of any memory, as a child or adult, that doesn't include how perception of

my physical personhood factors into settings and situations I involve myself in. Long ago, my brain was programmed to calculate every scenario of how my body will fit, how much space it will take up, and how I will extract it from a space prior to engaging in activities that may prove humiliating or harmful to a body of my size.

I was an only child for the first three and a half years of my life. I was periodically doted on and spoiled by certain relatives who saw my existence as the second coming, but my shortcomings were not to be overlooked by my parents. The subject of my weight among family conversation goes back as far as I can remember. Even when relatives would come to visit, it was a topic my mother could harp on to prove she was a good parent by pointing out the most visually obvious problem with her eldest child. Looking back at photos of myself as a toddler, I was round and adorably squishy; I wasn't enormous for my age or height.

I resent the seeds that were planted in my very young brain all those years ago. These seeds have grown and, for many decades now, are mercilessly mature and thriving. It's devastating to think of the possibilities, the potential, that could have been if I wasn't burdened with the notion that I was *less than* because of my bigger size. I'm angry about the way they raised me; the ways they systematically taught me to not believe in myself; the passive-aggressive ways my mother instilled fear, doubt, and insecurity in me; the verbal aggression and emotional abuse my father exercised daily to play on those fears, doubts, and insecurities. I'm angry now as I write this that I'm tapping into a place I've so gingerly gone to such length and expense over the years to cover up with humor, hide with false joy, and camouflage with makeup, hair color, and a variety of other fakery. Damn you, Universe, for tricking me into discovering that I can't bury this deep enough! There is nowhere deep enough! Deep enough doesn't exist and thus, I am led to this research project.

These early messages about my body made me curious about how women perceive their bodies and led me to want to learn more about body image and its negative impact on the lives of girls and women. While I was keenly aware of societal views of large women prior to this class, my research journey has introduced me to the body of research that holds factual data pertaining to how girls are raised and groomed to view themselves as lesser beings for taking up more space in the world. These girls grow up to be women with low self-worth and diminished beliefs in their own potential.

It was only after I delved into the research that I became indisputably aware of my own deep, personal view of myself as a lesser human being. I can't put words to what I felt in the moments of that particular revelation; it was blinding, paralyzing, and left me gasping for breath and determined to create a research project that would address this injustice.

This project seeks to help women make friends with their bodies, to be grateful for the tasks and functions their bodies do without being asked or prompted, to be compassionate with themselves about the trials they've suffered, and to forgive themselves and others the trespasses of perpetual unacceptance pertaining to body image and appearance.

Pleasing, dare I say peaceful, childhood memories predominantly involve creativity. My mother not so much taught, but shared her skills of sewing, knitting, crocheting, and other handicrafts with me. I was allowed to observe, to mimic what she did, then was promptly scolded or ridiculed when I interrupted to ask a question or seek guidance.

So how is it these are pleasing memories? Due to the sense of accomplishment I felt as I saw something being created by my hands and how I could make it transform with manipulation and intent. Intuitively, I realized MY will was allowed in the moments when I was creating something, thus I ferociously took to sewing and crafting to express myself in ways that were

previously never fostered or encouraged. The voice I longed to have could be stitched, knitted, or crafted within the items I made; a voice I'd learned to keep to myself, a voice they had conditioned me to believe no one was interested in, a voice that longed for connection but was seldom heard, never mind listened to.

As I read research articles about women's body images and self-perceptions, I remembered times from childhood. I remembered my escape into creativity to fortify my confidence and distract me from unpleasantness in my family dynamic. My drive for perfectionism excelled in these moments. I taught myself to examine structure and form for the sake of doing it right the first time to prove to my mother that I could be the best at something, that my existence counted for something. My worth could be measured in something outside of how I looked and the amount of space my body took up.

As a young adult, creativity played a role in how I carried myself day to day with the most fashionable clothes I could afford and fit into. Great lengths were gone to so the first impression I gave was not of a large woman, but of someone who took fastidious care of herself as demonstrated by the measures and expense taken to appear hip, fashion-forward, and trendy *in spite of my size*. I simply couldn't allow the first thing people notice about me to be my weight.

Artistry took form by way of enhancing myself with cosmetics to project the image of a woman with something to offer the world. Since I clearly invested so much time in how I looked, this would prove to others I was worthy of their time and effort in my personal or professional alliances with them. Investment in this illusion included colored contact lenses, hair color, artificial fingernails, at least ninety minutes every morning for hair and makeup, painfully binding supportive undergarments, high-heeled footwear that ruined my knees, handbags and

accessories that did nothing but make the hole in my soul bigger and contribute to my increasing vapidness as a person devoid of compassion or sympathy for others.

Looking back, I'm ashamed and disgusted in what I held in such high regard as a projection of myself and the representation of who I was. I'm not that person right now but I'm still big and have never known what true thinness feels like. I've lost a lot of weight and regained most of it a few times over, but this body has always had this shape, bottom heavy with this poochy belly that hangs over my thick thighs. Years ago, as I lost weight and had a more defined waistline, my father once commented that it was like my lower body was from someone else because it didn't match my upper body — which is a frighteningly accurate representation of the parental support I received throughout my life.

Reminiscing about the creativity that went into building the facade of who I projected myself to be back in those days made me wonder about creativity as a method of healing from my own hurts around my body image issues. While there is a world of research pertaining to creative outlets and art therapy around trauma and abuse, there is little having to do directly with the female body image. Part of my reason for doing this research project is to see how creativity can play a role in a woman's recovery from messages about herself that stem from body image.

From a professional standpoint, most of the jobs I've had were focused on, tasked for, and driven by money. Most of the people on my sales teams I've managed were women. Working in a metropolitan city on the East Coast afforded me opportunities to hire, train, and work with a generous sample of culturally diverse women different from the narrow Caucasian worldview I was raised and lived in. Interacting with them daily exposed me to different perspectives of how they regarded themselves and how they were viewed within their own

cultures. Cultural values and norms are very real, and I learned quickly that American cultural values are insidiously toxic.

Since moving to the Midwest in 2015 from the East Coast, I've had the opportunity to reinvent and become a more authentic version of myself. Signs of this include my having a mutually loving, compassionate, respectful, romantic relationship for the first time in my life; having a tight core group of friends and acquaintances who are also working to better themselves personally and professionally; and the need to simplify and streamline my life of unnecessary material things that don't serve me or have special meaning for me. This gives me the space to allow for more authenticity and not have it hindered by things and viewpoints that aren't beneficial to me.

Professionally, I want to offer others the safety of holding space for them while they heal, grieve, or just sit with what they need to sit with. I want my presence to be comforting and provide relief from what burdens them energetically. The vastness of this research adventure grants me the opportunity to learn more about my role in the holistic wellness field and guide me to the ways I fit into it. This project adds to my knowledge about women's perceptions of their bodies, the impact these perceptions have on their lives, and how to heal from messages about ourselves delivered to us by others.

As a woman who has struggled with body image constructs for as long as I can remember, I come to this project with bias. Given that, the influences around how I view the collected data stem directly from personal experience. While analyzing the data, I realized I was looking for similarities to my life experiences to validate how I feel about myself, which largely result from my upbringing and the societal demands on women to conform to unachievable standards and expectations. As a woman of larger size-- often categorized as buxom, obese, plus-

size, Rubenesque, thick-- I entered this journey only identifying with “my kind.” As I researched more, I learned about and gained compassion for the many women of all shapes, sizes, colors, ethnicities, and backgrounds who harbor similar emotional struggles that influence many, if not all, aspects of their lives.

**Carmelita Sharpback.** Professionally, I found a career I love, where I help college students achieve success at Tribal colleges. To help students, I must trust my own intuitive and intellectual experience to help them transform from a world they knew to a new world that can provide many aspects of success for them. Personally, my personality type is INFJ, which means I am like the counselor among my family and friends. I love helping people, and I enjoy finding creative ways to solve their problems. I have to quiet myself when around others when it comes to trusting my intuition. I forget how many do not believe in this ability we are all given. I felt delighted in our particular choice of culture inquiry as it perfectly fits our study, and it fit my personality type.

The critical paradigm focuses on the oppressed, and that is why I chose this paradigm. Those of us who have to endure the lived experience of our own negative thoughts and feelings of our body image know the feeling of oppression and objectification. Personally, my body image is to the extent of feeling pressured in today’s societal standards of what my physical appearance should be. I am an enrolled member of the Winnebago Tribe of Nebraska, a single mother, raised by a single mother, and lived on the reservation. Theoretically and experientially, this lived experience places me in the critical paradigm. I feel like I am alone in this struggle, I believe that I am at the very bottom of America’s hierarchy of standards as a low income, American Indian, and a single mother. I wanted to become a part of this project to find healing through creativity with my body positivity.



Feminist theory, specifically the feminist objectification theory, informs the intuitive inquiry. I believe today's societal standards of what the female body should look like is due to the patriarchy. Our study includes female participants only. Although men may feel some pressure about their body image, it is not the same extent as the women and girls in this country have to tolerate daily.

Professionally, I have accomplished years of employment in office administration, a Personnel Director at a very small Tribal College, and an Education Specialist for the Tribal Higher Education Program with the Winnebago Tribe of Nebraska. I have found my career, and that is to help American Indian students succeed in college. Body image and creativity would seem a far reach as far as my career accomplishments and goals. What you think of yourself, how you carry yourself, what you feel when you see your image in the mirror every day has a lot to do with helping others efficiently. All my life, I have heard the phrase; it takes one to know one. How can I expect to help others when I fail to know and understand the very reasons why I do not have high self-esteem and radiate confidence? I had to take this next step of my journey in finding myself. This research project helps by providing a mirror reflection of myself and what I see, feel, think, and allow in terms of my body positivity. It provides a way of healing through creativity and sisterhood I never thought I would find.

Personally, when I look back to my past and what I thought about my body, the first thing that comes to mind is how I went to great lengths to cover up. I picked out clothes that were two sizes too big. My shirt had to cover my behind, and there was no comfort in anything form-fitting. I remember the significant victory I celebrated when my mom was agreeable to me not having to wear dresses if I did not want to wear one. I did not just wear a swimsuit at the pool. I would wear a shirt or tank top over my swimming suit. If I had to tuck in my shirt, I would

comply but not without some pleading and resistance. This type of tucking in the shirt resistance remains in my life from high school basketball uniform conformity to a current part-time security job uniform conformity. I think it is because I am not comfortable in my own body. When I am asked by others to sum up my thoughts in one story about my body positivity, it is challenging to do so in seconds and through one account. It can begin with one idea I had when I was fourteen years old, and I tried on a two-piece bathing suit for the first time in my life. Our decision as a group to provide each participant with a sizable amount of time to share their own stories about their body image allowed every single person a chance to have a voice. This research study allowed time and consideration for each of us to share those thoughts and feelings of life experiences through storytelling and creativity in hopes of healing.

The second aspect that comes to mind when I think about my body is the difficulty I had when my body began to change. During fifth grade, my breasts had developed, and my mom would have to scold me to wear my bra every day. I did not want to wear one, so I would wear a tank top or another shirt underneath, hoping it would hide my developing breasts. That tactic failed miserably, and my mom was very vocal about the shame and embarrassment I was causing to myself by refusing to wear a bra. I eventually realized I would just have to wear a bra, but even that came with some compromising. If I was going to wear a bra, it would have to be the type of bra that would cover up any possible shame or embarrassment (i.e., others seeing hard nipples through clothing material while out in cold weather) and would have to include padding. My mom probably thought I was ridiculous and was looking to make my breasts appear more prominent, but she allowed me to wear padded bras. I was not comfortable in my developing body, either. In reading the literature and hearing many stories from other women, I now know feeling uncomfortable in my own body is a commonality among most women. I wish to find

ways to help myself and other women to find out what we can say, think, and do to realize the key to our comfort is within us. I want to find out ways to help with body positivity by being a part of this research study to see how healing can occur through storytelling and creativity.

I cannot recall at what age it was, but I can remember spending time at my paternal grandmother's home, and this is where I learned about diabetes. I would walk down the hall from the living room to my cousin's bedroom (my grandmother had taken custody of her since she was very young) and see my grandmother giving herself an insulin shot. It would send chills down my spine that she would have to do that. I asked my mom about it, and she explained about diabetes to me. I remember thinking about how I was going to be an exception and would not get diabetes because I was going to take care of myself physically to prevent it.

As I became a teenager, I was very active in sports, and my body reflected the constant activity. It is during this time I can see where I gained some confidence in being in my body. I would go to summer camps in the Black Hills near Rapid City, South Dakota, and I remember one group activity raising my body confidence a great deal. We had to compete in groups to do a skit in front of the entire camp. Our group decided to have me act as a bombshell teacher and dressed me to play the part. Stepping out into the public for the first time dressed as a 'bombshell teacher' was an experience I never had before. Our group won the competition, and I continued to wear my casual style, but I never forgot that experience. This experience may have subconsciously and positively influenced my desire to be a part of this research project. My first job at the age of 14 was during the summer as a lifeguard. I would wear my swimsuit without covering up with a tank top or shirt. This uncovering was a massive step for me. I also began to shop for form-fitting clothes. I did not just limit myself to clothes that were two sizes bigger anymore. My eating was not an issue as I ate the school lunch at school, and my mom cooked

nutritious meals at home every night. I ate what I wanted and picked up some bad eating habits of fast food, processed foods, and lack of portion control.

I went to a junior college in Oklahoma immediately after graduating high school in Nebraska. My eating became out of control at this time. I went to fast food places almost every meal when I could afford it and ate ramen noodles when I could not afford it. I had my first child on my 20<sup>th</sup> birthday. My body changed so much, and I was never able to go back to the weight I was in high school. This body change was an accepted fact of adulthood and becoming a parent, but I did make an effort to stay active.

At the age of 27, I fell in love with a man that would become my husband. We gained so much unhealthy weight together in the two years we lived in Kansas. We lived on a college campus and received food assistance through the state. At that time, the state of Kansas gave more than enough food assistance to families, and our refrigerator would be packed full of every processed food. When we could afford it, we would eat at fast food places like Burger King, Pizza Hut, and McDonald's. I cannot even guess how much weight we gained together, but my family made sure to tell me about the noticeable weight gain once they saw me. The literature suggests how the family influences our body images. Thinking of my own life experiences and stories that run through my head while reading the articles, I know this to be true. I cried tears of sadness, and in regret, I thought of the times I allowed family members to influence my body image negatively. And how I continued that cycle with my children during their developmental years. It makes me want to change and stop the cycle. This project started out as an opportunity to learn how to love my body, but rapidly developed into more as it provided ways to change and improve myself as a woman. I now know what I must do and not do to become more loving and accepting of myself in order to make changes to improve who I am.

After graduating from Haskell Indian Nations University with my degree, we moved back to Winnebago, Nebraska. We had two sons, sixteen months apart, and my body took a beating. The physical changes of pregnancies, as well as the mental and emotional stress I was experiencing, led to one of the worst experiences of my life. My husband went from my best friend to my worst enemy, and we were so miserable with each other. We separated, and it was so hard for me to pick up the pieces on my own. I reached out for help and started counseling. On the day I turned in the divorce paperwork to the Winnebago Tribal Court, my husband and father of my children committed suicide. Our third son was about five weeks old at the time of his death.

After Faron's death, for years, I lived my life one day at a time. I went to work, I took care of my kids, I continued counseling, and I continued to eat and drink unhealthy foods and drinks. At this point in my life is when I began to diet. I tried all kinds of dieting. I would drink three 20 oz. Pepsi bottles per day at one point, so I forced myself to stop drinking soda. I will still drink it at times, but nowhere near the amount I was drinking before. I was so desperate to lose weight; I was willing to try any new diet method, even if I did not know all the risks.

The HCG diet was new, and it was expensive. The HCG Diet is a human growth hormone inserted into the body by needle or pill intake and a low 500 calorie diet per day. I tried it not only once but twice. I did lose weight at that time, but I have no idea of the damage I may have done to my body. The HCG diet experiences did result in losing weight, but I now know how unhealthy that was to my body. The changes to my body and losing weight so quickly brought forth many rumors about me, and these rumors are quite damaging when living in such a small town. The societal standards of beauty, when physically seen at a 'healthy' weight, also

played a massive part in even more scandalous rumors about me. These experiences led me toward the desire to find out how I can help women heal in the perceptions of their bodies.

Eventually, after years of being single, I began dating again. I became pregnant for the fourth and final time. It was a relationship that would be both devastating and a blessing at the same time. When I told my mother about my pregnancy, she smiled with happiness but said, “Just when you lost all that weight.”

Today I am fighting to eat healthier food and smaller portions. It is a struggle as I do not have the funding to do this, and I do not have the cooking skills either. When I go to the doctor for my annual checkup, pre-diabetes is a concern. I am not as active as I could be. I have intentions, and the motivation comes and goes. My confidence is at a low, but I know what I need to do. I just have to take the time to make those baby steps and keep moving forward. I won't see results immediately like the unhealthy fad dieting. Still, my focus needs to be more internally with my emotional and mental healing as well as gradual, with physically noticeable results and being lifelong. In our research project, words such as ‘hope’ and ‘self-care’ are words of healing and love. Given my long, complicated history with my body perception, I chose this research project to understand better how I could heal and help other women improve their perception of their bodies. My personal lens allows me to interpret our research data through an insightful and compassionate perspective in the evolutionary development of the woman's body positivity experience.

## Method

The purpose of this chapter is to describe the research design used to systematically collect and analyze data to answer the research question: *Can creative expression change a woman's perception of her body?* First, we discuss the research design rationale, with an elaboration of the critical paradigm, intuitive inquiry, and A/R/Tography. Next, we explain the sampling procedures and data sources for the research project. Following that is the description of each form of instrumentation in the research process. We then present a detailed account of the data collection process, followed by data analysis procedures. Next, we provide an explanation of design rigor, including details of the project's reliability and validity. Then we highlight ethical considerations concerning the protection of human subjects participating in the project. We conclude the chapter with design-specific limitations.

### Rationale for Research Design

Our research's focal point is to describe how creative expression may change a woman's perception of her body. Within the contexts of the critical paradigm and an intuitive culture of inquiry, we approached this project with a set of assumptions based on subjectivity and goals rooted in change to women's attitudes and assumptions of the body/self, self-acceptance, and body image, with a broader hope of positive influence toward social change. As the lived experience of one woman is not parallel or relative to another, objectivity was neither expected nor preferred. We held space for different, unpredictable outcomes that were unlikely to be precisely replicable in similar future studies. Therefore, this particular research design is in contrast to dominant approaches to collecting and analyzing data that require objectivity and the ability to replicate findings. While pushing the boundaries of creativity to analyze how it can

help women shift their perceptions of the self/body, we also aimed to push the disciplinary boundaries of traditional research and assumptive frameworks.

**Rationale for the critical paradigm.** Borne out of the critical paradigm, this research project aims to “raise awareness, develop consciousness and improve capacities constantly that ultimately alters our way of seeing and being in the world differently” (Qutoshi, 2015, p. 161-162). The critical paradigm gives meaning to knowledge shaped by human interests of different kinds, rather than standing “‘objectively’ independent from these interests” (Friesen, 2008, p. 2). Objectivity is neither possible nor desirable in this research paradigm. Axiological assumptions include focusing on social justice and raising consciousness about systems that oppress people, specifically women. Methods associated with this paradigm are often dialogic and transformative. Epistemologically, the researcher and participants interconnect, making the results value mediated (Guba & Lincoln, 1994). This project grounds in the critical paradigm, viewing the nature of reality through a value window, and research is a political act (Lincoln & Guba, 1994). The critical paradigm “seeks human emancipation to liberate human beings from the circumstances that enslave them” and “concerned with the issue of power relations... that contribute to a social system” (Asghar, 2013, p. 3123).

Strengths of the critical paradigm include how knowledge “grows and changes through a dialectical process of historical revision that continuously erodes ignorance and misapprehensions and enlarges more informed insights” (Guba & Lincoln, 1994, p. 114). Moreover, the critical paradigm can provide advantageous societal changes while discussing the profoundness and intricacy of incomparable stories. Integration of methods that observe and terminate a false state of mind can invigorate and encourage transformation (Guba & Lincoln, 1994).



Limitations of the critical paradigm include the potential for unpredictable and subjective results that may not be generalizable (Guba and Lincoln, 1994). In addition, we view all research results through value judgments (Guba and Lincoln, 1994). As both a strength and a limitation, this paradigm “being more flexible and more independent in its pursuit of reality, puts heavier responsibility on researchers to observe, perceive, analyze and interpret the data with extra vigilance” (Asghar, 2013, p. 3126). Due to the flexible nature of the paradigm, it allows us to challenge what is *known* in favor of changing views of the public.

**Rationale for intuitive inquiry.** According to Anderson (2004), intuitive inquiry combines the worlds of intuition with intellectualism. It excites researchers and opens space for them to challenge and transform their understanding of the topic (Anderson, 2004). “Intuitive inquiry seeks to both describe what is and envision new possibilities for the future through an in-depth, reflection process of interpretation” (Anderson, 2004, p. 307).

Intuitive knowledge focuses on feelings rather than a collection of facts (Henrichson, Smith, & Baker, 1997). Intuition as a method of inquiry is a “hermeneutical research method that joins intuition to intellectual precision” (Anderson, 2004, p. 307). It “brings heuristic, phenomenological, and feminist focus to using various modes of intuition in conducting research. It also uses transpersonal skills, such as intuition and alternative states of consciousness, as core methods of inquiry” (Braud & Anderson, 1998, p. 307). In intuitive inquiry, “interpretation is personal and cyclical, rather than linear and procedural... Compassion for self and others is considered central to understanding” (Anderson & Braud, 2006, p. 6). We chose this culture of inquiry for its basis rooted in compassion, meaning that “research informed by compassion is qualitatively different from emotionally detached research because our values and intentions frame the manner of our thinking and actions nonetheless: Better that compassion

set our intentions” (Braud & Anderson, 1998, p.71). Specifically, in this project, intuition and alternative states of knowing occur through shared storytelling, reflective writings, and creation time.

Ontologically, intuitive inquiry “seeks to both describe what is and envision new possibilities for the future through an in-depth, reflection process of interpretation” (Anderson, 2004, p. 307). Axiologically, intuitive inquiry stems from “belief, faith, intuition. It is based on feelings rather than on cold, hard *facts*” (Henrichson, Smith, & Baker, 1997). The focus of our goal was not only results, but also to unearth deep, meaningful comprehension of the topic. The epistemology within a feminist perspective “is the development of collaborative relationships between the researcher and participants that support mutuality and co-creation of knowledge. Research based on feminist epistemological values will frequently include the researcher as a participant” (Brown, Carducci, & Kuby, 2014).

Intuitive inquiry has many strengths. First, it allows for a self-directed experience that holds space for transformation while supporting and amplifying a feminist perspective. Through the lens of intuitive inquiry, creative expression has the potential to produce limitless stories. Results are subjective and personal, allowing for personal reflection of our lived experiences. Limitations to this culture of inquiry may include a lack of creative experience and/or the ability to spark inspiration. Stress resulting from a lack of direction may prove challenging for participants who prefer solid structure and organization.

**Rationale for A/R/Tography as a method.** We chose the method of A/R/Tography, a practice-based research method used to “inquire in the world through a process of art-making and writing. It is a process of double imaging that includes the creation of art and words that are not separate or illustrative of each other but instead, are interconnected and woven through each

other to create additional meanings” (Springgay, Irwin, & Kind, 2005, p. 89).

Leavy (2019) describes the method of A/R/Tography as the following:

A/r/tography, as potential, is a dynamic and ongoing experience that incorporates text, visual, and/or artistic form to challenge, provoke, and frustrate the desire for one, final, stable, or fixed meaning...The “after-effect” of each story offers further potential in motion because it continues to release potential through repeated visitation. This pertains to the infinite connections that A/R/Tography provokes, evokes in its materialization. As something that cannot be expected or measured, its potential is inexhaustible. This speaks directly to the aliveness of the work (p. 50).

With A/R/Tography, our goal was to provoke emotion and allow expression to be an outlet for healing. We specifically chose A/R/Tography for its ability to document a transformative experience through creating art. Anderson and Gold (1998) state that women use creative expression to share what they cannot verbalize, to self-soothe, and to find community with those who have had similar experiences. A/R/Tography is ethical, relational, and artistic in its inquiry, allowing one to look inward while simultaneously being in community as the art and text evolve (Springgay, Irwin, Leggo, and Gouzouasis, 2008).

As introduced, A/R/Tography is a practitioner-based research method and “autoethnographic in nature” (Pourchier, 2012, p. 8). As research practitioners and participants of ongoing lived experiences, we concur with Carl Leggo’s (2008) statement, “that by thinking about my own life I can enter into the lived experiences of others, all of us engaging in conversations that contribute to the constitution of understanding and connection” (p. 12). We did not arrive at this project with expectations that data evaluation will have any certainty of “reliability, validity, or precision” because “those terms are insufficient and inappropriate to arts-

based research contexts” (Gouzouasis, 2008, p. 231). Additionally, A/R/Tography as a method has its strengths and limitations.

The method of A/R/Tography is a strength of this research because the very nature of creating art directly supports our research question (Springgay, Irwin, & Kind, 2005, p. 89). A/R/Tography also invites us into the process of exploration and allows for data to be personal and relational (Springgay, 2008). Answers and responses are limitless. The non-directional and non-confining structure allows for the freedom to be as creative and imaginative as desired (Springgay, 2008). A benefit is that the art pieces have the potential to inspire and heal others with similar stories. A/R/Tography supports our research question through creativity, allowing for creative freedom, personal authentic expression, and the potential to inspire and heal others. Overall, considering our choices of intuitive inquiry and A/R/Tography, seen through a critical paradigm lens, the strengths consist of the opportunity and ability to have a transformative and relational experience in our research study.

A limitation of the A/R/Tography method lies in the potential difficulty of assessment and impact (Springgay, 2008). Results may prove unpredictable, subjective, and potentially non-replicable, resulting in challenges in data analysis. Due to the “constantly evolving” nature of A/R/Tography as a method, we found limited research, making it extremely challenging to design a study adapted from previous research projects (Springgay, Irwin, Leggo, & Gouzouasis, 2008).

### **Sampling**

We used convenience sampling for this research study. Etikan, Musa, and Alkassim (2016) define convenience sampling as “a type of nonprobability or nonrandom sampling where members of the target population that meet certain practical criteria, such as easy accessibility,

geographical proximity, availability at a given time, or the willingness to participate are included for the purpose of the study” (p. 2). Strengths of convenience sampling include being inexpensive, the least time consuming, and most convenient (Taherdoost, 2016). Limitations of include “having a selection bias, sample not representative, and not being recommended by descriptive or casual research” (Taherdoost, 2016, p. 23). In convenience sampling, participants are generally from similar ethnic, socioeconomic, and geographical backgrounds, which may impact the study by skewing the results (Emerson, 2015). For this particular project, we, the researchers, were the participants. Using researchers as participants fits the epistemology and ontology of our project because “the researchers have particular expertise that makes them ideal subjects” (Landhuis, 2016, para. 14). Inclusion criteria included being an adult woman over the age of 18.

### **Instrumentation**

In this study, we used five instruments to collect data: researchers as instruments, pre-reflections, storytelling with reflective journaling, art piece and narrative, and post-reflections. For each, we provide a description and address their reliability and validity.

**Researchers as instruments.** In this study, the four of us acted as participants. Our professional backgrounds provided strengths to the study. One of us used her skills as a group facilitator to help us plan the reflection groups. Another used her analytic skills to help organize data analysis. Our personal and professional expertise supports the reliability and validity of this study.

One strength of researchers as instruments is our collective understanding of the rationale for why this study is essential. As women with lived experiences of complex

relationships with our bodies, we used our individual histories to design this project. It also influenced how we collected, analyzed, and interpreted the data.

One limitation we have, as instruments in the study, is the potential bias to influence a positive outcome to the research. This could contribute to a struggle with the separation of authentic reactions from a focus on answering the research question. Another limitation of being the researcher and participant, without having an external facilitator for the storytelling sessions, affected our ability to turn off the researcher mind to engage fully as a participant.

**Pre-reflections.** We developed a pre-reflection (See Appendix A) with the following instruction: *Using your personal laptop, type a narrative that is up to one page, single-spaced, on your current perception of your body in the context of: gratitude, external and internal body talk, compassion, and self-acceptance.* A strength of the pre-reflection is the ability to identify a baseline of each of our body perceptions. Another strength is that answers may arise organically as the pre-reflection is an open-ended prompt.

One limitation of this instrument is that writing proficiencies vary and may not accurately describe her perception of her body, producing inaccurate themes. Another limitation is that one single-spaced page may limit one's ability to answer openly and honestly. An additional limitation is that the two-hour time frame at the start of the retreat included arriving, settling in, signing the consent form, and composing the pre-reflection. This may have created a challenge to finish all of the tasks in the allotted time frame. Due to the originality of the research instruments, reliability information is unavailable at this time. The instrument appears to have face validity because it provides a baseline for later data analysis to determine changes in body perception.

**Storytelling with reflective journaling.** We conducted five two-hour group storytelling sessions with all of us present. We shared personal stories that were in line with the storytelling theme. The storytelling had two parts: individual storytelling within a group setting and individual reflections. Each of the five storytelling sessions focused on a different area related to body image: gratitude, external body talk, internal body talk, compassion, and self-acceptance.

One strength of this method is that it produces healing benefits through creative activities, such as storytelling and journaling, which support our research goals (Garner, 2015). Additionally, sharing and empathetic listening (Rogers, 2000) contributes to an authentic connection among storytelling groups, building trust in the community (Hayman, Wilkes, Jackson, & Halcomb, 2011). An anticipated limitation to storytelling is that the person sharing, and the listener have varying levels of comfort and trust established. Additionally, the ability to be vulnerable in a limited amount of time may be challenging for some who have significant trauma histories. Due to the originality of the research instruments, reliability information is unavailable at this time. The instrument appears to have face validity because it provides data for later analysis to identify themes.

We began each storytelling session with a 12-minute loving-kindness meditation practice for grounding purposes (UNH Health & Wellness, 2011). Rationale for including this act of meditative loving-kindness is, it is “oriented toward enhancing unconditional, positive emotional states of kindness and compassion” (Hofman, Grossman, & Hinton, 2011, p. 1126).

The first storytelling session focused on gratitude and asked us to “*Share a memory of a time when you felt gratitude for your body.*” The second storytelling session focused on external body talk and asked us to “*Share your experiences of external self/body talk.*” The third storytelling session focused on internal body talk and asked, “*Share your experiences of internal*

*self/body talk.*” The fourth storytelling session focused on self-compassion and asked, “*Share about the level of compassion you have for your body.*” The fifth storytelling session focused on self-acceptance and asked, “*Share how you were taught self-acceptance of your body.*” We each spoke for an unlimited amount of time until we indicated “done” or “pass”. The sessions concluded at the end of the two-hour session, or when each participant passed in succession.

The strengths of the storytelling instrument include autonomy, freedom of individual expression, communal empowerment, group cohesion, and a safe space for uninterrupted, authentic sharing, and freedom from judgment. Limitations of storytelling include the potential for emotional distress, increased vulnerability leading to discomfort, dishonesty, defined time limits leading to feeling rushed, and the possibility of us choosing not to share at all. A specific limitation of the storytelling summary is that we may find it challenging to condense our thoughts into a limited amount of words. The storytelling sessions have face validity because they directly relate to perceptions of a woman’s body. Due to the originality of the research instruments, reliability information is unavailable at this time.

Below, we describe each of the five-story session themes: gratitude, external body talk, internal body talk, compassion, and self-acceptance. We then provide a rationale for each session topic with supporting literature.

Gratitude. Associated with several benefits and positive emotional attributes, Homan and Tylka (2018) define gratitude as “a habitual orientation towards noticing and appreciating the positive in the world” (p. 15). Gratitude may improve one’s appreciation and acceptance. “For body image and weight bias internalization specifically, practicing gratitude may help foster a more accepting relationship with one’s body by helping individuals learn to focus on the positive and by generating overall positive affect” (Dunaev, Markey, & Brochu, 2018, p. 10). We chose



this topic for one of the storytelling sessions because gratitude has significant, indirect benefits to self-worth and body appreciation. We indicate that when one finds value in her body, it creates the potential for gratitude and self-compassion to manifest. The amount of gratitude she has for her body may often be evident in her external body talk. Gratitude correlates with external body talk because one typically does not feel grateful for things that they do not regard positively.

External body talk. Quinn, Kalen, and Cathey define external body talk as the verbal objectification of one's body that serves to manipulate, shame, and condemn people into exclusively identifying their self-worth by their looks and body type (2006). This can include direct comments on a specific body part or person's weight, including teasing or criticism, but can also include indirect comments on a person's own weight or that of others listening (Lydecker, Riley, & Grilo, 2018; Mills, & Fuller-Tyszkiewicz, 2018). We chose this topic for one of the storytelling sessions because self-deprecating talk indicates an inadequate form of motivation that leads to depression, low self-esteem, and disordered eating (Guertin, Barbeau, Pelletier, & Martinelli, 2017). External body talk intertwines with internal body talk.

Internal body talk. We define negative internal body talk as constant rumination and disparaging commentary from herself, along with body surveillance, often resulting from chronic self-objectification (Liss & Erchull, 2015; Guertin, Barbeau, Pelletier, & Martinelli, 2017). We chose this topic for one of the storytelling sessions because women who participate in body talk have complicated relationships with their bodies, experience internalized stigma of their appearance, and are more likely to encounter health concerns (Chrisler, 2011; Durso, Latner, & Ciao, 2016; Täuber, Gausel, Flint, & Som, 2018). As indicated, internal body talk does not contribute to self-compassion.

Self-compassion. We define self-compassion as responding to oneself with kindness and warmth rather than judgment and criticism; recognition that one's experiences are not unique and isolated, but are universal and shared (Moffitt, Neumann, & Williamson, 2018, p. 68). Self-compassion provides comfort in times of emotional distress (Liss & Erchull, 2015). Women with higher self-compassion levels show evidence of higher self-acceptance and self-esteem and lower incidence of depression (Liss & Erchull, 2015). We chose this topic for one of the storytelling sessions because self-compassion decreases self-objectification, lowering levels of body shame and depression (Liss & Erchull, 2015) and is also associated with happiness, social connectedness, life satisfaction (Moffitt, Neumann, & Williamson, 2018), optimism, adaptive coping, positive affect, and self-esteem (Andrew, Tiggemann, & Clark, 2015). Ferreira, Pinto-Gouveia, and Duarte (2013) report that self-compassion is “an antidote to shame and self-judgment in women struggling with eating psychopathology and body image dissatisfaction” (p. 207). Self-compassion and self-acceptance can lead to improved body image.

Self-acceptance. Neff and Vonk (2009) define self-acceptance as radically embracing oneself, free of judgment and evaluation. Self-acceptance is one part of the recipe for improved body image. We chose this topic for one of the storytelling sessions because when women are not self-accepting, they become hyper-vigilant of their own physical appearance (Carson & Langer, 2006). The inability of self-acceptance can result in emotional discord, including, but not limited to, mood disorders and mental anguish (Carson & Langer, 2006).

Increasing gratitude, compassion, and acceptance can positively change a woman's perception of her body. Participating in healing methods, such as reflective journaling and creative expression, may create positive shifts in perception, leading to decreased mental health symptoms and better quality of life.

Reflective journaling. After each of the five storytelling sessions, we individually reflected on the question: *How did today's experience about storytelling change or not change the perception of your body?* One strength of journaling is the ability for women to release and process trauma, shame, and spiritually-related guilt (Sealy 2012). While journaling alone may not relieve all emotional pain, Sealy (2012) concludes that it may facilitate an environment more conducive to healing as it allows participants to reassemble past traumas. Another strength of journaling is that women who write and share their stories regarding their professional and personal life report positive therapeutic effects and feelings of connection with others as a result of both sharing and also listening to others' stories (Bruce, Daudt, & Breiddal, 2018).

One limitation of this instrument is that writing proficiencies vary, which may not accurately describe individual body perception, producing inaccurate themes. Another limitation is the time constraint of 30 minutes to write may limit the ability to answer openly and honestly.

Due to the originality of the research instruments, reliability information is unavailable at this time. The instrument appears to have face validity because it provides data for later analysis to identify themes.

**Art piece and narrative.** We chose art creation because it encourages people to explore feelings with an array of mediums that may produce unique outcomes, both individually and as a group (Hogan, 2001). Group creative expression in safe environments improves one's confidence for self-care and provides positive affirmations (Garner, 2015).

In the spirit of A/R/Tography, we created unique works of art and wrote narratives describing our body image perceptions throughout the art-making process (see Appendix B). We each provided our own art supplies to share with the group and use on our own 24" x 36" canvas. We had approximately 9-12 hours to work on both the artwork and narratives. Also, we

composed a one-paragraph description of the art piece to accompany it for display on research presentation day.

Strengths of the art piece and narrative include artistic autonomy and choice of art media. Limitations of the art piece and narrative include potential lack of access to desired supplies, limited timeframes to complete the artistic vision, complications in translating emotions and intent onto the canvas or into words, and lack of creative inspiration. This instrument appears to have face validity because it explores a woman's perception of her body throughout the creation of art; however, due to the originality of the research instruments, reliability information is unavailable at this time.

**Post-reflection.** The post-reflection identified any changes to body perceptions that occurred through the process of A/R/Tography. It provided the ability to track differences in our body perceptions before and after data collection (Creswell & Creswell, 2018). The post-reflection (See Appendix A) prompt was: *Describe any change, or lack thereof, in your perception of your body in the context of gratitude, external and internal body talk, compassion, and self-acceptance.*

A strength of the post-reflection is that it identified a change in each of our body perceptions. Another strength is that we were able to directly answer the research question and state if we had a change in the perception of our body. One limitation of this instrument is that writing proficiencies vary and may not accurately describe her perception of her body, producing inaccurate themes. Another limitation is the time constraints may limit the ability to answer openly and honestly. Due to the originality of the research instruments, reliability information is unavailable at this time. The instrument appears to have face validity because it provides data for later analysis to compare against pre-reflections.

### **Data Collection Procedures**

We collected data over approximately seventy-two (72) hours, from a Friday afternoon to the following Monday morning in early February 2020. For the purposes of neutrality and privacy, we chose a private rental home, unknown to any of us, in Albert Lea, Minnesota. We each arrived separately and had time to acclimate to the house and the new environment. We followed a specific itinerary for the retreat (see Appendix A), starting with the signing of the consent forms (see Appendix C) and writing a pre-reflection. Storytelling sessions began our data collection process.

We made ourselves comfortable in furniture arranged in a circle for each two-hour storytelling session. We followed the specific prompt from the itinerary for each session, agreeing to not interrupt one another during each person's turn to share. We would signal the completion of our turn by saying "pass" or "done." This process would continue until the end of the 2 hours, or until each of us verbalized that she had nothing more to share.

On Friday, the first storytelling session, discussing gratitude, began in the afternoon in a room of the house all four of us felt relaxed with comfortable furniture and space. The room was full of throw pillows and blankets on overstuffed furniture, creating a cozy atmosphere and a safe environment. We began working on the art piece and narrative on Friday evening and completed it between storytelling sessions between Friday night and Monday morning.

On Saturday and Sunday, one storytelling session occurred each morning and one each afternoon. Saturday's topics were external body talk and internal body talk, while Sunday's topics were self-compassion and self-acceptance.

On Monday morning, the closing session included a final written reflection, answering the research question about any changes to body perception resulting from the weekend's

assignments, a written narrative about the creative arts process/experience related to body perception, as well as a brief descriptive paragraph as a caption for the artwork during the May 2020 thesis presentation. Box® cloud storage provided secure storage for the photos of the art pieces and all personal written work upon completion of each session. To provide closure to the retreat, we drew intuitive cards from an oracle deck and shared their relevance and meaning with one another.

### **Data Analysis Procedures**

The purpose of this section is to describe how we analyzed the data. We begin by discussing how we prepared the data for analysis, followed by our interpretation process. We then outline our procedure for analyzing the data.

**Preparation of data.** Throughout the retreat, the results from each instrument were uploaded to Box® cloud storage for later review and analysis. This included the pre-reflection, storytelling with reflective journals, photo of the art piece, the art piece narrative, and the post-reflection.

**Interpretation process.** We booked a conference room at Olmsted Medical Center in Rochester, MN, for an entire day to immerse ourselves into the start of data analysis. In the conference room, we began our day with a grounding exercise of intuitive card drawing. Later, due to COVID-19, we completed the analysis via Google Hangouts®. We utilized Excel® spreadsheets throughout data analysis to hold and organize our results.

We chose qualitative thematic analysis to interpret our data because it allows us to systematically identify, organize, and recognize themes/patterns in the data (Braun & Clarke, 2006). The steps of thematic analysis include familiarizing yourself with the data, assigning codes to your data to describe the content, searching for patterns and themes, and then reviewing

those themes, defining and assigning a name, and finally, assemble the report (Braun & Clarke, 2012). In our arts-based research, we assessed themes among the creative expression submissions and narratives (Capous-Desyllas & Morgaine, 2018). This provided the best approach to answer our research question as themes provide a lower probability for researchers to apply bias (Capous-Desyllas & Morgaine, 2018). We made efforts to preserve our authentic stories and art (Capous-Desyllas & Morgaine, 2018). A strength of thematic analysis is that it allows the researcher to make sense of collective or shared meanings and experiences and allows for flexibility in that the researcher can analyze the data in various ways (Braun & Clarke, 2006). A limitation of thematic analysis is that the results are subjective, based on the researcher's interpretation. Another limitation is that the same results will not show when analyzed by another researcher.

First, we reviewed the pre-reflections. We extracted quotes that described each of our perceptions of our bodies at the start of the retreat. Using a consensus, we identified themes across all four of the pre-reflections and used these to establish a baseline to compare with the post-reflection at the end of the retreat. Next, we reviewed the storytelling reflective journals, one session at a time. Using a consensus vote, we identified themes and then extracted quotes to support those themes. We were able to determine “yes,” “no,” or “undecided” to determine if that individual session changed each woman’s perception of her body. We repeated this same process for all storytelling with journal reflections as well as the art piece narrative and post-reflection. We also examined the art pieces for themes and variations.

### **Design Rigor**

In this section, we address the reliability, validity, investigator responsiveness, reflexivity, and analytical stance of this study's method design.

The term rigor, in a general sense, does refer to the reliability and validity of research. Therefore, there is merit in upholding the value of rigor in all research. However, the criteria for evaluating rigor must be appropriate to the research, and the type of research methods used. For example, we want our qualitative research to be reliable but not in the sense of replicability over time and across contexts. Instead, we aim for reliability in our data based on consistency and care in the application of research practices. We reflect the reliability in the visibility of research practices, reliability in our analysis and conclusions, and reflect in an open account that remains mindful of the partiality and limits of our research findings (Davies & Dodd, 2002, p. 280).

We approached this project with no expectations of results with specific measure of “reliability, validity, or precision” because “those terms are insufficient and inappropriate to arts-based research contexts” (Gouzouasis, 2008, p. 231). Our chosen method contrasts dominant approaches to collecting and analyzing data. In pushing the boundaries of creativity to analyze its potential contribution to shifts in body image perspectives, we also aimed to push the disciplinary boundaries of traditional research and assumptive frameworks. We held space for different, unpredictable outcomes that are likely irreplicable in similar future studies, as that is the nature of individual creative expression. Below, we address more specifically how we upheld the value of rigor in our research.

**Reliability.** Reliability is doing the same study over again and achieving the same results. Due to the uniqueness of our participants and the study’s design, the precise results are unachievable in future studies. While we cannot guarantee the same results due to this study's creative and personal nature, what we did to ensure reliability is clearly articulate our data collection, analysis, and interpretation processes. In this project, we demonstrated



integrity/reliability by having a specific itinerary, making this study process replicable, even though the results cannot again be the same.

**Validity.** Value, reliability, and truth establish confidence in the findings of this study and the context in which we completed it. This helps determine “how confident the researcher is with the truth of the findings based on the research design, informants, and context” (Krefting, 1991, p. 215). The validity of this research lies in the integrity of the lived experiences of the participants. We describe lived experiences as one’s personal truth. The data is a collection of materials representative of the women’s body image perceptions through their personal and professional lenses. “In qualitative research, truth value is usually obtained from the discovery of human experiences as they are lived and perceived by informants. Truth value is subject-oriented, not defined as a priority by the researcher” (Singh, 2001, p. 172).

**Investigator reflexivity and analytic response.** Reflexivity asks the researcher to proclaim their moral principles and ensure their infusion into the process of the work (Rallis & Rossman, 2012). The nature of our research study is one of human experience, which includes emotion and struggle, two things that are difficult to measure objectively. “The term qualitative rigor itself is an oxymoron, considering that qualitative research is a journey of exploration and discovery that does not lend to stiff boundaries” (Cypress, 2017, p. 254). We were mindful of our lenses, both as researchers and participants, by discussing every aspect of the research study before going into data collection. Nearly all decisions were the result of a majority vote following discussions where each researcher had the opportunity to defend her stance, if applicable. In an effort to create a culture of open communication, each group meeting as researchers began by drawing intuitive cards and sharing their meaning. As participants, we collectively practiced meditation before each storytelling session to ground us into the role of a

participant rather than that of a researcher. We utilized the wisdom of our professor to strengthen the boundary between each role. We regularly reminded ourselves and one another to be authentic during data collection and not influence it in any direction. The first step to forming our analytical stance was to complete the Collaborative Institutional Training Initiative (CITI) training. Next, we wrote openly and honestly in our Lenses chapter to convey authenticity and the degree of personal investment from each of us to this project. Our honesty about our relationship to the topic provided additional strength to our analytical stance. This resulted in an enhanced awareness to encourage consistent monitoring of our motivations in the design of the study.

Our commitment to investigator reflexivity was the foundation of our passion for this topic. We were aware of the potential to ignite our curiosity for related and similar topics, hence dividing our attention from our research question.

At the beginning of our work, we agreed to several ground rules to stay focused on our objective. These rules included: everyone has a voice and we will vote on every decision that is not unanimous; all researchers will be present and timely; communication is a priority; taking time to ground at the start of each study session; as well as attention to self-care and physical/emotional nourishment. Each of us contributed to the group in unique ways and each was accepted and celebrated for her contributions. We were mindful to maintain balance and hold space for emotion as it arose, knowing the potential for detriment to the project if we didn't honor one another along the way.

**Protection of human subjects.** On January 14, 2020, we obtained approval by the St. Catherine University Independent Review Board (IRB). The consent form outlined possible risks for participants: 1) emotional triggers, 2) physical injury, and 3) coercion. Below we address

each of these possible risks and ways we attempted mitigation. Finally, we address informed consent, confidentiality, and protection of privacy.

***Emotional triggers.*** This research is about body image. Therefore, personal or sensitive information discussed and discovered throughout the study may be triggering. In order to mitigate this, we had the opportunity to discontinue the study at any time. The St. Kate's Counseling Center is available for mental health support for any emotional triggers that may occur; the center's phone number was provided. Additionally, we compiled a list of mental health resources (See Appendix D) across Southeastern Minnesota in case any of the participants felt the necessity for advanced mental healthcare.

***Physical injury.*** While unlikely, a potential risk of this study is physical injury from the use of art supplies. To mitigate risk, there was direction to use care when creating the art pieces, as well as a disclaimer that St. Catherine University and/or the study/researchers were not liable for any occurrence(s) of injury sustained in the creative process during data collection weekend.

***Coercion.*** Participation in this project was entirely voluntary for each of us. To avoid coercion, we had access to the consent form for three weeks prior to the retreat weekend. We made every effort to anticipate and avoid physical and emotional risks; to indicate that participation was not mandatory; and to confirm no exchange of material/financial compensation for participation in the study. At any time, we could choose to withdraw from the study.

***Consent.*** Physical paper copies of the consent form (See Appendix C) were available to each of us on the first day of the retreat. We read over the consent form carefully and each signed it with the remaining three bearing witness with required signatures.

***Protection of privacy.*** To ensure the privacy of all documents/photos pertaining to the study, researchers used Box® cloud storage as a data storage resource. Access to Box® cloud

storage is available to all St. Catherine University students. Each participant uploaded her typed documents in PDF format from her personal laptop in real-time, as completed throughout the data collection weekend.

***Confidentiality.*** In this study, confidentiality pertains to the anonymity afforded to the four of us before, during, and after the data collection weekend. Conversations, storytelling, and discussions remain confidential, as agreed to by each of us. The study itself includes reflective writing and artwork submissions by each individual. We uploaded these submissions to the Box® cloud storage after each activity, and throughout the data collection weekend.

### **Design-Specific Strengths and Limitations**

All research projects have design strengths and limitations. First, we provide the strengths of our design. Then, the design of our research produced data that resulted in gaining an answer to our research question. Next, the itinerary we developed worked well as a guide to keep us on track to collect all data by the end of the retreat. Lastly, we were also able to find a safe and neutral location for the retreat. This section also notes limitations within the structure of the research design, including time, lack of an independent facilitator, and using a newer, lesser known method of research.

**Answering our research question.** In the storytelling with reflective journaling, art pieces with narrative, and post-reflection instruments, we specifically asked each participant to note if they experienced a change in how they perceived their body. By asking the question in this way, we were able to extract answers to our research question.

**Specific itinerary.** By providing a specific itinerary (See Appendix A) for the retreat, we felt confident in how we were spending our time. Following the set itinerary allowed us to focus specifically on data collection, rather than going into the retreat blind to organize and manage the

sessions in real time. The itinerary also guided us to complete each instrument promptly, which kept us moving onto the next task, resulting in the completion of our data collection.

**Location.** We found and agreed on a house rental, for its location neutrality, via AirBNB. The house in Albert Lea, Minnesota, was approximately a thirty to ninety minute drive for each of us. This house had plenty of space for each of us to stretch out and have our own room and space. There was also a lovely large table in which to create our art.

**Time.** Some of us voiced that we did not have enough time to complete the art piece and narrative, as well as the post reflection. The scheduled time in the specific itinerary was equal for the pre and post reflection. In hindsight, we would have allowed a longer completion time for the post reflection as we were processing the retreat in its entirety, at that point. We anticipated feeling that our art piece and narrative would not be complete; however, this was not a universal thought among us at the end of the retreat. An argument is that art never truly feels complete.

**Lack of an independent facilitator.** Not having an independent facilitator required us to hold the dual role of participant/researchers. This made it difficult to turn off the researcher's mind and fully engage as the participant.

**Using a newer form of research.** Our method does not lay out a clearly defined path or steps for conducting research. Tension exists between having an intuitive culture of inquiry and the research requirements of systematic collection and analysis of data. The overall limitations in combining our critical paradigm, intuitive inquiry, and A/R/Tography in relation to our data analysis is the lack of ability to measure subjectivity, fluidity, and the evolving nature of this research study.

## Results

The purpose of this chapter is to describe the results of answering our research question: *Can creative expression change a woman's perception of her body?* The chapter launches with a description of the participants, followed by observational data and unexpected data. Next, we present the results from each of the instruments, along with supporting quotes. Finally, we present overarching themes that emerged from our experience at the retreat.

### Description of the Participants

The four researchers of this study also act as the participants. We each reside in Minnesota, identify as female in the age range of 40 to 50, and report body image challenges. We did not know each other prior to our graduate studies in the Holistic Health Studies program at St. Catherine University.

### Observational Data

During data collection, which we refer to as *the retreat*, we observed several phenomena. In this section, we discuss emotions, storytelling as a therapeutic experience, the role that time played, exhaustion, influence on sexual activity, influence on relationships, and body dissatisfaction superseding admirable qualities or accomplishments.

**Wide range of emotions.** First, we noticed that we had a wide range of emotions throughout the retreat - ranging from anguish to forgiveness. We all agreed that we felt enough safety and security with one another to be vulnerable. We noted that our environment was a suitable space for the necessary work. Also, some of us felt varying degrees of emotional disorientation in fulfilling the role of both researcher and participant. During data collection, we often needed to remind ourselves that we were now in the role of participant, rather than that of

the researcher. Immediately following the end of the retreat, we then needed to make the intellectual switch back to that of a researcher.

**Group sessions verging on therapeutic.** The storytelling sessions were more therapeutic than anticipated. We each presented more emotion than expected. Outward displays of emotion ranged from crying to laughter.

**Time limitations.** Two of us felt we did not have enough time to reflect at the end of the retreat. Another two thought it took a long time to get our “creative juices” flowing to feel we could do justice to our art pieces.

**Physical exhaustion.** The emotional release was a universal observation, likely due to the nature of the rigorous schedule, which called for ten hours of engaging storytelling over three days. We all reported a lack of energy and redundancy of shared stories, as evidenced by the last session ending an hour early.

The suggestion arose of a closing ceremony at the end of the retreat. However, due to heavy snowfall and exhaustion, we dismissed the idea. Due to the intensity of the retreat, we all agreed that we could have used more time to process and decompress before returning to our various roles. This dismissal of a closing ceremony may have contributed to our difficulty integrating back into our regular lives after the retreat.

**Influence on sexual activity.** Some of us spoke to how the perception of our body contributed to our sexual choices and health during the storytelling sessions. Another participant spoke to how an act of sexual violence influenced her relationship with her body.

**Influence on relationships.** All of us shared memories about how our bodies have factored into relationships we’ve had with others. For some it affected romantic relationships, while others recalled how body shape/size influenced familial roles.

**Body dissatisfaction superseding admirable qualities or accomplishments.**

Throughout the retreat, unanimous reflection abounded about how our bodies caused distraction at one time or another despite experiencing personal and/or professional success. We agreed that it was challenging at times to feel the full effect of accomplishments due to negative body image perceptions.

**Themes**

Here, we provide results in the form of direct quotes from each instrument: pre-reflections, storytelling with reflective journaling, art piece and narrative, and post-reflections. Finally, we provide overarching themes from the retreat.

**Pre-reflections.** We began by completing an individual written reflection describing baseline relationships with our bodies. We responded to the following prompt: *Using your personal laptop, type a narrative that is up to one page, single spaced, on your current perception of your body in the context of: gratitude, external and internal body talk, compassion, and self-acceptance.* The pre-reflections painted a complicated relationship with body image, which included disappointment from unmet expectations and conditional gratitude. The following are direct quotes about our perception of bodies before beginning the storytelling and artwork. One woman described the willingness to see her own inner beauty:

*When I look outward, I see beauty in the form of many people, places, and things. When I look inward, I've never noted the beauty that lies within me, whether it be physical, emotional, or spiritual...I want a fulfilling life where I see the joy in this body; where I revel in its abilities and challenge it to do more. I want to love my body as it is and stop wanting to "fix" it. It's not broken and I'm tired of treating it like it is.*

This woman described frustration and disappointment:

*Currently, I perceive my body as a vessel to walk, and talk, and go through the motions of life. I am tired, stressed, emotional, and overwhelmed by many things in my life...I take my body for granted. I expect it to do what I ask it to do. I am angry with it for*



*developing chronic disease...I have expectations and my body isn't living up to those expectations, which decreases my self-acceptance and confidence.*

Another woman described her relationship with her body this way:

*My internal body talk is filled with shame, guilt, avoidance, but struggling to gain confidence and happiness in what my body looks like right now. There is no balance in the directions that I go when it comes to my internal body talk. Either I am feeling low about my physical body or I am pushing myself to dress nice and hold my head up high when I walk in the outside world.*

Finally, one described tempestuous emotional struggles:

*My current perception of my body is complicated. I have days where I feel a lot of positive regard for it, and other days all I see are things I want to change about it...At this moment, I feel as though I accept myself, however at the same time I feel the nagging urge to improve on any area of myself that I can, so maybe I don't.*

We each described a relationship of complexity and continuous struggle with our body images.

**Storytelling with reflective journaling.** The chronology of storytelling topics is as follows: gratitude, external body talk, internal body talk, compassion, and self-acceptance.

Commonalities emerged from each storytelling session. We extracted quotes from our journal reflections that demonstrate the similarities.

**Session 1: Gratitude.** The storytelling sessions debuted with a focus on gratitude. Three of us reported a change in the perception of our body following this session, while one of us reported no change. One woman reflected on the increase of gratitude in adulthood:

*My focus has been shifted to smaller efforts of physicality that exhibit that my body is alive, functioning, and quite amazing. These arms lift, these legs walk, these eyes see beauty, this brain works hard, and this heart feels A LOT! The patterns I grew up with don't need to be the patterns I bring further with me into adulthood. Like a magazine or email, I can "Unsubscribe"...I want to change the narrative and manifest gratitude, self-respect, and dignity so my body FEELS those things. So my legs know I treasure their capability to carry me forward; so my arms, neck, and back know I value their strength... so a habit will become innate to my brain and my body will receive love chemicals as the blood flows from my heart all over my body.*

Another woman recognized meaningful defense mechanisms:

*I am going to need to make some changes in my behavior and instantly two things come to mind (a) Self-deprecating “humor” talk needs to stop and it goes for giving and receiving. An example would be how a friend of mine and I joke about our bodies how we are fat or chubby love to eat have no butts (b) I should learn to practice to be more kind to my physical body and to have gratitude for my physical body...It was so much easier to talk about the in general topics such as having gratitude for my physical body when giving birth to four children, talking about parents and learned behavior growing up, but it was not easy but actually very painful and hard for me to share about past issues of PTSD, the father of my children committing suicide, being assaulted by young teenage girls, and the shameful or cruel things about the physical body and what I allow my mind to think and allow myself to feel.*

There were multiple unique contributions on the subject of gratitude and its influence on body image perception. Collectively, the ideas of awareness, community, and meaning emerged.

**Session 2: External body talk.** The second storytelling session focused on external body talk. One of us reported a change in the perception of her body, while three of us reported no change. Exhausted from recalling personal experiences deemed harmful, we struggled with emerging emotions. One of us recognized harm in the way she speaks of her body:

*While I believe I've worked hard to censor negative external body talk, our storytelling today reminded me that this is something I will work on for the rest of my life. It was also a reminder to be vigilant that my negative external body talk hasn't and/or doesn't morph into something different that is still harmful to others.*

Another woman spoke to the internalization of external influences:

*It was extremely difficult to speak to external body talk without also speaking to internal body talk. Messages go both ways. When I hear someone speaking about bodies, I internalize and compare myself. I think one of my biggest struggles isn't so much the internal and external messages, I think it is the constant comparison of myself to others.*

This woman identified projecting outward negativity about her body:

*I started out by sharing about my negative external body talk and it brought me to tears for how badly I talk about my body to others. And sometimes I do not talk to others about my body, by holding in my breath in hopes the discussion will soon change to a different subject. Basically, I am prone to carrying baggage of external body talk through avoidance or negativity.*

Finally, one woman spoke to the combative relationship with her body:

*Today's discussion brought me to the revelation that the more oppression I put on myself to not vocally say what is on my mind about my physical form, the more internalized it becomes, which then leads to a deeper negativity about my body. I am in constant battle with myself about this physical representation of who I am in this world; the battles never end, and I will never win this war.*

We all recognized the impact of external body talk on our body image perceptions. Through storytelling, we also discovered the emotional damage of internalizing external body talk.

**Session 3: Internal body talk.** The third storytelling session focused on internal body talk. While two of us reported a change in the perception of our body, one indicated no difference, and another was undecided. Many of the reflections from this session noted discovery and emotion. We continued to express exhaustion from sharing. This participant shared that she was emotional while participating in storytelling on this topic:

*Today's storytelling about internal body talk did change the perception of my body. Assumptions can be made that we know we are not alone in our thoughts and feelings of insecurity, fear, and doubt in regard to our body. But at times we allow ourselves to feel and think negatively and soon we may believe we are alone in these thoughts because others do not seem as bothered or as sensitive. I found myself nodding my head in agreement when I heard the others talk about their thoughts and feelings. It felt like I had only gone over the tip of the iceberg on this topic and we had two hours in this session. It was hard, tough, draining, but I was able to see a light at the end of the tunnel for my own way moving forward.*

Another indicated the combination of exhaustion and distraction:

*I found this session a little harder to keep focused as I'm feeling emotionally drained, physically tired, and distracted by the desire to work on my art piece. At times I found myself focused more on wanting to offer support and comfort to the other women when they showed great emotion while sharing difficult information. It appeared to me that this topic may have been more challenging for some of the other women than me; it was heartbreaking at times.*

Finally, this woman expressed reaching a critical emotional crossroad:

*I feel this workshop is pushing me to the border of an emotional crisis, which I truly hope turns into a healing crisis. I need to stop the vicious cycle of internal negative talk about my body, and myself as a person. I don't think they can be separated – they are too intertwined.*

Overall, we articulated the damage of internal body talk and exhibited the willingness to work toward eliminating it as much as possible as a way to heal our body images.

**Session 4: Self-compassion.** The fourth story telling session focused on compassion. We all reported a change in the perception of our body following this session. We commonly reported thoughts of insight, release, and value. One recognized the need to grant herself grace to heal:

*I need to allow myself the grace to forgive myself for the things I imagine and create in my mind. I have to forgive those around me, including my family and friends, and let go of things I hold onto, in order to heal and grow and create compassion for myself...I continue to lie to myself about truths of myself. I make up things that are not true. I do not afford myself the courtesy I would to a friend or stranger. I need to reframe my thoughts into those of forgiveness and compassion to myself as well as for those things I have said or done.*

Another identified an increasing sense of empowerment:

*I was able to identify that healing and self-compassion are tied together for me. The storytelling helped me to feel empowered to explore what unconditional self-compassion could look like for me. I realized that I must truly make myself care a priority; not just talk about it. I was not born to work, restrict nourishment, and talk shit about myself.*

This woman recognized the necessity of acknowledging lifelong contributions to her perception:

*My experiences aren't to be minimized if I am to learn from them. I need to acknowledge the influences of what contributed to the adult woman I am today, housed in this body, with these feelings about myself, my body, and the world at large.*

Finally, another woman called out her lack of compassion for her body:

*After all of the sharing of discussion, thoughts, and storytelling, I came to the conclusion of how I am not allowing myself compassion in physical activity I love to do (which is walking) and wondering out loud and to myself why am I not doing something I love, makes me feel better, is like therapy for me? Should the opportunity present itself today, I am going to go walking and I know the direction I will go.*

All of us demonstrated different levels of self-compassion but also recognized its value as a catalyst to a change in body image perception.

**Session 5: Self-acceptance.** The fifth and final storytelling session focused on self-acceptance. None of us reported a change in the perception of our body. We experienced curiosity and exhaustion throughout this session. Here, a participant questioned what self-acceptance consists of:

*I did have the realization that I consider self-acceptance to accompany an element of complacency, which is frowned upon in modern society. If I'm accepting of myself, does that mean I give up? Does it mean my standards are low? Does it mean my dignity and self-respect are compromised? I simply don't know.*

This woman contemplated fluctuation of self-acceptance in her lifetime:

*It is way harder than I thought, to do this much inward thinking about very sensitive and personal topics. I grossly underestimated my ability to do the work during this retreat. I do think that self-acceptance is not a stagnant thing. I think it is something that can come and go and change over time. Looking back at all the different times in my life...I finally recognize that I have gradually become less satisfied and accepting of myself. I had an ah ha moment of clarity, recognizing that whenever I was physically active, I maintained more self-acceptance and joy. It wasn't about the weight necessarily, but rather the overall sense of feeling good – having energy, both physically and emotionally. I think this session did not change the perception of my body, but I gained an idea of what to do to start to feel better and accept my body/myself again.*

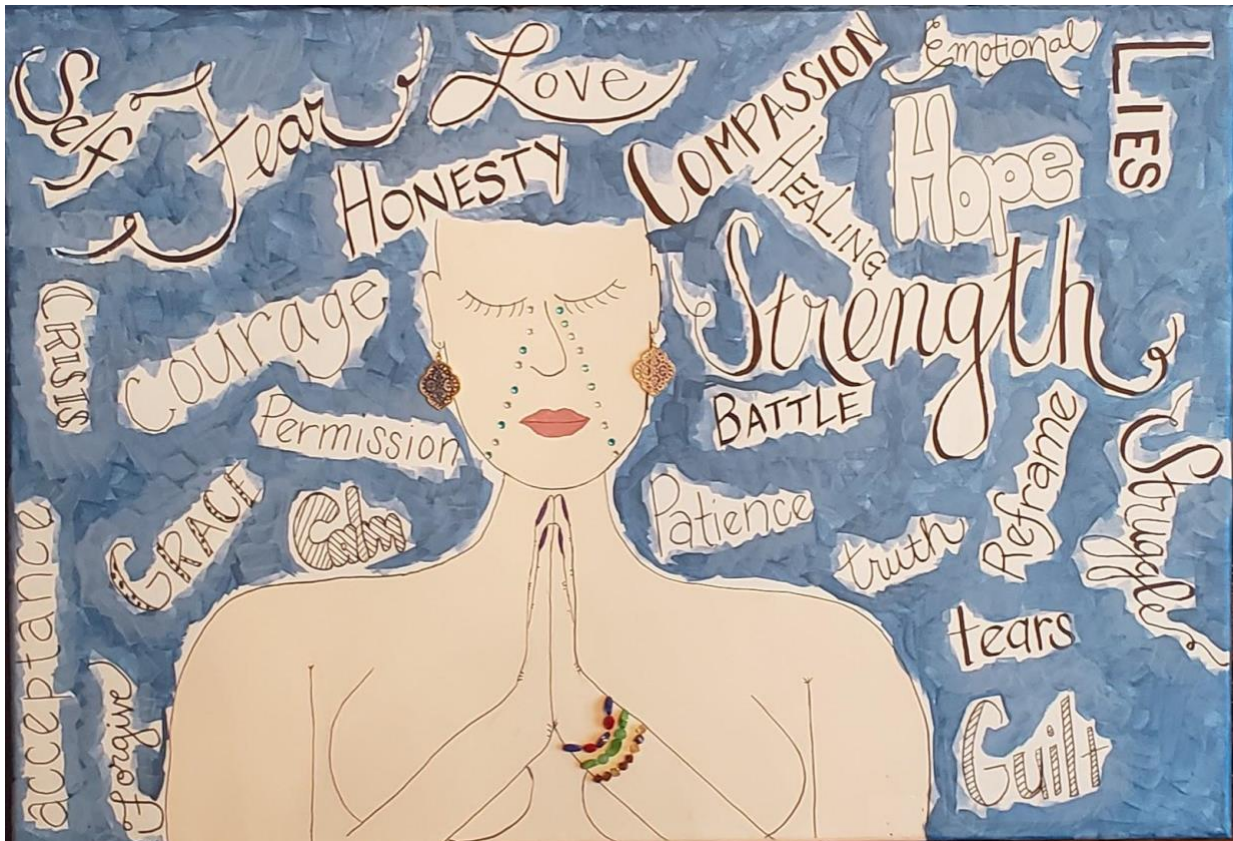
Another shared her personal struggle:

*I really struggled to find something of value to share in storytelling about my own personal self-acceptance stories of my physical body. I could think of the negative stories and lack of acceptance easily but after learning how internal and external body talk is important to my own perception of my body, I did not feel the need to go into detail about the negative. I tried to share what I could in regard to positive self-acceptance of my body while growing up, being active in sports as a teenager, having children, and trying my hardest to snapback after childbirth, but it was just a struggle for me in this last session for the day.*

While this session was the shortest, we struggled to fill the allotted time, attributing this to exhaustion from the intensity of the retreat.

**Art pieces and narratives.** Next, we describe the four creative pieces. Art mediums on 24" x 36" canvases included: markers, paints, fabric, thread, beads, paper, stickers, magazine cut-outs, jewelry, silk flowers, and feathers.

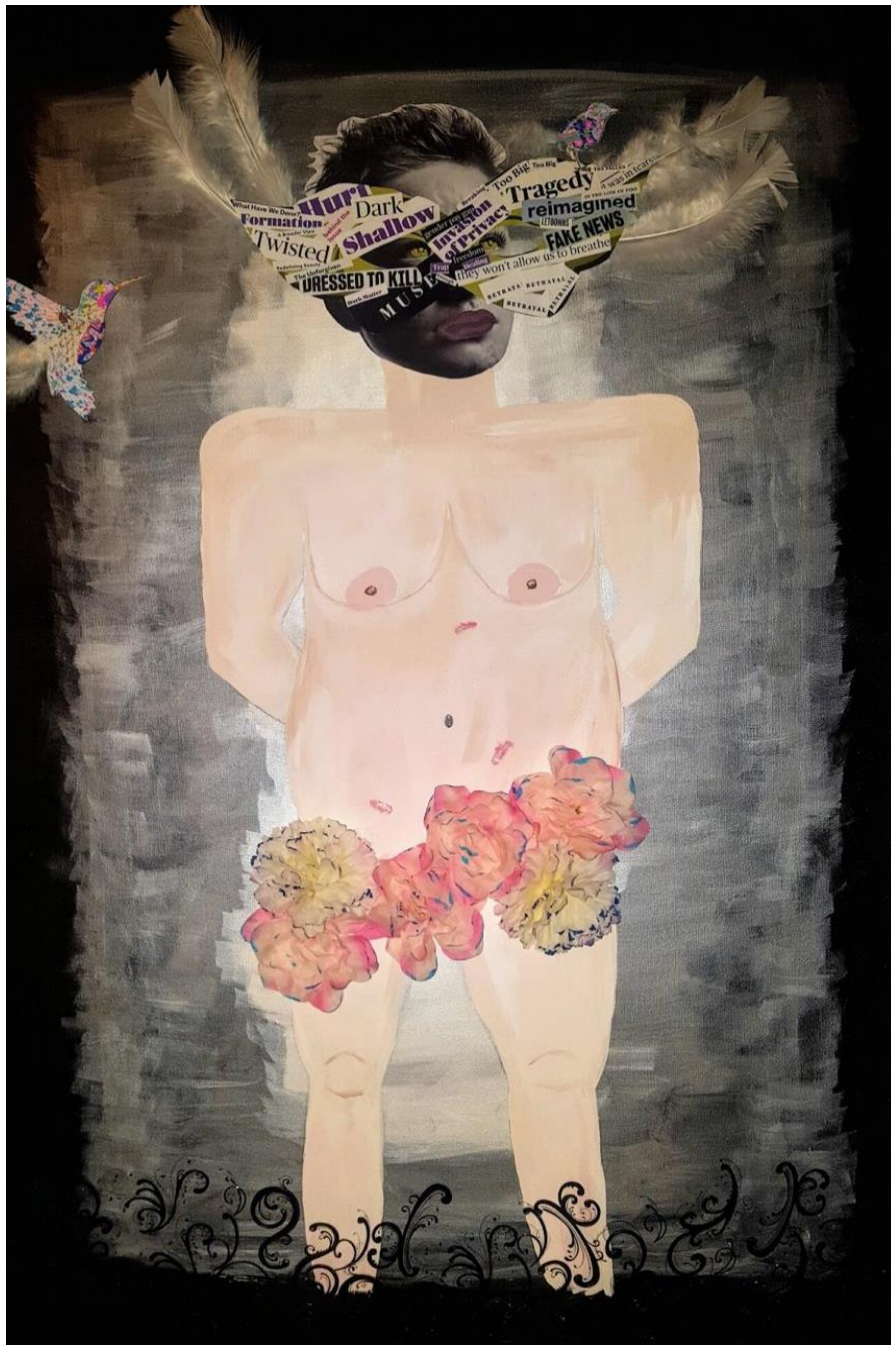
*Figure 1. Naked Truths.* Expressionist, mixed media, horizontal. Adorned with gold dangling earrings and colorfully-beaded bracelets, the upper body of a naked woman raises her hands in prayer atop her breasts. Tears of blue and white rhinestones stream down her cheeks from closed eyes. Words of emotion, power, and struggle, in various font styles, float around her against a blue background.



*Naked Truths (2020)*



*Figure 2. Vulnerable.* Surreal, mixed media, vertical. A naked female body wears a colorful swag of silk flowers draped over her genitalia, below her scarred abdomen. She stands in gradient shades of gray and silver, bordered in black, atop wisps of curly tendrils. The scarred face wears a feathered mask of words describing conflicting body ideals. A brightly colored bird with white tail feathers hovers over one shoulder, as another sits over one eye.



*Vulnerable (2020)*

**Figure 3. Reclamation.** Expressionist, mixed media, vertical. A tower of colorful squares at the center of the piece features emotive words. On the left, teardrop shapes mingle with colorful rectangles. Three female faces of different expression appear throughout in various media. A hand-drawn female nude is on the right below a “bill of rights” granting power to govern one’s own body. A swatch of fabric of silver and purple diamonds is under her. Hidden below a flap in a bottom corner is a message: *the joy of living is enough*.



*Reclamation* (2020)



**Figure 4. SELF LOVE.** Abstract, paint, vertical. A silver-white background bordered with red features a female nude in colors representative of the seven chakras-- violet, indigo, blue, green, yellow, orange, and red. The artist applied paint directly to the canvas using her corresponding body parts covered in paint. Meaningful words of encouragement and empowerment cover the body. Open hands crossed at the wrists lay atop her abdomen.



*SELF LOVE (2020)*

Despite noticeable visual differences, the creative art pieces share many commonalities. The following similarities emerged from all four creative art pieces: imagery of the human form; descriptive text; mixed media; multiple colors; were provocative and emotive, and showed raw emotion. Three of the art pieces had the following in common: vertical canvas was three-dimensional and portrayed women with their eyes open. Two of the art pieces had the following in common: a representational art style, arms in front, eyes open, and two had hair while the other two did not have hair. The following characteristics identified are: in only one creative art piece: surreal style, abstract style, horizontal canvas, subject had closed eyes, included animals, portrayed chakras, subject had arms behind their body, subject had no arms, and one subject had hands together. One of us made the creative decision to apply paint to her naked body, then pressed her body on the canvas to convey shape and meaning.

Following the completion of the art pieces, each of us composed a narrative focusing on the individual creative process. The art narratives ranged in length from a half page to three pages, single spaced, and noted changes in body image perception. Within the collective experience of positive shifts in perception, we individually experienced differing levels of change to our body images.

Despite the varied creative processes among us, all four of us experienced emotional release and positive distraction from negative body image perceptions. Following the creative process, three of us reported change in body image perception while one reported no change.

One woman surrendered to the process itself:

*While creating the art, I started out making it an expression, or image, of myself...However, the more I worked on it, the less I thought directly of myself and the "work" we were doing, and more just threw myself into the project as I enjoy creating things...I wanted to represent the themes of reactions I had from the storytelling sessions, so I began listing all the different words that I pulled out of each session. It was interesting to me, that although the message of the art rooted from the work we did in the*

*sessions, I was able to forget the struggles and failures I have with accepting my body. I didn't actually think about my body at all. I was so focused on what I wanted to do, that I didn't even acknowledge the fact that I didn't like my round belly or thick thighs. The art didn't so much change my perception of myself, as much as it just simply allowed me to forget about my body and allow me to be creative, which I love...I think that creative expression doesn't so much change a woman's perception of her body, but it allows her to forget about it, and focus on creating something beautiful and unique—and just be herself.*

This woman deciphered meaning and value within the representational elements of her art:

*In the tasking of the creative process, as images, words, and colors presented themselves to me as representations of feelings and influences, I could feel through the translation of this process that there was a diminished sense of doom with regard to my body...While creating and letting ideas come to me about how to express myself on the canvas, there were many moments in which I could see connections to the origin of ideas that I still hold to be truth...On the canvas, these truths took form as color and abstract shape to represent the imperfections of the mindset that was delivered to me as a child that I still carry to this day--about how my body needs to be in this world. Like the colors and shapes on the canvas, they are changeable and imprecise. They are not truths at all but manifestations of opinions and judgements that are no longer relevant and no longer need to exist...Creating this art distilled emotions that I simply didn't know were present in my mind and body...I do believe this experience contributed to a shift in my body/self-perceptions. I leave this retreat wondering how I, as my own person, will develop new ideals and love for this body and its capabilities.*

Another found empowerment and confidence that was lacking prior to the retreat:

*I felt pride more than anything. I had faced a fear and I survived any possible emotional turmoil...It should be important to point out at this time while I was painting how I would think/self-talk of gratitude and self-acceptance of my physical body. Of course it is so easy to think of the negative things I do not like about my neck, but I would not allow myself to go in that direction. I would think of the good my neck does for me. I can talk, communicate, share with others, and I can breathe because of my neck. I did this with the rest of my physical body parts.*

Finally, one woman honored an agreement she'd made with herself prior to the retreat:

*I made a deal with myself prior to the start of creating my art piece for this research study; I would accept whatever I made and not obsess about it being "good enough."...I did not realize this until I was almost finished with my piece, but I did not think negatively about my body during the entire creative process...I didn't criticize the reflection on the canvas, instead I found myself enchanted with mixing the colors and carefully following the brush strokes. The longer I looked at my creation, the prouder I became of it. I was surprisingly in awe of something that represented my body; amazing. I strongly believe that the process of creating art had a positive effect on the way I*

*perceive my body. The perception changed from one of disappointment and indifference to that of gratitude and love.*

**Post-reflections.** We composed post-reflections on the last morning of the retreat with the following prompt: *Using your personal laptop, type a narrative that is up to one page, single spaced, describing any change or lack thereof in your perception of your body in the context of: gratitude, external and internal body talk, compassion, and self-acceptance which reported varying levels of changes in our perceptions of our body.* Interestingly, all four of us reported the change to be positive, supported by reflections of hope and insight. One woman recognized her right to reclaim her power:

*I have accepted abuses from others and myself--feeling undeserving and unworthy because my body takes up more space in the world than I would like it to...I leave this retreat with different perspectives. I have assigned origin to thoughts and feelings that were handed to me by others when I was younger, by people who simply refused to see my value beyond what I look like and the space my body resides in.*

This woman cited the creative art experience as a catalyst to a mindful shift in her perspective:

*At the end of this three-day retreat, I will say that my perception of my body moved in a more positive direction. The storytelling had mixed results for me, sometimes sparking ideas and inspiration from the stories I heard, and other times I felt drained and distracted...The art creation allowed me to unplug and go into an almost meditative-like state. Drawing and painting a body that was inspired by my own helped me to see the beauty in it, and to focus on things I wouldn't have otherwise...The thought and focus I directed toward this creation resulted in pride and admiration for my body in a way I haven't experienced before. I didn't have a single negative thought about my body throughout the creative process...I believe that making art may assist me to change my perception about other things in the world.*

Another woman marked the benefit of community and hope for continued transformation:

*This weekend has created a flurry of emotions, feelings, thoughts, insecurities, promises, hope, fears, and struggles within me. I do believe that after the storytelling sessions this retreat, that I will move forward with an intent of granting myself grace and compassion to appreciate, accept, and show gratitude toward myself. I will practice being as kind to myself and my body as I am to those around me –both friends and strangers....I do have the desire to show compassion toward my body. I am not at a place that I am able to say I have self-acceptance, but I now know that I can get there one day. Being open and honest about my thoughts and feelings was refreshing in such a safe and non-judgmental space.*

*And to know that other women share the same thoughts, feelings, and struggles, reminds me that I am not alone in this.*

Finally, one woman noted her transformation in this way:

*I know for the majority of the time, I felt like my perception of my body changed. I found answers while I shared storytelling or when I was listening to the other women in the group talk about their bodies....It ended up being a beautiful experience and wonderful journey of self-love for my physical body. The art piece experience is similar to the topic sessions in that I felt naked, I faced fears and doubts, I placed myself out there, made myself vulnerable, and I ended up with a change in my perception of my body.*

All participants cited either concrete shifts in perception or saw the potential for future shifts as a result of the group work.

### **Overarching Themes**

The following themes emerged during the retreat: exhaustion, community, insight, and hope. Below, we provide quotes to support these themes.

**Exhaustion.** Some of us described our experiences of exhaustion throughout the retreat. One woman realized the emotional toll and intensity of this work:

*This session (self-acceptance) was the shortest, only lasting an hour instead of two. I think this is because we are all simply exhausted from all the storytelling and self-reflecting we've been doing the last few days. It is way harder than I thought, to do this much inward thinking about very sensitive and personal topics. I grossly underestimated my ability to do the work this weekend.*

Another felt the effects of exhaustion:

*Being that this is our 5th storytelling session in just over 48 hours, I am emotionally and physically exhausted, and struggled with recalling and sharing stories pertaining to this subject. I'm curious if I would have been able to engage deeper with a different subject. It was still interesting to listen to the other women share, and I was able to relate to some of what they were saying.*

Despite the exhaustion felt across the group, there was a strong sense of inclusivity.

**Community.** Some of us commented on the community, both within the research project and the greater context of her life. One woman recognized the strength of community as a catalyst to healing:

*Hearing women I respect share similar experiences, insecurities, and questions to mine made me feel as though I am not alone in the world. By feeling more connected to them, I am feeling more connected to my body. We explored the reasons why gratitude for our bodies is difficult to achieve, which provided relief for me because I realized that it's not my fault that I struggle with this.*

Another found value in community as a potential contributor to change:

*Today's storytelling about external self-body talk did not change my perception of my body, however it did continue to add to my feeling of connectedness with the women in my group, which I believe may subconsciously lead to changes in my self-esteem and feelings about my body.*

Finally, one woman cited change to her body image perceptions when feeling support within her community:

*Today's storytelling about internal body talk did change the perception of my body. Assumptions can be made that we know we are not alone in our thoughts and feelings of insecurity, fear, doubt in regard to our body. But at times we allow ourselves to feel and think negatively and soon we may believe we are alone in these thoughts because others do not seem as bothered or as sensitive. I found myself nodding my head in agreement when I heard the others talk about their thoughts and feelings.*

Feeling like a part of a greater community, led us to develop insight throughout the retreat.

**Insight.** All of us, at one point or another, felt moments of clarity as to our personal needs for transformative healing of our body image perceptions. One shared how the views of others directly affect her own internal body talk:

*Revelation: Fear, doubt, and insecurity are sold to me by others to keep me oppressed and thinking small, i.e. having less value for myself because I take up more space in this world. I'm big, therefore should be made to feel small because I'm selfish to take up this amount of space and demand that others accommodate me. I want to leave this retreat with less mental baggage than I arrived with. I want to ceremoniously leave it here and not bring it back to Mpls with me. It is no longer welcome in my brain, in my life...to live rent free in space that is incredibly valuable to me, my heart and my head. I need to find ways to rid my body of the residue of my parents devaluing my worth, of others not seeing*

*past my large body for who I am as a person, and myself for accepting the projections from others of who I am. Today's experience contributed to a shift in my body perception in that much of my internal self-negativity are thoughts and notions of my parents and others, leading to the realization that I am NOT the source of the negative internal self-talk.*

Another recognized how she contributes to her own negative body perception:

*Today's discussion brought me to the revelation that the more oppression I put on myself to not vocally say what is on my mind about my physical form, the more internalized it becomes, which then leads to a deeper negativity about my body.*

Finally, one woman identified her personal needs to grow and heal:

*Today's storytelling started out slow for me but ended up being one of the more impactful sessions of the weekend. I realize that self-compassion is (almost) the same as self-forgiveness. I need to allow myself the grace to forgive myself for the things I imagine and create in my mind. I have to forgive those around me, including my family and friends, and let go of things I hold onto, in order to heal and grow and create compassion for myself.*

The insight gained from the retreat laid the groundwork for hope to take flight.

**Hope.** Some of us experienced hope on various levels. One expressed hope for the future:

*This first session was WAY more intense than I thought it would be. I surprised myself by opening up about some of the things I most fear – insecurities about myself and how to raise daughters that will respect, appreciate, love, have gratitude for their bodies, and be kind to themselves and others. However, I realized that before I can focus on preparing them for this vicious and hurtful world, I need to work on myself, and learn how to love, respect, and feel gratitude for myself and my body. Starting small and working on the little things, then work my way up to larger pieces of me that need the most work – not to physically change them, but to accept them. So moving forward I will try to learn to respect my body, my mind, my everything, so I can start to feel gratitude for all of those things as well.*

Another one looked forward to the opportunity to practice self-love:

*I know changing that external body talk about myself with family and friends will change for the better.*

The overarching themes of exhaustion, community, insight, and hope describe our collective experience. The sense of community allowed for insight and hope to manifest, resulting in exhaustion from the process. The essence of the collected data captured openness

and healing. We all agreed that the retreat was an overall positive experience. Below are quotes extracted from each of the post-reflection, composed on the last day of the retreat; the first from a woman who found some common ground with her body:

*I realize that I am only human and with all these changes I have in mind to love my physical body, I also would like to offer myself kindness, patience, and allow myself the mindset of taking one baby step at a time... I got a LOT out of the art piece. It ended up being a beautiful experience and wonderful journey of self-love for my physical body.*

Another noticed a shift in her body perception:

*At the end of this three-day retreat, I will say that my perception of my body moved in a more positive direction.*

This woman began to create a plan for improved body perception:

*Moving forward I was able to identify some strategies to practice increasing my self-esteem and energy. I know that if I have energy, I feel better about myself, and in return, will increase my gratitude, compassion, and self-acceptance.*

Excitement for change presented for this woman:

*Transformation is taking place; I can feel it and I'm really excited for this new embodiment.*



## Discussion

*“Creative breakthroughs are experiential. They don’t come from intellectual analysis....  
And creative breakthrough comes from an inner wisdom... intuitive knowing from within.”*

Lucia Capacchione (2001, p. 78)

The purpose of this chapter is to interpret the findings that answer our research question: *Can creative expression change a woman’s perception of her body?* First, we discuss the findings supported by the literature. Next, we discuss the unexpected findings of our research study. Then, we suggest implications of the study for the betterment of holistic health studies, the broader community, and future research. Finally, we conclude this chapter with focus on power, strength, unity, and compassion.

### Findings Supported by the Literature

In this section, we highlight a number of our research findings and their consistencies with existing literature. Specifically, we discuss body image/self-perception of women, the targeted intervention of therapeutic arts/creativity for body image/self-perception discrepancies, and the benefits of creative expression.

**Body image and self-perception of women.** The findings captured the high incidence(s) of poor body image/self-perception among the four of us. Consistent with the literature that suggests body image concerns permeate women’s thoughts, often over general health and intelligence (Tiggemann, 2004; Swami, Begum, & Petrides, 2010), some of us cited poor body image and frequent thoughts and feelings of body dissatisfaction throughout our lifespans that superseded admirable qualities or accomplishments. Such thoughts and feelings were not exclusive to times of stress or negativity in one’s life, but also prevalent during periods of success, positivity, and celebration.

During story-telling sessions, some of us cited instances where/when body perception influenced our eating habits, physical health, mental health, sexual activity, and/or relationships with family, friends, and others. These results speak to the effects of body image on general health and well-being, building on existing research citing that “Self-objectification has been linked to negative physical and mental outcomes for women,” (Chrisler, 2011, p. 208) and that the influence of “positive body image has unique associations to well-being, self-care, and eating behavior...” (Tylka and Wood-Barcalow, 2015, p. 121). We recognize the importance of the influence that body image has on many aspects of how women feel about themselves and others, how they view their contributions to society, and how successful they perceive themselves to be in marriage, child-rearing, education, and career.

Unanimous in the findings, as well, is the evidence of disordered eating habits and food abuses which is not surprising given that the literature reports that 18%-30% of women struggle with their relationships with food (Galmiche, Dechelotte, Lambert, & Tivolacci, 2019; Wang et al, 2011). Each of us cited different strategies, diets, or eating plans that ultimately were unsuccessful and/or damaging to our general health. As indicated in the literature, our motivations stemmed from negative body image/self-perception (Ferreira, Pinto-Gouveia, & Duarte, 2013; Lydecker, Riley, & Grilo, 2018; Zeigler-Hill & Noser, 2015).

**Targeted intervention: Arts/creativity for healing.** As Warner (2013) suggests, “throughout history, artists have participated in translating experience so that members of society may be soothed, validated, or enriched” (p. 75). We four researchers/participants were able to experience an enhanced sense of self and greater opportunity for “trusting instincts and noticing, valuing, and accessing a fuller range of emotional capacity” (Warner, 2013, p. 76) by tapping into a creative space.

Since time immemorial, women have been using creativity to express themselves in ways that connect, soothe, and heal (Anderson & Gold, 1998). Creativity/arts as therapy transcends verbal expression and allows for a deeper, more visceral processing of data that the brain and/or body have stored as trauma. Art and creativity alleviate the pressure of verbalizing difficult life experiences or simply finding the right words to describe feelings or events, as exemplified in our creative art pieces.

**Benefits of creative expression.** All four participants noted beneficial outcomes resulting from their creative exercises in the written reflections, as well as the post-narrative. One participant noted:

*“Drawing and painting a body that was inspired by my own helped me to see the beauty in it, and to focus on things I wouldn't have otherwise.”*

This participant recognized the power of her body:

*“I acknowledge and have gratitude for the abilities my body has and how it supports me.”*

Another participant marveled in the sense of community:

*“And to know that other women share the same thoughts, feelings, and struggles, reminds me that I am not alone.”*

Finally, this participant expressed the breadth of her creative experience:

*“I got a LOT out of the art piece. It ended up being a beautiful experience and wonderful journey of self-love for my physical body.”*

The results fit with Cameron's (2013) suggestion that “All of us are far richer than we imagine. None of us possesses a life devoid of magic, barren of grace, divorced from power. Our inner resources, often unmined and even unknown or unacknowledged, are the treasures we carry...” (p. 3). All of us remarked on surrendering, on some level, to the creative process itself. At some point during the retreat, for each of us, there came a time when we felt guided by the process and

the freedom of letting go took over as the flow-state kicked in. Contrastingly to the literature-supported findings, we next discuss our unanticipated results.

### **Unexpected Findings**

Our research study contains unanticipated findings which we discuss in the following order: first, personal creative experiences; second, the wide range of unanticipated emotions; next, the difficulty integrating back into everyday life upon completion of the data collection experience; and finally, the impact of playing dual roles as researchers and participants.

**Personal creative experiences.** Each of the four participants had total creative freedom to produce anything on the provided canvas, limited only by the time constraints and type and quantity of the provided art supplies.

One of us chose to create art entirely alone, while the other three worked together in the same room. One possible explanation for her decision to work separately is likely the method she chose to express herself creatively. Her art piece required the creative process of applying paint to her naked body and pressing body parts into the canvas, creating a mirror image. Another possible explanation is there was no specific, detailed directive for the execution of the artwork.

The three participants who worked together sought the opinion of each other in making decisions about the individual pieces. Due to this, their art pieces did not evolve exclusively from the mind of the individual artist. Rather, they were subject to community discussion and influenced by the ideas and viewpoints of others. A possible explanation for this outcome is that community means sharing, connection, and commonality. Another explanation could be that the storytelling in a group setting insinuated the art creation would also be a group activity.

**Wide range of emotions.** We elaborated on our feelings of emotional safety throughout the retreat, which was likely due to the four of us already having worked together on this project

for almost eighteen months. We recognized the benefits of intimate storytelling, including the results of extreme vulnerability, exposure, and depletion of energy. Due to the intense level of exhaustion from vulnerability and emotion, each of us experienced diminished levels of engagement in the final storytelling session. A possible explanation for this may lie in the dual the roles we had as researchers and participants, with no third-party facilitator. We spoke to gratitude for the experience, transformation that occurred as a result of the work, and space to share intense, personal perspectives.

**Difficulty integrating back into everyday life.** We did not feel prepared to return to everyday life at the end of the retreat. A possibility for this outcome could be the haste in which we transitioned back to expected daily routines of life. Jumping back into daily normal tasking proved harsh as there was little-to-no time for decompression or processing of the emotionally taxing events of the weekend retreat. Two of the four of us went straight from the retreat to work without returning home first. One of us had to immediately tend to the demands of family and children. One of us was able to and did return home straight from the retreat but delved immediately into continued work on this project for the benefit of the most accurate recall of her personal results.

Overall, we found difficulty in turning our vulnerability and creativity off in order to go back to our families, work, and school. An explanation for this may be the need we felt for solitary downtime to process the activities of the weekend and personally respond in the safety and privacy of our own safe spaces, at home, or elsewhere.

**Dual roles: Researchers and participants.** Wearing two hats for this project was entirely unexpected, as were the outcomes. Originally planned for recruited participants, this project led to recruiting ourselves for the sake of having this lived experience. Doing the actual

work ourselves, originally planned and expected of outside participants, gave us the opportunity to be test subjects. The raw experience of doing this work proved emotionally taxing and sometimes made it difficult to juggle the two roles. Transitioning from one role to another was challenging at times, which we vocalized throughout the retreat.

Another unexpected finding was the complexity with which the execution of the project influenced our group dynamic. We experienced ups and downs in the process of executing steps necessary for the completion of this project. Personality conflicts presented, which may result from feelings of intense vulnerability and defense mechanisms taking heed.

While we entered into this research study with the understanding that emotions may arise and conflict may occur, it did so on a level none of us anticipated. Once the awareness of our internalized body ideals materialized, it was impossible to become blind to them. This contributed not only to individual struggles, but also to friction between us. The group dynamic of vulnerability and compassion exhibited at the retreat slowly became one of guarded combativeness. The solidarity and unity at the start of the project, eighteen months prior, was not present at the close of the research study. One explanation for this might be differing perceptions of the work done that weekend. Every one of us has our own personal take-aways, but we were responsible for delivering a review of the process and data that demanded consistency and congruity. Another explanation for this outcome might be the levels of perceived exposure and vulnerability through the shared personal stories. Next, we discuss implications of our findings, based in the holistic health field, community, and future research.

## **Implications**

In this section, we suggest several implications of our research. We open with implications of our findings for holistic health, followed by implications for the broader community. We conclude with implications for future research.

**Holistic health.** On creativity, Cameron suggests “When we approach images, we must learn to open and receive information holistically... We glean impressions, intuitions, and feelings as well as information” (p. 113). Within the realm of holism, we touched on elements of mind, body, spirit, and social connection in order to process, emote, and recognize healing in our own journeys. Enabling women to discover their own respective journeys of healing through storytelling, community sharing in safe spaces, and creative expression proved reasonable and successful.

This research is significant in the field of holistic health as the literature supports the detrimental effects of negative body image/self-perception in varied areas of health: physical, mental/emotional, spiritual, and psychosocial (Brown, Bryant, Brown, Bei, & Judd, 2015; Tiggemann, 2004; Wilson, Latner, Hayashi, 2013; Woodman & Steer, 2011). Existing literature also clearly exhibits the prevalence of the negative state of body image/self-perception among women (Ambwami, Baumgardner, Guo, Simms, & Abromowitz, 2017; Ferreira, Pinto-Gouveia, & Duarte, 2013; Liss & Erchull, 2015; Moffitt, Neumann, & Williamson, 2018). However, there exists little research on interventions and treatments for recovery from poor body image/self-perception. Our research uncovers contextual practices and themes for important consideration in the education of the holistic health community.

**Community.** Our research is important in highlighting the effects of women’s body image on external behaviors in relationships and the community. Within community, women

develop connections and bonds with those that share commonalities, thus overcoming differences and separateness in order to seek comfort and compassion in their mindsets and experiences (Capous-Desyllas & Morgaine, 2018; Ferreira, Dias, & Oliveira, 2019).

While this project used a sampling process confined to its four researchers to collect the data, other researchers will likely use more established techniques such as simple random sampling, systematic, stratified, or cluster sampling. This would serve to distinguish similarities and differences in women of all ages, backgrounds, and ethnicities. We suggest future research to include community sampling for determining commonalities across ethnicity, age groups, geographic locations, level of education, sexual orientation, and religion, just to name a few.

We strongly recommend the medical community place greater value on body image concerns when assessing women's medical histories, making diagnoses, treating addictions, and prescribing medications for depression and anxiety.

**Future research.** Continued research is necessary across multiple and different communities of women to establish verified modalities of intervention including creative expression to treat negative body image/self-perception and diagnose any resulting manifestations of physical, psychosocial, and/or emotional disorders. Other creative methods to consider in future research of treating body image discrepancies are photovoice, sculpture, poetry, singing, and dance. Complex, well-planned research designs are necessary to ascertain authentic, rich data without compromising or disempowering participants. Additionally, for future studies, we recommend including a third-party facilitator, dedicated alone-time factored into the itinerary, planned transitional time for gentle reintegration back into everyday routine, and individual support for participants to process the intensity of resulting emotions.



## Conclusion

As researchers, the four of us brought passion for the advancement of gaining insight, understanding, and integrity into the deeply personal issue of body image/self-perception in women as we answered the question: *Can creative expression change a woman's perception of her body?* As women, we have lived experiences from every stage of life from childhood to present. As participants in the study, we now have personal context in the healing experiences and complexities that occurred as a direct result of our research design with A/R/Tography. Despite this project's focus on women, we recognize the importance of body image discrepancies in all humans. Our hope is that researchers will carry this work across all people, regardless of gender identity.

Framed in a critical paradigm and an intuitive culture of inquiry, our navigation through the method of A/R/Tography allowed for an elegant, gentle balance between the different modalities of storytelling (verbal), narrative reflections (written), and art (creative). We took advantage of this opportunity to position ourselves “not as outsiders trying to uncover the answers, but rather as active participants or as insiders encountering and experiencing data through practices of engagement” (Winters, 2013, p.3). Researching the complexities of women's relationships with their bodies was work in itself; researching *our* individual complexities with *our* bodies was work beyond what we were prepared for. However subtle or profound, this work was a conduit to individual foundational healing within our own body-perception discrepancies. Now is the time for women to come together. In community, we must hold each other up and identify the intricacies of body/self-perceptions in order to reframe the collective ideals of health and wellness within the emotional, physical, and spiritual personhood of being a woman.

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## Appendix A

### Data Collection Itinerary

#### *Day One (approx. 14 hrs)*

<b>10 am - noon</b>	Arrival; sign consent forms; settle into accommodations; complete pre-narratives about self-body perceptions
<b>noon - 1 pm</b>	Lunch / free time
<b>1 - 1:15 pm</b>	Loving kindness meditation
<b>1:15 - 3:15 pm</b>	Story sharing about <i>gratitude</i> with the following prompt: “Share a memory of a time when you felt gratitude for your body”
<b>3:15 - 3:45 pm</b>	Write individual reflective summaries about story sharing
<b>3:45 - 4 pm</b>	Share reflective summaries with the group
<b>4 - 5 pm</b>	Group-composed written summary of the reflective sharing
<b>5 - 6:30 pm</b>	Dinner / free time
<b>6:30 - 9:30 pm</b>	Start creating art pieces and narratives

#### *Day Two (24 hrs)*

<b>7 - 9 am</b>	Breakfast / free time
<b>9 - 9:15 am</b>	Loving kindness meditation
<b>9:15 - 11:15 am</b>	Story sharing about <i>external body talk</i> with the following prompt: “Share your experiences of external self/body talk”
<b>11:15 - 11:45 am</b>	Write individual reflective summaries about story sharing
<b>11:45 - noon</b>	Share reflective summaries with the group
<b>noon - 1 pm</b>	Group-composed written summary of the reflective sharing
<b>1 - 2 pm</b>	Lunch / free time
<b>2 - 4 pm</b>	Story sharing about <i>internal body talk</i> with the following prompt: “Share your experiences of internal self/body talk”
<b>4 - 4:30 pm</b>	Write individual reflective summaries about story sharing
<b>4:30 - 4:45 pm</b>	Share reflective summaries with the group
<b>4:45 - 5:45 pm</b>	Group-composed written summary of the reflective sharing
<b>5:45 - 7:15 pm</b>	Dinner / free time
<b>7:15 - 10:15 pm</b>	Continued work on art pieces and narratives

#### *Day Three (24 hrs)*

<b>7 - 9 am</b>	Breakfast / free time
<b>9 - 9:15 am</b>	Loving kindness meditation

<b>9:15 - 11:15 am</b>	Story sharing about <i>self-compassion</i> with the following prompt: “Share about the level of compassion you have for your body”
<b>11:15 - 11:45 am</b>	Write individual reflective summaries about story sharing
<b>11:45 am - noon</b>	Share reflective summaries with the group
<b>noon - 1 pm</b>	Group-composed written summary of the reflective sharing
<b>1 - 2 pm</b>	Lunch / free time
<b>2 - 4 pm</b>	Story sharing about <i>self-acceptance</i> with the following prompt: “Share how you were taught self-acceptance of your body”
<b>4 - 4:30 pm</b>	Write individual reflective summaries about story sharing
<b>4:30 - 4:45 pm</b>	Share reflective summaries with the group
<b>4:45 - 5:45 pm</b>	Group-composed written summary of the reflective sharing
<b>5:45 - 7:15 pm</b>	Dinner / free time
<b>7:15 - 10:15 pm</b>	Continued work on art pieces and narratives

***Day Four (morning only; approx. 10 hrs)***

<b>7 - 8 am</b>	Breakfast
<b>8 - 8:15 am</b>	Loving kindness meditation
<b>8:15 - 9:15 am</b>	Complete post-narratives about self-body perceptions
<b>9:15 - 9:30 am</b>	Goodbyes / Departure

***Total Time: Approx. 72 hrs***

## Appendix B

### Instructions for Art and Narrative

Materials needed for research project: a 24"x36" canvas will be provided for each R/P. The four R/P are directed to bring ANY materials they choose to work with as mediums for executing this portion of the study.

The art and written narratives will occur in specific, scheduled time. Participants will use a canvas to create the art. Participants are allowed to use any medium to create an art piece that expresses their perception of their body during the time of data collection.

The written narratives will address the following:

- describe the process in creating the art piece
- describe the experience of creating the art piece, the meaning of the art piece, then if/how creative expression changed body-perception. In this narrative, creative expression includes storytelling, reflective writing, and the created art piece

#### **Please Note:**

The data will **not** be audio/video recorded. Data collection/recording consists of the participants' visual art submission on 24"x36" canvasses, written narratives via personal reflections, and written accounts of group discussions.

## Appendix C

### Informed Consent for a Research Study

This study is called Turning Wounds into Wisdom: An Intuitive Inquiry into Healing Women's Body Image. The study is being done by Mary Jewison, BS, BSN, RN, OCN; Alicia McNiell, BS, LADC; Crysia Pettigrew, B.A., Carmelita Sharpback, B.S., four Masters' students in the Master of Arts in Holistic Health Studies Program at St. Catherine University in St. Paul, MN. The faculty advisor for this study is Carol Geisler, Ph.D., Associate Professor, Master of Arts, Holistic Health Studies, St. Catherine University. Below, you will find answers to the most commonly asked questions about participating in a research study. Please read this entire document and ask questions you have before you agree to be in the study.

#### Why are the researchers doing this study?

The purpose of this study is to explore if creative expression may transform a woman's perception of her body. This study is important because there is a lack of research on the effects of creative expression on changing a woman's perception of her body image. Four people, the researchers themselves, are expected to participate in this research.

#### Why have I been asked to be in this study?

You have been asked to be in this study because you are one of the four researchers, and you meet the requirements including: identifying as a woman, over the age of 18, and are interested in participating in a study about body perception.

#### If I decide to participate, what will I be asked to do?

If you meet the criteria and agree to be in this study, you will be asked to do these things:

- You will be asked to review and sign a consent form.
- You agree to keep all information that is shared during data collection confidential.
- A 24x36 inch blank canvas will be provided to the participants from the research team. Some participants already own art materials/supplies and have volunteered to bring them to the 4-day/3-night research experience for **any/all** participants to use, should they so choose. Supplies include, but are not limited to: paper, glue, paint & brushes, markers/pens/pencils, fabric, yarn, collage/decoupage supplies, beads, stones, wood, fabric, and metal. Additional materials/supplies may be purchased by any individual participant, **solely** at her discretion, with her own funds for any amount. Permission is **not** required for purchasing additional materials/supplies.

The study will be conducted at a private rented facility, to only include the four

researchers/participants (r/p). No one other than the four r/p will be in attendance or have access

to the group. Research data will be collected 24-27 January 2020 (pending IRB approval) in the following ways:

- each individual R/P will compose a pre- and post-narrative about her body perception
- a photograph of each individual piece of art
- all four R/P will participate in daily group personal storytelling to focus on a specific topic related to body image (re: gratitude, compassion, internal/external body talk, and self-acceptance)
- individual reflection journaling to be shared with the group
- individual narratives speaking to the process of making the art piece, the experience of making the art piece, the meaning of the art piece, and whether or not creative expression was a catalyst to change of their body-perception
- group-composed summaries of the five storytelling sessions

Total estimated time commitment is 72 hours

### **What if I decide I don't want to be in this study?**

Participation in this study is completely voluntary. You can stop being a part of the study at any point. Your decision of whether or not to participate will have no negative or positive impact on your relationship with St. Catherine University, nor with any of the students or faculty involved in the research.

### **What are the risks (dangers or harms) to me if I am in this study?**

The researchers address three possible, but unlikely risks in this study:

- emotional triggers
- physical injury
- coercion

Emotional Triggers. This research is about body image. Therefore, personal or sensitive information discussed and discovered throughout the study may be triggering. In order to mitigate this, R/P may discontinue the study at any time until the end of the research study on 24 January 2020. Researchers will provide a list of local mental health resources for all participants.

**Physical Injury.** The risk of physical injury is minimal but could happen during the artistic process. R/P are advised to use care when creating their art piece. Neither St. Catherine University, the Holistic Health Program, nor the researchers will be held liable for injuries sustained during the creative process.

**Coercion.** Because the researchers are also the participants, there is a possibility that individuals may feel coerced to be in the study and share their data. We will provide the consent form at least 24 hours in advance prior to data collection to give R/P time to review and think about the consent form. Any participant can choose to stop participating in the study at any time, but they will continue as researchers. Participants can choose to not submit any portion of their data (e.g. photo of artwork, reflective journals, pre-post reflections, etc.) up until the completion of data collection, approximately 11:59 p.m. on 27 January 2020. After that, all submitted data will be included in the study.

**What are the benefits (good things) that may happen if I am in this study?**

Participants may benefit from this research by having personal insights into their perceptions of self.

**Will I receive any compensation for participating in this study?**

There is no financial compensation for participating in this study.

**What will you do with the information you get from me and how will you protect my privacy?**

The information that you provide in this study will be used by the researchers to track trends and perceptions of the participants' bodies before and after data collection. Researchers will keep the research results in Box® cloud storage software, and only the researchers and their advisor will have access to the records while they work on this study. The researchers will finish analyzing the data by 31 July 2020. All identifiable data from the study will be destroyed no later than 31 July 2020. All de-identifiable data will be kept indefinitely.

Any information that you provide will be kept confidential, which means that you will not be identified in any written reports, quotes, publications, or displays. Any direct quotes from

you will be used in the final research publications and presentations, but we will make every attempt to not report any information that could identify you. The art created will be used in the May 2020 research presentation as either a photograph or the actual canvas. Any future presentations or publication opportunities will include a photograph of the art. If it becomes useful to disclose any of your information, the researchers will seek your permission and tell you the persons or agencies to whom the information will be furnished, the nature of the information to be furnished, and the purpose of the disclosure; you will have the right to grant or deny permission for this to happen. If you do not grant permission, the information will remain confidential and will not be released.

**Could my information be used for future research?**

Yes, it is possible that your data will be used for additional research. All collected data will be de-identified and may be used for future research or be given to another investigator for future research without gaining additional informed consent.

All data for this study may be use for future presentations. Future studies that emerge from this study will not contain any raw data from this study.

**Are there possible changes to the study once it gets started?**

If, during the course of this research study, the research team learns about new findings that might influence your willingness to continue participating in the study, they will inform you of these findings.

**How can I get more information?**

If you have any additional questions not answered by Researchers and would like to talk to the faculty advisor, please contact Carol Geisler, Ph.D., Associate Professor, Master of Art, Holistic Health Studies, at [ccgeisler@stkate.edu](mailto:ccgeisler@stkate.edu). If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739 or [jsschmitt@stkate.edu](mailto:jsschmitt@stkate.edu).

You may keep a copy of this form for your records.

**Statement of Consent:**

I consent to participate in the study.

I agree to have a photograph of my artwork included in this research.

My signature indicates that I have read this information, my questions have been answered and I am at least 18 years of age.

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*Printed Name of Participant*

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*Participant Signature*

*Date*

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Researcher/Witness Signature

Date

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Researcher/Witness Signature

Date

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Researcher/Witness Signature

Date



## Appendix D

### Mental Health Resources

#### *Hennepin County:*

- COPE (Hennepin County) - 612.596.1223
- Touchstone Mental Health - 612.874.6409
- CLUES - 612.746.3500
- Mental Health Association of MN - 612.331.6840
- Northpoint Health & Wellness - 612.543.2500
- Headway Emotional Health Services - 612.861.1675

#### *Olmsted County:*

- Community Health Services - 507.529.0503
- Mayo Clinic - 507.266.5100
- Mayo Clinic Hospital, St. Mary's Campus Emergency Department - 507.255.5591

#### *Ramsey County:*

- Ramsey County Mental Health - 651.266.7900
- United Way - First Call for Help - 651.291.0211

#### *Steele County:*

- South Central Humans Relations Center - 507.451.2630
- Allina Health Mental Health and Addiction Services - 507.977.2022

#### *Wabasha County:*

- Hiawatha Valley Mental Health Center - 651.565.2234
- Fernbrook Family Center - 651.565.1150

#### *National:*

- Crisis Text Line - Text "MN" to 471471
- National Suicide Prevention Lifeline - 1.800.273.8255

In the event that research participation requires mental health support, please refer to the resources listed above. Any research-related medical care should be paid for by you and/or your insurance company. If you think you have suffered a research-related injury, contact the Researchers as soon as possible.