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Perceptions of Being a Woman and Strategies for Women's Body Image Resilience

Lauren L. McLean
Sam Houston State University, llm011@shsu.edu

Amanda C. LaGuardia
University of Cincinnati, laguaraa@ucmail.uc.edu

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Abstract
Although the negative effects of female body objectification are well established, there is a lack of qualitative research examining how women can develop resiliency against body image issues and low self-esteem. Through the current phenomenological qualitative study, we sought to explore how participants defined being a woman, particularly a woman with healthy self-esteem. In addition, we explored several resiliency strategies, based on Choate's (2005) theoretical model of body image resilience, that women could potentially use to combat some of the effects of objectification. Results indicated that female participants experience normative beliefs and gender expectations that a woman with a healthy self-esteem should be able to defy. In addition, results indicated that the resiliency strategies of family support and holistic wellness could be the most beneficial in developing resistance against body image issues.

Keywords
Body Image, Objectification, Self-Esteem, Resilience, Women

Perceptions of Being a Woman and Strategies for Women's Body Image Resilience

Lauren L. McLean
Sam Houston State University, Huntsville, Texas, USA

Amanda C. LaGuardia
University of Cincinnati, Ohio, USA

Although the negative effects of female body objectification are well established, there is a lack of qualitative research examining how women can develop resiliency against body image issues and low self-esteem. Through the current phenomenological qualitative study, we sought to explore how participants defined being a woman, particularly a woman with healthy self-esteem. In addition, we explored several resiliency strategies, based on Choate's (2005) theoretical model of body image resilience that women could potentially use to combat some of the effects of objectification. Results indicated that female participants experience normative beliefs and gender expectations that a woman with a healthy self-esteem should be able to defy. In addition, results indicated that the resiliency strategies of family support and holistic wellness could be the most beneficial in developing resistance against body image issues. Keywords: Body Image, Objectification, Self-Esteem, Resilience, Women

There is an increasing body of research within the last ten years examining the influence of body image issues on women's self-esteem, self-worth, and mental health (Arroyo & Harwood, 2012; Calogero & Pina, 2011; Overstreet & Quinn, 2012; Tiggeman & Williams, 2012). However, this research appears to focus on establishing a solid foundation for understanding the ways in which negative body image can harm women and lacks focus on ways women can develop resilience. While there are a few studies on body image dissatisfaction that have evaluated strategies for coping and developing resiliency against body shame and guilt (Choate, 2005; McKee et al., 2013; Liimakka, 2011; Overstreet & Quinn, 2012; Snapp, Hensley-Choate, & Ryu, 2012; Watson, Robinson, Dispenza, & Nazari, 2012; Watson, Ancis, White, & Nazari, 2013) they have primarily utilized quantitative research methods. While this data represents a useful contribution towards developing counseling strategies to address body image issues, more qualitative research examining how women cope with, and develop resiliency against, negative body image is needed.

According to objectification theory, women often experience being treated as a collection of body parts, or just a body, that is valued primarily for how it can be used, or consumed, by others (Fredrickson & Roberts, 1997). Over time, women can begin to internalize others' perspectives of themselves and begin to define themselves based on external perceptions through a process known as self-objectification (Moradi, 2010; Tiggemann & Williams, 2012). How persistently conscious a woman is about her appearance can be swayed by the presence of others, feeling below average compared to the people around her, the type of clothing she is wearing, and race. (Allen, Gervais, & Smith, 2013; Fuller-Tyszkiewicz, Reynard, Skouteris, & McCabe, 2012; Katz-Wise, Budge, Lindberg, & Hyde, 2013; Watson et. al., 2012).

Due to various cultural influences impacting objectification, body image issues can begin at an early age. Young girls have appearance-focused concerns about dieting and

weight monitoring as part of everyday interactions with peers that can perpetuate an appearance culture (Carey, Donaghue, & Broderick, 2011). Media messages can shape self-esteem and self-worth, creating a continuous cycle of negative body talk that influences feelings of body guilt, shame, and depression about appearance (Arroyo & Harwood, 2012; Engeln-Maddox, Salk, & Miller, 2012; Pipher, 1994). The perpetuation of the objectification cycle can contribute to a host of mental health issues for girls and women including anxiety, eating disorders, depression, and reduced sexual functioning (Arroyo & Harwood, 2012; Fredrickson & Roberts, 1997; Tiggemann & Williams, 2012).

However, there are some strategies that can be used to enhance the mind, body, and spirit connection potentially resulting in increased self-esteem and self-worth. Choate (2005) proposed a theoretical model of resilience for girls and women that includes aspects of resilience such as family support, gender role satisfaction, fitness, coping strategies, and holistic wellness and balance. Further research has also established support for these factors in helping women with body image issues develop a healthier self-esteem (Liimakka, 2011; Overstreet & Quinn, 2012; Snapp et al., 2012). Given these recommendations, it will be important for counselors to understand the process by which women utilize strategies to cope with the everyday barrage of potentially harmful images, comments, and body-oriented cultural norms. In addition, more information regarding how women conceptualize the process of societal female objectification can assist counselors in identifying potentially maladaptive coping strategies and reorienting clients towards a healthier mentality.

The Present Study

The purpose of this phenomenological study was to gain an understanding of some of the resiliency strategies used for women's self-esteem, self-worth, and body image based on Choate's (2005) theoretical model of women's body image resilience. We sought to answer two primary research questions focusing on the influences that are believed to be potentially beneficial to buffer against body dissatisfaction, low self-esteem, and poor perceptions of self-worth. Research questions included: (a) how do participants describe being a woman, particularly a woman with healthy self-esteem? and (b) do participants think the resiliency strategies presented by Choate (2005) are helpful for them in addressing body image issues? These questions have previously been explored in a quantitative context but, as previously stated, similar research from a qualitative perspective is limited. Interview data and open coding processes were utilized to explore participant perspectives regarding these two research questions.

One of the more common theoretical constructs with a postmodern ideology in counseling is feminist theory. Feminist theory encompasses essential aspects of the feminist perspective including consciousness raising, social and gender role analysis, re-socialization, and social activism (Israeli & Santor, 2000; Prouty Lyness & Lyness, 2007; Thomas, 1977). This model takes a less pathological approach to psychological issues and incorporates intersections of the biological, social, and cultural values that factor into mental health development. Overall, feminist theory has challenged traditional scientific inquiry by focusing on the lives and experiences of women and recognizing that gender is an essential category of analysis when attempting to address any psychological issue (Evans, Kincade, & Marbley, 2005; Worell & Etaugh, 1994). Utilizing this framework for research, we take into consideration that gender roles and norms are socially constructed. We aim to analyze the influence of cultural expectations regarding women's bodies with our participants. It is our intention that this research will be useful for practitioners working with girls and women who have body image concerns, low self-esteem, and poor self-worth.

The first author, who identifies as a woman, conducted the entire research study as a graduate student under the mentorship of the second author who is an Assistant Professor in the Department of Counselor Education at Sam Houston State University. The first author has longstanding research interests in women's mental health issues, particularly mental health issues as they relate to body image issues. The second author has an interest in (and has published on) applications of feminist theories in pedagogy, supervision, and clinical practice as well as the importance of inter-disciplinary mental health care for client mental health treatment. It was the first author's intention to begin to explore strategies for counselors to assist girls and women in coping with and overcoming the negative effects of body image issues that have been established by previous research literature.

Method

Working from a feminist theoretical lens, we utilized an empirical phenomenological qualitative design for this study. The design was chosen in order to obtain comprehensive descriptions that provide the basis for a reflective structural analysis and portray the essence of the experience (Moustakas, 1994). The procedures for empirical phenomenology consist of identifying a phenomenon to study, bracketing out one's experiences, and collecting data from several persons who have experienced the phenomenon (Moustakas, 1994). The researcher then analyzes the data by reducing the information to significant statements, combines the statements into themes, develops textural and structural descriptions of the experience, and combines the descriptions to convey an overall essence of the experience (Creswell, 2007). Feminist scholarship focuses on exploring themes from a participant's point of view in order to allow for more breadth and depth of the research and to dispel power differentials within the research setting. Therefore, feminist theory can be combined with phenomenological qualitative research in order to help gain a more thorough understanding of the multiple explanations for various gender issues while emphasizing the value of participant voices.

Participants

Inclusion criteria for the study required that participants identify as female and be at least 18 years of age. The criteria were left open in order to explore this phenomenon from a general adult female perspective. Participant demographics of the study included 15 women, ages 18 to 55 (one identified as 18-24, 11 identified as 25-35, one identified as 36-45, and two identified as 46-55), residing in suburban and urban areas in Texas, Utah, and Michigan. All women had a Bachelor's degree or higher (four had a Bachelor's, nine had a Master's, and two had a Ph.D.) with 13 identifying as Caucasian, two as other, and one preferred not to answer. All participants identified as Non-Hispanic except for one who identified as Latina and one who preferred not to answer.

Participants were recruited through convenience and snowball sampling techniques using online and word-of-mouth advertising through social media sites (i.e., Facebook) and email. Two of the women lived out of state and responded to online advertising. Four of the participants were students at a local university who responded to online advertising and the remainder of the participants were women in the community who responded to word-of-mouth advertising. There were no participants who contacted the primary researcher who were ineligible for the study.

Procedure

The first author conducted, transcribed, and was primarily responsible for the analysis of the semi-structured interviews. The Institutional Review Board approved the study, which consisted of 13 face-to-face interviews and two interviews that were conducted electronically through email and online chat. It can be argued that interviews conducted through non face-to-face means may result in more honest data and can be used when dealing with sensitive topics (Trier-Bieniek, 2012). Therefore, when distance precluded a live interview, the researchers believed the process would not be harmed if electronic contact was made as opposed to a live meeting. The shortest interview lasted approximately eight minutes and the longest interview was 45 minutes. The average time for the interviews was 15 minutes, which excluded time spent on participants reading and signing the consent form as well as being provided counseling referrals in the community. The interviews were conducted in areas where the participant felt most comfortable, such as the participant's home, a classroom, or in the community, in order to help participants feel more at ease and to establish a research relationship (Maxwell, 2005). Participants were asked to read an informed consent form before the interview began regarding the research topic, the study's purpose, risks and benefits, privacy and confidentiality, and participants' rights. After the interviews concluded, participants were also provided with a list of counseling referrals in the community should the research topic elicit any further need to address any mental health concerns.

Materials

The protocol for the main study included nine semi-structured interview questions. We began with questions about what it means to be a woman and a description of what a healthy self-esteem might look like. The focal questions were grouped into resiliency strategies that included family support, the relationship between femininity and masculinity, athleticism, coping strategies, and a sense of holistic wellness based on Choate's (2005) theoretical model of resiliency. The first two interview questions were used to address our first research question and the remainder of the interview questions addressed the second research question (see Appendix A). With all questions, the interviewer encouraged the participant to respond in the context of body image and self-esteem. The interviewer followed the participant's lead when deciding how much time to spend on each question and whether or not to ask follow-up questions not part of the protocol. Demographic information was collected from participants at the time of the interview except for two instances where this data was collected at a later date.

Analytic Methodology and Trustworthiness

In order to understand the phenomena being studied, different strategies and conceptual tools were used to answer our research questions and address validity threats (Maxwell, 2005). The initial step in the qualitative analysis was to read the interview transcripts and highlight statements and quotes that provided an understanding of how the participants experienced the phenomenon. Memos were written during this process in order to capture analytic thinking and to facilitate analytic insights into clusters of meaning. Then the significant statements were coded and rearranged into categories to facilitate comparison and aid in the development of themes. The themes were then used to write a description of what, and in what context, the participants experienced the phenomenon. Relationships were analyzed to connect statements and events in order to understand the essence of the phenomenon.

One of the main threats to credibility in qualitative research is researcher bias. There is a possibility that data was selected from the analysis that fit the researchers' existing feminist perspectives and preconceptions of objectification. It is also possible that there could have been bias due to the authors being women who may have experienced their own form of objectification, body image, and self-esteem issues. In addition, the mere reaction to the research study topic and questions may have swayed participants' responses, particularly given the greater awareness and publicity that this topic has received from various news sources.

Consequently, validity of the study was addressed in several ways. First, fifteen participants were used for this study in order to obtain rich data and in order to reach data saturation. Data saturation was reached when the responses from the latter interviews did not add any new information to the responses from the former interviews. Member checking was utilized by sending participants a copy of their transcribed interviews and soliciting feedback from the participants regarding the data. Participants were allowed to make any changes or further comments as they saw fit. None of the participants elected to make any changes. The data was also analyzed for any discrepant data in order to determine if the conclusions needed to be altered. Feedback was solicited from the second author in order to check against the first author's biases and assumptions. Lastly, participants were interviewed at different times, on different days, and in different settings in order to allow for comparisons across responses.

Results

Our analysis resulted in four overarching themes that included normative beliefs about womanhood, resiliency strategies, a double-edged sword, and change. The subthemes included nurturing but mature, gender assumptions, defying expectations, role models, gender rules, education, and interconnectedness. We will discuss overarching themes separately and the subsequent subthemes that accompany each main theme.

Normative Beliefs about Womanhood

This theme focused on the perceptions of being a woman and healthy self-esteem. When asked about being a woman, participants appeared to find the question difficult to answer and often needed some time to think about their responses. "Not something I've ever really thought about." It was as if the women in this study had never paused to think about their identities in terms of their biological sex and/or identified gender. "Being a woman is so tied into my identity and existence that it is almost synonymous to being human or being alive for me."

Nurturing but Mature. Many of the participants identified being a woman as being independent, hard-working, selfless, proud, and free. "I just know what I like to do and I do it. I know how I like to be and I am. I just am who I am. I was born female. I think I will continue to be but not because they tell me that I am." Being female included the ability to bear children and to be "mothering" but also to have a strong side as well. "Cares about herself and her own well-being and the choices that she makes are for her and not for everybody else." Even though the women identified both nurturance and strength as being part of a woman it seemed as if the two constructs were separate. In other words, a woman can be either nurturing or strong but they are not both. This may present in female clients as a desire to put others' needs before her own in an effort to be nurturing while simultaneously not realizing that she can be strong at the same time. This subtheme could also reflect that women believe that nurturing is reflective of strength and is not reflective of weakness.

Gender Assumptions. These are the participant-perceived judgments and expectations made of women based on their biology. Some of the participant assumptions included: (a) being overweight does not equal being healthy, (b) there is an inherent view of attractiveness based on evolutionary theory, and (c) that there are various cultural and biological influences placed on women since birth.

> It's not just being a woman in that I need to buy tampons or being a woman in that I buy high heels and frilly clothes but also being a woman in that if I go to, even if I go outside, I might get cat called. Or, if I go to the auto repair shop people might not take me seriously or people might assume that I am mothering just because I am female. So for me being a woman is all parts. Part my decision and part all the things that people put onto my decisions. (25-35 year-old Caucasian participant)

Another participant stated:

> When a man has a family and a job they don't say oh yeah he has to juggle having a family and a job but when a woman has a job it's like she has to juggle the family and a job because she's expected to take care of the house and the kids and all that. So, it's like, well, how's that any different than, you know, a man having a job? They both got to do the same thing. I guess it means doing more with less sometimes. (25-35 year-old Caucasian participant)

Defying Expectations. In this subtheme, self-esteem became more than just body image. Self-esteem was about knowing yourself and not being concerned with the opinions of others. In general, the definition of womanhood does not fit for everyone; however, that does not mean someone is less of a woman because she does not fit into society's expectations. "I don't think I'm any less of a woman because part of my body was taken out or because, you know, I can't have a kid." In addition, self-esteem was about recognizing that perfection is unattainable. "I don't feel like good self-esteem means you always feel great about yourself or that you never have any questions. Just that more often than not you feel comfortable being who you are."

Resiliency Strategies

The second part of the interview was to address the resiliency strategies that were discussed in the literature review. These included family, gender roles, athleticism, coping strategies, and a sense of holistic wellness. In general, participants responded that they found family support and holistic wellness as most helpful.

Role Models. Role models seemed to be particularly important because they were deemed as the main source of formative messages regarding support or rejection. They are not necessarily family members but they can be other positive influences. As one participant stated, "Women will get their ideas on how to behave from other strong women."

Gender Rules. One main point of note for this subtheme was the reinforcement of gender rules. If a woman follows gender norms it will be easier for her as she will be more accepted; however, if a woman decides to push gender boundaries she will most likely be judged, bullied, or pressured into conforming to a more acceptable stereotype. Consequently, it is easier to live within the rules of traditional gender norms but it can also be limiting. "I definitely identify as a woman but in that context I'm allowed to exhibit masculine behaviors

as much as I want as long as I also perform as a woman." This quote leads to a second premise that women are able to experience more flexibility when it comes to bending the rules. "I can go see man movies because I want to see man movies but men can't see girly movies because, you know, oh you're girly if you like girly movies." Women can express a mixture of female and male characteristics with less backlash and can explore boundary parameters as long as the rules are still followed.

> If you're going to buck that you can because there's a little bit more flexibility than say if we were males, but if you're going to buck the system you better buck it well. So, you can't just be a tomboy, it's better if you can be the captain of the softball team. (25-35 year-old Caucasian participant)

Education. Participants noted the importance of having genuine conversations about the messages that girls and women receive about their bodies.

> I think we need to a much better job of educating young girls and women about some of the unrealistic (and often truly unreal, thank you airbrushing!) images and messages that media and others perpetuate as beautiful. I think learning about and being exposed to a variety of cultures and different beliefs about what beauty is is important. Even just learning about how society's opinions on beauty change over time, with norms shifting every couple of decades. And just teaching what actually *is* a normal weight range or shape statistically is useful—numbers-wise, being a size 00 is actually pretty rare in our society, so it just may be unrealistic for girls and women to expect that of themselves. (25-35 year-old Caucasian participant)

These conversations should begin early and some participants mentioned getting these messages across in the form of campaigns, such as the Dove Real Beauty campaign (Unilever, 2014), along with the need for more opportunities to engage women in educational endeavors.

Interconnectedness. Nearly all of the participants were encouraged by the idea of focusing on holistic health mainly because of the interconnectedness with other resiliency strategies. Being holistic is ideal because it promotes health, wellness, balance, and stability. "A woman is composed of *tons* of things that cannot be divided or organized into gender or anything like that." Although the participants all agreed that holism will broaden the view of the self they admitted that holistic health can be difficult to achieve.

Double-Edged Sword

All of the resiliency strategies mentioned had both positive and negative aspects to them. There was a sense of pressure to do more, not doing enough, and not being good enough. For example, while speaking of fitness and athleticism, one participant mentioned, "You came this far but you haven't gone far enough and, yeah, you're a size 18 now but you should be a size 8." There appears to be a fine line that all women must balance even when speaking about a topic that is often thought of as inherently positive.

Change

Many of the participants struggled to think that anything was going to change in regards to the messages women receive and the constant cycle of body image issues. One

participant said, "It does matter what you look like. It has always mattered what you look like. It will always matter what you look like." There seems to be a sense of insurmountability when it comes to changing longstanding childhood mental patterns. "The best thing we can hope for is to become more aware. Women will always feel the need to look 100% perfect all the time." Therefore, many women believe that negative body image and low self-esteem will always be a lifelong struggle.

However, even though some of the participants were not sure if change was possible many of the participants had suggestions for change. One suggestion was to focus on the uniqueness of each individual. When speaking about this topic two participants commented, "They are an individual. They aren't anyone else and so they shouldn't have to compare themselves to anyone else" and "It's okay to not be good at something because everyone is not good at something. I was so worried about what I could not do well instead of worrying about the things that were a strength for me." Each woman is diverse with inherent worth and this should be showcased by raising awareness on multiple forms of worth instead of focusing on just the physical. "I wish that the default for all of us could be that level of self-esteem, that understanding, that we're all worthy in some way and that it's just a matter of keeping that up rather than starving – believing that we're inherently broken or imperfect and having to work up from there."

Lastly, in order to make change the participants commented that some action needs to take place, particularly with the media. "Somebody's got to take some action and that is, I think, the most important thing is that we have to start taking actions instead of having intellectual conversations about it and then tabling it." However, many women commented that any change, whether societal or individual, is a step in the right direction.

> I would still rather be making gains somewhere in one of those categories than to make no progress anywhere. And if we could all agree that tomorrow that, okay, fine, screw it, we're going to pick athleticism. We're going to work really hard to make everybody take care of their bodies or at least try to embrace their physical well-being. Fine. Let's start there and we'll figure the rest of it later. (25-35 year-old Caucasian participant)

Discussion

The goal of the current study was to explore how participants describe being a woman, particularly a woman with healthy self-esteem, and whether the resiliency strategies presented by Choate (2005) are helpful for them in addressing body image issues. The preliminary findings of this study indicate that a woman with healthy self-esteem is someone who is able to care for herself and others. It is a woman who is nurturing and strong. These two concepts appeared to be separate when analyzing the data; therefore, it might be beneficial to help women associate these two terms. This study also indicated that strategies such as family support, athleticism, education about coping strategies, exploring gender role messages, and holistic wellness could be beneficial for women in helping with body image and self-esteem issues. These results were consistent with other research on the topic of resilience and supported the theoretical model of body image resilience (Choate, 2005; Liimakka, 2011; Overstreet & Quinn, 2012; Snapp et al., 2012; Watson et al., 2012; Watson, et al., 2013). However, initial results of this study point out that some of these strategies can turn negative if taken to an extreme. Balance in the use of any coping strategy would be important to ensure health. Overall, the participants concluded that some change needs to occur on the individual and societal level, particularly with the media, in order to make a lasting impact on women's body image and self-esteem.

Although the results from this study are preliminary, they could allow us to better understand, from women's perspectives, the degree to which resilience strategies would be beneficial for developing a sense of personal power and a healthy self-esteem. Specifically, family support and a focus on holistic wellness seem to be the most influential in participants' lives and are the two factors that participants were drawn to the most. The women in this study appear to believe that family is important as it provides an atmosphere in which values are learned regarding what is appropriate and acceptable behavior. The family does not necessarily have to be immediate family but can include positive role models.

Participants also highlighted the importance of balance in their lives, which is consistent with ideas of congruence related to a wellness model (Myers & Sweeney, 2005). Within the context of participant perspectives, holistic wellness may also include focusing on the inherent strengths and unique qualities of each individual. By doing this, women and girls could learn to value their unique attributes and thus society could value the diversity of life rather than promoting conformity of appearance based on unrealistic ideals. The results of this study only explain some aspects of negative body image, low self-esteem, and resilience but participants in this study did reveal a tendency for women to engage in negative thinking about their bodies. It could be important for women to want to focus on other aspects of themselves besides their physical appearance, which would be an important area of discussion in counseling, particularly with women who are referred for body image and related concerns.

Furthermore, we often hear people who are confronted with potentially harmful messages say, "I don't care what other people think of me," which seems to portray an image of self-confidence. This strategy was subtly reflected in the participant's responses regarding what they thought a woman with healthy self-esteem would say or believe. Thus, statements related to a lack of concern for the opinions of others related to self may either be a reflection of a true state of being or an attempt to give an impression of confidence. Some women are able to move into a state of knowing where they are able to believe in themselves despite oppressive messaging and author their own identity, a phenomenon Belenky, Clinchy, Goldberger, and Tarule (1997) described as constructed knowing. Female identity development may be essential for women to construct a healthy self-image in the face of cultural-based oppression.

We would also like to point out the theoretical concerns and implications of the current research. Objectification theory states that self-objectification is a result of society's objectification of women's bodies (Fredrickson & Roberts, 1997). However, it is important that women take responsibility for their development of their own self-image. The media plays a role in perpetuating the objectification of women, a cycle that is then continued on an individual level by engaging in behaviors such as "fat talk" where we constantly judge not only ourselves but also others (Arroyo & Harwood, 2012; Engeln-Maddox et al., 2012). One of the strategies discussed in this study was focusing on the inherent worth of individual women and celebrating our own uniqueness. In order to do so we need to become more aware of our own objectifications and work to change how we perceive others as well as ourselves. In addition, encouraging community advocacy may also help create a deeper connectedness to the meaning clients give to their self-image and help them feel as though they are contributing to a broader cultural change.

Implications

Objectification has negative effects on women. First, it can serve to marginalize women, reducing their worth to their physical appearance, in both subtle and overt ways. Second, it can escalate into a broader negative self-concept and can increase mental health

issues such as depression, anxiety, eating disorders, and relationship issues (Calogero, David, & Thompson, 2005; Tiggemann & Williams, 2012). Objectification has had such a profound effect on women that campaigns, such as eating disorder prevention programs and Dove's Real Beauty campaign (Unilever, 2014), have been developed to assist women in coping with their issues. The statements made by the participants of this study reflect that women may already be aware that negative body image and culturally-based objectification are real and have real consequences. It is possible that, due to the increased awareness in the media regarding culturally-based objectification, that the media is also influential in how women conceptualize body image issues thereby limiting the scope and understanding of the phenomenon of objectification to only what the media presents to us. The limited information provided might not enhance the intricacies of how body image can intersect with all aspects of a woman's identity. Overall, our study suggests that women may want to do more to develop resilience to prevent these issues from developing in young girls, and thereby in adult women, but they may be unsure as to how to take that initial action.

Other literature suggests that focusing on family and positive role model support, engaging in feminist discussion, spirituality, physical activity, and developing a positive identity have all been beneficial for reducing the effects of objectification (Choate, 2005; Liimakka, 2011; McKee et al., 2013; Overstreet & Quinn, 2012; Snapp et al., 2012; Watson et al., 2012; Watson et al., 2013). One useful technique for counselors would be to engage in feminist technical processes in counseling. Feminist therapy focuses on empowerment, social advocacy, and exploring how society impacts a woman's perception of herself (Israeli & Santor, 2000); however, feminist theory is not often taught or practiced in graduate counseling programs. Therefore, techniques associated with this theory may not be translated to counseling sessions, even though they can be effective in helping women with acceptance of themselves. All of the participants in this study acknowledged that education would be beneficial in assisting girls and women with resilience against body image issues and counselors can engage in this process by teaching girls and women rhetorical analysis through a feminist lens.

Part of this analysis may include defining what it means to be a woman. Many of the participants found it difficult to answer this question without taking some time to think about their answer. In addition, many of the participants commented that this was something they had never thought of before. It is also interesting to note that many participants used the words "strong" and "nurturing" in their responses and none appeared to define themselves by their physical appearance; although they acknowledged that a focus on appearance is ultimately an inherent part of being a woman. It would appear that in order for a woman to be able to establish a healthier sense of self-worth she may need to define who she is as a woman and what that means to her. Having a more established and clear sense of self can assist counselors with addressing body image dissatisfaction through a more comprehensive approach. By conceptualizing what it means to be a woman, counselors can more effectively assess a woman's strengths and determine which specific protective factors are of value to each woman that may need to be enhanced in order to develop resilience. This may prevent the overuse of a blanket approach to resolving body image issues and further embrace the diverse needs of each unique individual.

Finally, helping women focus on all aspects of their lives and engaging in holistic wellness can be helpful for women struggling with negative body image issues and low self-esteem. The participants stressed the importance of achieving and maintaining balance in their lives. The importance of balance was stressed further as participants pointed out that even a behavior that is considered healthy, such as physical activity, could become detrimental if overly used. Engaging in techniques that promote self-acceptance and a focus on strengths may be helpful in preventing women from feeling as if they are not good

enough. It may be wise to watch what forms of encouragement we are giving to women, for example, to lose weight and watch what they eat with the intention of assisting them in reaching a goal of physical health, because this may be interpreted as another form of objectification. Instead, the healthier focus for healing, as described by the participants, can be on balance and holistic health.

Limitations and Future Research Considerations

This study had a sample that was relatively homogenouss and may not be applicable to other groups of women. For example, the majority of the participants identified as Caucasian; therefore, there may have been a limited perspective on how gender identity and body image issues intersect with other aspects of identity, such as race. Future studies will need to be explored with a more diverse group of women in order to explore this phenomenon from multiple perspectives. Furthermore, this study was limited to only adult women. Younger girls under 18 may provide a different perspective regarding resiliency strategies. Also, while men experience body image issues to an extent, these issues are often different than the experiences of women; therefore, men were not included in this particular study. Future research can explore resiliency strategies for men's body image and self-esteem issues. Moreover, future studies, both qualitative and quantitative, will need to be conducted in order to assist with deepening the literature regarding resiliency strategies against negative body image and low self-esteem.

In addition, convenience and snowball sampling were used for this study. Further studies using a more random sample may lend further credence to, or dispute, Choate's (2005) theoretical model. Also, the length of the interviews averaged 15 minutes, although some interviews were longer in length. The length of these interviews could have been due to the specific nature of the questions asked. These questions were developed specifically to further explore Choate's (2005) theoretical model of body image resilience from a qualitative perspective; therefore, the questions were designed and asked for this purpose and were based on each factor of resilience in the model. Furthermore, this was the first qualitative study conducted by the first author; therefore, the interview length simply could have been a result of lack of qualitative research experience by the first author at the time the study was conducted. In addition, although member checking was utilized, it is possible that, due to the academic background of the participants, the participants did not understand the full purpose of member checking as it is used in qualitative research, which could have resulted in no changes made to any of the interview transcripts. Thereby, the results of this study are preliminary and further studies will need to be conducted in order to draw more specific conclusions related to the theoretical implications of this model for counselors.

As mentioned previously, this study only explored certain factors related to coping strategies and resilience based on the literature. Other factors may need to be explored in order to discover what may contribute to buffering against objectification. In addition, each of these factors could be explored singularly in order to fully evaluate the impact of each factor of resilience on women's body image development. Of course, each woman is unique so what might work for one woman may not work for another. Caution should be used when applying these results to the general client population because each client's circumstances are different. Finally, future research could potentially examine what techniques of change could be most beneficial in changing not only individuals but society as a whole. Campaigns and teaching strategies are implemented in areas like schools and the community, but we may not know how effective these techniques are in producing lasting change. Such exploration has the potential for closing a gap in the literature.

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Appendix A

Interview Questions

1. What does being a woman mean to you?
2. How would you describe a woman with a healthy self-esteem?
3. Do you think family support helps women's self-esteem/body image? The relationship between femininity and masculinity? Athleticism? Coping strategies? Sense of holistic wellness?
4. Do you think these influences mentioned are positive, negative, or both? Why or why not?
5. What would you like to see being done to help women and girls develop a healthy self-esteem?

Author Note

Lauren L. McLean is a Licensed Professional Counselor and Adjunct Professor with the Department of Counseling at Sam Houston State University. Correspondence regarding this article can be addressed directly to: llm011@shsu.edu.

Amanda C. LaGuardia is a Licensed Professional Counselor-Supervisor, National Certified Counselor, and an Assistant Professor at the University of Cincinnati. Correspondence regarding this article can also be addressed directly to: laguaraa@ucmail.uc.edu.

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