

Hamline University

DigitalCommons@Hamline

---

School of Education and Leadership Student  
Capstone Theses and Dissertations

School of Education and Leadership

---

Summer 2023

## Becoming a Badass: Developing Positive Embodiment in Women

Nicole O'Connor

Follow this and additional works at: [https://digitalcommons.hamline.edu/hse\\_all](https://digitalcommons.hamline.edu/hse_all)



Part of the [Education Commons](#)

---

### Recommended Citation

O'Connor, Nicole, "Becoming a Badass: Developing Positive Embodiment in Women" (2023). *School of Education and Leadership Student Capstone Theses and Dissertations*. 4578.  
[https://digitalcommons.hamline.edu/hse\\_all/4578](https://digitalcommons.hamline.edu/hse_all/4578)

This Dissertation is brought to you for free and open access by the School of Education and Leadership at DigitalCommons@Hamline. It has been accepted for inclusion in School of Education and Leadership Student Capstone Theses and Dissertations by an authorized administrator of DigitalCommons@Hamline. For more information, please contact [digitalcommons@hamline.edu](mailto:digitalcommons@hamline.edu).

Becoming a Badass: Developing Positive Embodiment in Women

by

Nicole Marie O'Connor

A dissertation submitted in partial fulfillment of the requirements for the degree of  
Doctorate in Education.

Hamline University

Saint Paul, Minnesota

June 2023

Dissertation Chair: Trish Harvey  
Reader: Catherine Helen Palczewski  
Reader: Hoinu Thirumalai Bunce

Copyright by  
NICOLE MARIE O'CONNOR, 2023

All Rights Reserved

## Dedication

To the women searching for more—go find it.

### A Message for Women: Advice from Participants

It's too painful to try and change who you are. We're programmed to be very hard on ourselves, but that denial of self hurts your spirit and the nature of who you are. You are allowed to put yourself first and you are allowed to be beautiful in your own way. And at the same time, you are more than the way you look. The ways you shine and radiate in the world have nothing to do with your appearance.

Figure out *who you are*. What are your values? What are your desires? What do you want from being thin or beautiful that you can achieve regardless of your body? Everyone is different. All bodies are different and have different needs. You are the one who lives in your body and it is your validation that matters. What makes you healthiest? What makes you happiest?

Fuck the haters. Stop putting so much value into what other people might think or say about you. What other people think about you is none of your business. People may say things that are hurtful, and it's often not about you. People are so wrapped up in themselves and what they're saying is more about *them* and *their insecurities* than it is actually about you.

You are not alone in your experience. The world is fucked up. The enemy is not you, so stop going to war with yourself. If you don't feel confident today, that's okay. Pretend. Fake it until you feel it.

What makes you special and unique, what attracts others to you, has nothing to do with the way you look and everything to do with living authentically as yourself.

## Acknowledgment Haikus

Thanks to **Dr. Trish!**  
You were my cheerleader when  
I was feeling stuck.

**Dr. Hoinu Bunce**  
lended me her expertise  
and made this legit.

**Dr. Cate** takes the  
cake for pushing me so far.  
Thanks for the great food 😊

**Mom and Dad** have been  
so sad I did this instead  
of having a babe.

To **Keely**, dear, I  
made you fear I would never  
finish. Now I'm done!

**Dr. José** was  
a pal I'd say for making  
me write to earn food.

My **writing group**, but  
especially **Jude**, were the  
best of times at school.

To my two **cohorts**,  
**10** and **11**. I met  
all the best Pipers.

My bestie, **Betsy**,  
made me finish this so we  
could live together.

## TABLE OF CONTENTS

CHAPTER ONE	8
Introduction	8
Effects on Me, Effects on Us	10
Purpose Statement	12
Research Question	13
Summary	13
CHAPTER TWO	14
Literature Review	14
The Picture of You in Your Mind	14
When You Hate Yourself Most	18
The Source of Our Discomfort	20
Attempts at Solutions	22
Developmental Theory of Embodiment	25
Conclusion	29
CHAPTER THREE	31
Methodology	31
Qualitative Interviews	31
Pilot Interview	32
Institutional Review Board	34
Data Collection	35
Data Analysis	36
Conclusion	38
CHAPTER FOUR	39
Results	39
Binding the Corset	41
Physical	41
Mental	43
Social	44
Loosening the Ties	47
I Am What I Am	47
Not My Daughter	49
Fuck It	53
Real Health and Wellness	55
Body Appreciation	59
Finally Fitting	59
Supportive Relationships	61

Look What I Can Do	64
She Looks Like Me	66
Conclusion	67
CHAPTER FIVE	68
Conclusion	68
How They Did It	69
Works in Progress	71
Thin Ain't It	73
Eating Our Feelings	73
Blame the Parents	74
Connection to Literature Review	76
Implications	78
Limitations	79
Future Research	80
Plan to Communicate Results	81
When All Bodies Are Free	82
REFERENCES	84
APPENDIX A	96
Pilot Interview Questions	96
APPENDIX B	97
Informed Consent	97
APPENDIX C	102
Recruitment Materials	102
APPENDIX D	103
Data Collection Protocol	103

## LIST OF TABLES

Table 1 Experience of Embodiment	26
Table 2 Domains of Social Experiences	40



## CHAPTER ONE

### Introduction

My body has been a prison instead of a home for the majority of my life. When I looked in the mirror, I would only see flaws: a protruding belly, flabby bat-wing arms, a thick-necked double-chin, pale and imperfect skin, and the development of wrinkles by my eyebrows. I saw flaws as an indication I lacked self-control and discipline to make myself look beautiful—the way beauty was always defined. I believed my appearance was an outward example of my personal failings and laziness. I would fantasize about how much prettier I would be if I could just cut off my extra flesh or transplant my brain into another, thinner body. I would escape into my thoughts and focus on my intellectual abilities, which always came easier. My body was just a vessel I was trapped in, and I hated it and myself because I could not just will myself to be more attractive.

How could an intelligent, educated, privileged woman have such a distorted view of her worth?

Tara Brach (2022) called it the “Trance of Unworthiness.” Brené Brown (2021) called it “personal insecurity” and relates it to her shame research. Sonya Renee Taylor (2022) called it “body terrorism.” Body image scholars called it variations of body dissatisfaction and normative discontent (Cash, 2012; Rodin, Silberstein & Striegel-Moore, 1984). *It* is an overwhelming sense of self-loathing and shame that the bodies we are inhabiting do not conform to societal expectations. For over 90% of women in the United States, body dissatisfaction shows up as negative self-talk, extreme dieting, cosmetic surgery, low self-esteem, mental illness, and a constant sense that we are broken and need to be fixed (Cash, 2012; Watkins, 2009).

Depending on the way the question is asked, men and women experience body dissatisfaction at a similar rate (Grogan, 1999; Jobsky, 2013; Vogels, 2019). Fisher (1986a) speculated statistics about body dissatisfaction might be misleading because “males . . . are more likely to be defensive when asked to report openly whether they have body dissatisfaction” (p. 93). However, women are more likely to undergo cosmetic surgery, purchase items to enhance their appearance, or undergo surgical procedures (Cash, 2012; Dolezal, 2015; Piran, 2017). And women are also more likely to suffer from eating disorders (Grilo & Masheb, 2005). Girls report stricter oversight of their eating habits by parents than boys, and state they want to be thinner than their current size (Lowes & Tiggeman, 2003). The issue is markedly worse in women, who dominate the consumption of cosmetics, diet programs, and plastic surgery (Cash, 2012). Of the 2,225,722 surgical procedures conducted in 2020, women received 2,006,362 (90%) of them (American Society of Plastic Surgeons, 2021). Taylor (2022) called this the Body Shame Profit Complex (BSPC) and argued capitalism creates problems and asks us to buy products to fix them. Marketdata LLC (2022) tracks the weight loss and diet control market each year. It found that in 2020, even amid the pandemic, consumers spent \$72 billion on products to reduce or control body weight: “Due to pend-up [sic] demand and consumer weight gain in 2020, most providers are looking for a strong rebound in 2021, as Americans are vaccinated and businesses reopen” (Marketdata LLC, 2022). The increased weight during the pandemic might indicate people control their body weight for their appearance in front of other people, not their own preference.

As a society, we are facing a crisis in our ability to live authentically in our bodies because we are bombarded by messages contradicting our inherent right to occupy space

*as we are*. Socially constructed restrictions on normalcy are interrupting our well-being and making us miserable. Although it is a commonly acknowledged problem, we live with it instead of combating it (Brach, 2019; Taylor, 2022). Additionally, despite books, workshops, body positivity influencers, therapeutic interventions, and self-help programs, there has been no substantial decrease in the dissatisfaction we feel about our bodies (Harrison, 2019).

In this chapter, I explain the negative consequences (for myself and others) of living in a society that idealizes thin, white bodies. Then, I provide a purpose statement explaining why this research is necessary and contributes to research on body dissatisfaction, body image, and embodiment. After explaining my purpose, I ask a research question to guide my study of identifying effective practices to embrace our bodies as they are.

### **Effects on Me, Effects on Us**

I never had the ideal body shape, and I spent thousands of dollars and endless hours of my time fixated on making my body perfect. Then, when I could not make my body perfect, I would spiral into self-deprecating thoughts about my appearance, my lack of self-control, and how lazy I was. I ate disgusting meals that left me feeling hungry. I sat in Weight Watchers meetings where I was told by measuring every bite, lick, and taste I could conquer my weight. I lay awake in bed at night hungry because I used all my points for the day. I mixed Greek yogurt with flour to make bread to shave off calories. When I was on a diet, I spent every moment of the day thinking about food: how much I could have, when I would be able to eat it, and how many points it would cost.

I was first introduced to Weight Watchers when I was a child. I went with my

mom to meetings because I could sit quietly and behave. What I was learning the whole time was that thin bodies are good, beautiful, and achievable through diet and exercise. I learned larger bodies are unattractive and need to be fixed. I watched my mom step on the scale each week and write her weight down on a card to indicate if she had gained or lost weight.

Fixating on my imperfections affected my mental health. In February 2019, my anxiety and depression symptoms escalated to a point where I needed to take a leave from work and enter a Partial Hospitalization Program for adults with mental illness. One major contributing factor was hating my body. I wanted to take up less space and because I could not make myself take up less space, I nagged and ruminated on my flaws and lack of self-control. I exhausted myself into a depression. It was not until I started examining my beliefs around my body and practicing self-compassion that I was able to recover enough to get back to living my life.

Regardless of race and gender, individuals with poor body image are more likely to have “low self-esteem and high levels of anxiety, depressive symptoms, . . . perceived stress, . . . and [decreased] life satisfaction” (Cash, 2012, p. 110). In women, body dissatisfaction occurs when they do not feel they meet a standard of thinness matched with an appropriate amount of curves. Alternatively, men long to be muscular and tall (Tager et al., 2006). If we continue to encourage a culture that prioritizes appearance over health, we will continue to see disordered eating and decreased life satisfaction (Cash, 2012).

Everyone deserves to feel at peace with their bodies. Research repeatedly shows Western influence and media change the way people view their own bodies (Cash, 2012).

What we do not know is how to effectively counter these messages to bring people a sense of peace and confidence in their bodies. With the exception of the recent work by Piran (2017) and the Developmental Theory of Embodiment, the research conducted so far focuses on measuring dissatisfaction and its contribution to eating disorders, self-esteem, and mental illness (Cash, 2012). Piran (2017) offers an alternative to body image called Experience of Embodiment (EE). EE is how we experience life in our bodies (sensations, beliefs, and desires) and includes physical, mental, and social practices. As explained further in Chapter 2, embodiment can be positive or negative. In addition, there have been limited studies on body positivity and body neutrality (Bombak et al., 2019; Cohen et al., 2021).

In my own journey of body acceptance and embodiment, I have gone through periods of feeling beautiful and perfect only to lose that confidence to anti-fat messaging. Even women who meet the cultural requirements for beauty still suffer from body dissatisfaction. In order to move people from shame to self-acceptance, we need to understand how to combat internal and external forces causing us to hate ourselves. I want to learn how to increase positive embodiment, particularly in women in large bodies, to repair some of the harm of body dissatisfaction.

### **Purpose Statement**

The purpose of this qualitative interview research is to identify successful components of the body acceptance journeys of women in large bodies. My question aims to find out how they create and maintain a positive view of themselves in a society that openly degrades people of size. Through my conversations with women who are working on accepting themselves, I can identify the components that help shift thinking

from one of shame and self-hatred to a greater sense of peace in their bodies. From their experience, I can make recommendations for other women who are struggling with themselves and move us towards a future where all bodies are equal.

### **Research Question**

The objective of my research question was to uncover how women in large bodies began working on self-acceptance and the strategies they used to counter negative messaging. With this in mind, I asked:

*What do women in large bodies who are working on self-acceptance identify as influences towards developing and maintaining positive embodiment?*

To answer these questions, I utilized the Developmental Theory of Embodiment framework to develop interview questions and conduct qualitative interviews (Piran, 2017). After gathering participant stories, I analyzed them for commonalities and effective strategies to combat body dissatisfaction.

### **Summary**

Shame in our bodies, the place we exist during our entire life, is detrimental to our physical and emotional well-being, leading to disordered eating and mental illness. Based on my own experiences and the experiences of others, I want to find out how we can combat body dissatisfaction so we can all find contentment and a home in ourselves.

## CHAPTER TWO

### Literature Review

Black, queer, femme yoga instructor Jessamyn Stanley (2021) explained in her book *Yoke* that we forget who we are and wear a mask to present ourselves to the world. This mask, and our bodies, represent how we want to be perceived but not who we already are. We design our mask based on our culture, conditioning, and elements of our personality we think match societal expectations. The mask we create is our attempt to repair what we view as an imperfect body, which we see in our minds as our body image. In this chapter, I explain what body image is, how it is developed, why we have such negative experiences in our bodies, ways we have tried to combat negative body image, and an alternative to body image called Experience of Embodiment (EE). This literature review aims to provide context to answer this research question: *What do women in large bodies who are working on self-acceptance identify as influences towards developing and maintaining positive embodiment?*

#### **The Picture of You in Your Mind**

Body image refers to a mental picture people have of the way the physical body they inhabit compares to a socially constructed appearance ideal (Cash, 2012; Fisher, 1986a; Schilder, 1950). Others explain that in addition to a mental picture, our body image also includes our perceptions, thoughts, and feelings about our bodies (Grogan, 1999; Knafo, 2016). Body image as defined in the literature deals almost completely with one's appearance in relation to others (Cash, 2012; Piran, 2017).

Our body image develops and changes over a lifetime with the influence of relationships (Mafrici & Piran, 2019; Tiggemann, 2019); media (Brown et al., 2020;

Liechty, 2019); culture (Blood, 2005; Izydorczyk, 2021); personal experience (Downs et al., 2006; Rubinsky et al., 2019); identity traits like race, gender, age, socioeconomic status, and sexual orientation (Buchanan, et al., 2019; Davies et al., 2020; Dolezal, 2015); our thoughts and perceptions of how our body *feels* and the space it occupies (Fisher, 1986a; Schilder, 1950); and health issues (Fisher, 1986b; Izydorczyk, 2021; Schilder, 1950). As infants, we can differentiate between ourselves and others but most theorists agree we are essentially a blob responding to stimuli from objects and people we recognize are not us (Fischer, 1986b; Knafo, 2016; Cash & Smolak, 2011). At two, children recognize themselves in the mirror and understand they are a separate entity from others (Brownell, Svetlova, & Nichols, 2012; Fisher, 1986b; Knafo, 2016). Children ages three to five are able to make comparisons between their bodies and the bodies of others (Cash & Pruzinsky, 2002; Fisher, 1986a; Knafo, 2016), and by “age 6 . . . there is clear evidence that children are beginning to be concerned about weight and shape in ways that approximate adolescent and adult concerns” (Smolak, 2011, p. 68).

Bodily changes experienced during puberty, menstruation, pregnancy, illness, disability, or organ/limb removal change how we view our bodies (Fisher, 1986a; Piran, 2017). Girls, in particular, lose connection to their bodies and begin to experience themselves differently “during the tweens phase and throughout adolescence” (Piran, 2017, p. 257). In early adulthood, people continue to indicate they are dissatisfied with their bodies. After the age of fifty, there are mixed results. Some researchers found the number of people dissatisfied with their body decreases as they begin to accept the limitations of their bodies due to age (Reboussin et al., 2000; Watt & Konnert, 2020) while others have found body dissatisfaction stays the same or worsens with age (Hayslip



et al., 1997).

Throughout our lifetimes, our sense of our body is not accurate (Fisher & Cleveland, 1958). Looking at children who drew pictures of themselves, representations have extra limbs and parts of the body out of proportion. In studies of childhood, adolescence, and adulthood, people regularly misrepresent or misunderstand their size in relation to the rest of the world (Fisher, 1986a) or draw pictures to demonstrate an idealized version of themselves (Piran, 2017) or one that is particularly critical.

We need body image because it helps us to move in the world. It allows us to separate ourselves from what is not us—to identify ourselves. Our comparison with others is not initially to create a judgment on ourselves but to recognize what makes us unique (Fisher, 1986a). In order for us to move our bodies, we have to imagine our body in our environment and what we want to do with our structures (Schilder, 1950). We are also constantly comparing ourselves to previous versions of ourselves. Schilder (1950) quoted Henry Head, whose work on the theory of body schema led to the study of body image:

Every recognizable change enters into consciousness already charged with its relation to something that has happened before, just as on a taxi-meter the distance is represented to us already transformed into shillings and pence. So the final product of the tests for the appreciation of posture or passive movement rises into consciousness as a measured postural change. (p. 12)

We cannot separate our previous experiences and judgments from our view of ourselves. Everything we think and feel about our bodies builds on itself and is shaped by everything that came before it.

In Western cultures, our impressions of ourselves are typically negative (Izydorczyk, 2021). Fisher (1986a) explained people are uncomfortable when they hear recordings of their voice or when they see visual recordings of themselves. A sense of body dissatisfaction in women was labeled “normative discontent” in the literature in the 1980s because research concluded women will always have a level of unhappiness with their bodies. It is so omnipresent and ubiquitous, it has become the norm. Research found over 90% of women are dissatisfied with their bodies and indicated there is no hope to prevent it—the best that can be done is to mitigate the negative effects of a poor body image (Rodin et al., 1984). This sense of dissatisfaction begins in childhood, where “girls rate their bodies more negatively than boys” (Fisher, 1986a, p. 71).

A person’s body image can be positive or negative (Daniels, Gillen, & Markey, 2018; Fisher, 1986a). Researchers theorize those with a positive body image have a filtering system that prevents negative messages from having as deep of an impact (Constantian et al., 2019). A negative body image is a trauma response resulting from events that sever one’s connection to their body (e.g. physical or sexual abuse) or interfere with their identity development (e.g., negative comments about appearance or a lack of healthy supportive relationships) to the point where they fixate on their appearance (Rubinsky et al., 2019; Vartanian et al., 2018). If an individual has a negative body image, they view themselves as in need of improvement because their “body deviates grossly from the norm” (Fisher, 1986a, p. 70) and their physical body does not match their ideal body (Glashouwer et al., 2018). They view their body as a site that should be easily modified (Piran, 2017). Negative body image leads to unhealthy thoughts and destructive behaviors like eating disorders and other forms of self-harm.

### **When You Hate Yourself Most**

When individuals live with negative body image, they experience many disastrous and potentially life-threatening consequences. In order to modify their bodies, people can develop an eating disorder (Showers & Larson, 1999), along with body dysmorphic disorder (BDD). When an individual has BDD, no matter how much weight they lose their perception of their body image is so skewed they continue to think they need to lose weight (Fisher, 1986a). People with negative body image also engage in negative self-talk, which contributes to depression and anxiety. Body dissatisfaction in all age groups predicts eating disorders and low self-esteem (Knafo, 2016; Verplanken & Tangelder, 2011) and causes people to lose their connection to their physical bodies (Fisher, 1986a; Piran, 2017). Fear of weight gain leads some women to avoid taking or to stop taking birth control (Cook et al., 2021), meaning they would rather risk pregnancy than gain weight.

Individuals are constantly seeking a way to improve themselves and view their bodies as an object that can be modified. If one's body does not modify to a societal ideal, the perception is this individual is lazy or lacks willpower to make a significant change to their body—this despite the literature widely acknowledging massive weight loss and other body changes are futile (Harrison, 2019; Lyons, 2009; Wann, 2009). As Fisher (1986a) stated, “People invest a great deal of energy in embellishing their bodies so that defects will be covered over. Much use of clothing, cosmetics, and cosmetic surgery is intended to hide real or fancied body deviations” (p. 151), demonstrating body modification has multiple forms.

Additionally, negative body image and diet culture create a fixation on food and

dieting that “undermin[es] your mental well-being” (Harrison, 2019, p. 79). This fixation on food restriction, calorie counting, and measuring eats away at time and takes attention away from one’s life. This focus on consuming only what is healthy and creating a perfect body also shifts attention away from community and social issues, so instead an individual focuses on themselves and their imperfections. What could women accomplish if their energy was not consumed with trying to fix imaginary imperfections?

Diet culture also leads to lasting weight stigma that does not go away by weight loss (Harrison, 2019). Weight loss or other changes in appearance, even if someone already fits the Western appearance ideal, does not guarantee someone will be happy (Northrop, 2012). Weight stigma affects children in large bodies because they are targeted for bullying because of their size. Bullying has “a variety of psychosocial consequences including lower self-esteem; increased risk for depression, loneliness, anxiety, and behavior problems; feeling unhappy and unsafe at school; and being rejected by peers and lacking in friends or social support” which leads to lifelong “problems such as difficulties with sexual relationships, physical health, and even cognitive dysfunctions of memory and attention” (Lyons, 2009, p. 121).

Instead of thinking of airplane seats, desks, and chairs as not being accessible for larger bodies, the conversation places the blame on individuals for living in a larger body. The world is not designed for larger bodies, even though the Centers for Disease Control (2022) noted in the United States, 41.9% of bodies are larger than the presumed norm. This creates an implicit understanding of the ideal body (Hetrick & Attig, 2009). This not only affects the facilities we use, but also affects how larger bodies are considered by professionals. For example, weight discrimination leads to incorrect diagnoses when

visiting the doctor (Harrison, 2019). Throughout their lives, people in larger bodies are discriminated against socially and politically (Harrison, 2019; Wann, 2009)

### ***The Source of Our Discomfort***

We can trace the history of the thin ideal throughout time and show it to be a result of racism, misogyny, capitalism, and Western cultural morality (Gillon, 2020; Guthman, 2009; Harrison, 2019; Lyons, 2009; Taylor, 2022). During colonization, white colonizers began to create rules around good and bad foods, with the purpose of diminishing the status of indigenous food and equating morality with diet and food consumption (Harrison, 2009). Body size started to get associated with class during Industrialization. At this time, “body size became a key point of comparison” as an “anxious middle class started thinking of thinness as a mark of social status” separating them from “‘stout, sturdy’ immigrants” (Harrison, 2009, p. 25). Large bodies became associated with people of color, making thinness more desirable. Women in larger bodies were considered “inferior” and men with large bodies were considered feminine (Harrison, 2009, p. 26).

Historically, as women gained more political and economic freedoms, beauty standards became more restrictive and limiting—moving attention away from attempts at equity and inward to a need for self-improvement. Men are also held to an appearance ideal, even though it is not as strict as that thrust on women. Although the ideal is lean and muscular, it is also acceptable for men to have a “dad bod” (Clay & Brickell, 2022).

Diet culture and weight stigma has created “the double fix of eating and dieting” making it “a central piece of the U.S. economy” (Gutman, 2009, p. 191). Gutman (2009) explained, “The worthy neoliberal citizen must seem to want less while spending more.

Spending money on becoming thin is the perfect solution for both neoliberal subjectivity and neoliberal capitalism more broadly” (Gutman, 2009, p. 193). Individuals are encouraged to consume certain types of foods. Foods are modified from their original form in order to make them “healthier” and aid in weight loss. Just as science has been appropriated to create racial discrimination, it has been used to create a non-existent problem called “obesity” to sell medications and diet plans (Harrison, 2019). There are opportunistic relationships between “public health officials and the weight loss industry” (Lyons, 2009, p. 80) to encourage the continued myth of the obesity epidemic, which despite record numbers of people engaging in diets continues to be an issue. The BMI has been shown to be flawed science that does not take into account differences in individual bodies to account for weight differences and has had its numbers modified to increase the number of people in unhealthy ranges in an attempt to sell diet medication (Harrison, 2019). Diet medications have historically been deadly and create side effects worse than having additional weight on the body (Azebu, 2014).

Neoliberalism encourages us to be productive members of society, and large bodies are not viewed as capable of productivity (Gillon, 2020). An additional example of capitalism’s influence on the diet industry is the invention and marketing of scales for home use. Scales were initially used only to weigh livestock. However, because scales had such a high profit margin, scale makers started selling them to hospitals and clinics. As a result of having scales, medical practitioners started recording weight as a data point for patients (Harrison, 2019).

The term morbid obesity was created in 1963 by a surgeon to demonstrate medical necessity for bariatric surgery so insurance companies would pay for invasive

medical interventions (Harrison, 2019). The most recent data from the American Society for Metabolic and Bariatric Surgery (2022) show over 250,000 weight loss surgeries were performed in 2018 and 2019. Driver (2022), writing for Care Credit, an organization that provides financing for medical procedures, stated, “The average cost of gastric bypass surgery is between \$15,000 and \$35,000, with \$23,000 being the most quoted price.”

Although a thin ideal is found in Western nations, it is at its worst in the United States where ideas of morality are based on suffering and denial for purification and holiness. Fraser (2009) explained:

In short, a cultural obsession with weight became firmly established in the United States when several disparate factors that favored a desire for thinness—economic status symbols, morality, medicine, modernity, changing women’s roles, and consumerism—all collided at once . . . Thinness is, at its heart, a peculiarly American preoccupation . . . No other culture suffers from the same wild anxieties about weight, dieting, and exercise as we do because they do not share our [Puritan] history. (pp. 13-14)

Despite there being a natural range of body sizes, which are recognized as part of the make up of human bodies in Traditional Chinese Medicine and Ayurveda, the thin ideal has pervaded Western culture to the point of worsening our health in the name of becoming healthier. Clarissa Pinkola Estés (1995) explained this mindset is damaging because it “robs [women] of pride in the body type that was given to [them] by her own ancestral lines,” destroying our ability to celebrate our uniqueness (p. 217).

### ***Attempts at Solutions***

Recognizing negative body image leads to public health concerns, organizations

and professionals have tried to solve the problem by creating interventions across the lifetime. To intervene during childhood, school-based programs work with students to help them improve their body satisfaction (McVey et al., 2004). In response to negative body image, health practitioners have modified existing therapeutic techniques to address eating disorders and body dysmorphic disorders using Acceptance and Commitment Therapy (Pearson et al., 2010; Selvi et al., 2021), Cognitive Behavioral Therapy (Cash & Hrabosky, 2003), and additional programs such as the Positive Bodies Program (Cassone et al., 2016) and Written Emotional Disclosure (O'Connor et al., 2011). Researchers have shown eating behaviors and feelings of self-esteem and body acceptance improve during the intervention but are not sustained for long once the intervention ends (Ariel-Donges et al., 2019).

Additional movement-based programs have varying levels of success, such as dance and burlesque (Asbill, 2009; McAllister, 2009) and yoga (Ariel-Donges, 2018). The curriculum and approach of Health at Every Size has had a wide level of success (Burgard, 2009; Lyons, 2009; Harrison, 2019) and is recommended as part of developing healthy embodiment.

Despite all of these efforts, there is no major system-wide change (Byron-Daniel, 2012; Daniels et al, 2018; Piran, 2015; Taylor, 2021). Individuals who have an eating disorder or who have undergone these types of therapy are not able to maintain the change for the long term. As cited in Harrison (2019), the National Weight Control Registry studied the few individuals who managed to stabilize their weight after major weight loss and found folks who were *successful* needed an extensive diet and exercise routine to maintain their body size for the rest of their lives.



There are several limitations to current body image research. First, the foundation of research on negative body image is in response to eating disorders, which reinforces the idea that body image needs to be improved. Blood (2005) noted the research is flawed from its conception because

...the body image “findings” and questionnaires are themselves tools of production of body image. The surveys assume the existence of body image, and its measurability. Meaning is singular—body image is a fixed characteristic which all of us “have”. The forced-choice questions elicit particular responses and rule out or suppress others. The responses inevitably are going to fit within the assumptions and the “knowledge” already produced within the theoretical frames of the researchers in their laboratories, and will necessarily reinforce those findings. In this way, body image researchers are simply describing their own production. (p. 19)

The way the research is designed leaves no room to gather data or consider alternative ways to think of the body or the way we conceive of the body. Part of the issue appears to be the use of quantitative, close ended questions with predetermined ideas of what a good body image is. Recognition of this has inspired my choice of qualitative methods, where participants are asked to describe their own experiences and criteria of positive embodiment.

This research is also limited because it is largely focused on women, college students, and privileged populations (Hill, 2022; Mitchell et al., 2017; Poulter & Treharne, 2021). Researchers rely on convenience samples at colleges and universities and end up with findings that replicate the experiences of women who receive higher

education. This excludes women who do not receive higher education and women later in life.

Only recently has there been any work centering positive or neutral body image (Bombak et al., 2019; Darwin & Miller, 2020). Body positivity emphasizes accepting bodies as beautiful and attractive as they are, while body neutrality encourages people to accept their body without having positive feelings towards it (Hallward et al., 2023). Research shows body positivity content is growing on social media through Instagram and Tik Tok, but may be placing too much emphasis on appearance (Cohen et al., 2019; Hallward et al., 2023). A study comparing body positivity to body neutrality argued neutrality may be a healthier focus for women because it is more realistic than acceptance (Hallward et al., 2023). Brathwaite and DeAndrea (2022) fear there is reason to be concerned about the trend toward body positivity online because it has been commodified by brands to sell products.

Body positivity does not offer a solution to dissatisfaction because there is still a focus on appearance. Body neutrality is promising, but it is still focused on how a body looks instead of what it is capable of. Body image research guarantees its own failure because it is really body appearance research. A comprehensive study on body dissatisfaction and EE in women and girls by Piran (2017) led to the Developmental Theory of Embodiment (DTE). Below I explain what the DTE is and how I used it as the theoretical framework for my research.

### ***Developmental Theory of Embodiment***

Piran's (2017) Developmental Theory of Embodiment (DTE) took a comprehensive view of the way we conceive of ourselves as entire beings within the

human body. Piran (2017) complicated our current understanding of body image by instead outlining the interconnected nature of the parts of ourselves that affect how we show up in our bodies and relate to our bodies. She called this consideration of the culmination of our bodies' experiences in the world as Experience of Embodiment (EE). Piran (2017) created DTE through an extensive study of women and girls in Canada. Despite arguments that normative discontent is so prevalent the best we can hope to do is mitigate its negative consequences (Webster & Tiggemann, 2003), Piran (2017) found women's and girls' EE change both positively and negatively over a lifetime in response to their experiences in the world.

EE, the combination of factors that contribute to a level of feeling present and alive in the body, affects how women and girls think and feel about themselves and how they care for their bodies. The following table adapted from her book outlines how EE shapes behaviors:

**Table 1**

*Dimensions of the Experience of Embodiment Construct*

Positive	Negative
<ul style="list-style-type: none"> <li>● Body Connection and Comfort</li> <li>● Agency and Functionality</li> <li>● Experience and Expression of Desire</li> <li>● Attuned Self-care</li> <li>● Inhabiting the Body as a Subjective Site</li> </ul>	<ul style="list-style-type: none"> <li>● Disrupted Body Connection and Discomfort</li> <li>● Restricted Agency and Restraint</li> <li>● Disrupted Connection to Desire</li> <li>● Disrupted Attunement, Self-harm, and Neglect</li> <li>● Inhabiting the Body as an Objectified Site</li> </ul>

Those experiencing positive EE feel connected to and comfortable in their body and accept their body's physical characteristics as they are. They also feel like they are in

control of their physical bodies and confident in their ability to engage in physical activities. Women on the positive side of EE feel hungry for food and satisfy their appetite by eating; they desire sex and engage in sexual activities for pleasure and bonding. They recognize when their body signals a need, such as hunger or loneliness, and satisfy it in a healthy way. Their focus is on “comfort and health” instead of appearance (Piran, 2017, p. 10).

On the opposite end of the spectrum, women and girls experiencing negative EE feel disconnected to, and limited by, their bodies. They feel like they cannot use their voice to express their needs and exercise for appearance instead of joy or health. They ignore hunger cues and avoid sex or receive no pleasure from sex. Instead of taking care of their bodily needs, they engage in “pattern[s] of dis-regulation and self-neglect” (Piran, 2017, p. 10). Women with negative EE “live in their body from the outside in” by trying to adhere to societal expectations (Piran, 2017, p. 11).

Piran’s (2017) DTE also outlines three domains of social experiences that contribute to positive or negative embodiment: physical, mental, and social. On the positive side, women and girls experience physical or mental freedom along with social power and relational connections. On the negative side, women and girls are constricted by physical and mental corseting along with social disempowerment and disconnection. These categories also align with the elements that construct positive or negative body image. Embodiment, however, is richer because it takes into consideration not just how people see themselves in their minds, but how they experience their humanity in the world in relation to others. Women and girls can fall along the spectrum in each of the categories towards more positive or negative embodiment depending on their

experiences, media choices, and relationships.

The four components of physical freedom are freedom in physical engagement and movement, safety for the body territory, care of the body, and freedom of desire. Freedom in physical engagement and movement means feeling comfortable engaging in physical activities and not feeling overly limited by potential constraints of the body. Safety for the body territory means one has not received abusive behavior. Care of the body means the individual engages in routines to maintain hygiene, nutrition, and good health. Freedom of desire means women and girls feel comfortable as sexual beings (Piran, 2017).

According to Piran (2017), mental freedom in the Developmental Theory of Embodiment is activating a critical stance toward the social discourse around appearance. They question messages and comments from peers that promote Western beauty ideals and expand what they view as beautiful.

Social power and relational connections increases positive embodiment through four areas: freedom from prejudice and harassment, freedom from appearance-based social power, empowering relationships, and membership in equitable communities. When women and girls do not experience discrimination and harassment because of their appearance, they feel more comfortable in their bodies. Being in relationships and communities with others who promote an alternative to valuing someone for appearance makes them feel more comfortable in their own skin (Piran, 2017).

Piran (2017) explained that on the other side of the spectrum is corseting. Physical corseting has four elements: corseted and blocked physical engagement and movement, violations to the body territory, neglect of body care, and restriction of desire. These

elements directly counter the experiences of those with physical freedom. Women and girls who are corseted in this area feel uncomfortable or unable to engage in movement, have experienced abuse, do not feel they are deserving of proper body care, and have insecurities about their sexual desires.

Mental corseting has three components in contrast from the critical stance of mental freedom: appearance-related discourses: body as a deficient object, component-related discourses: women as docile, and regulating dichotomies and labels. Without a practice of questioning the messages and conversations they are exposed to, women and girls are corseted when they participate in and believe women's bodies are objects and automatically deficient. Corseting also occurs when their behaviors and conditioning reflect a patriarchal view of society, meaning they feel the need to operate in the world as feminine and submissive. Women and girls can also be paralyzed when they try to balance the competing messages they receive about how to be feminine (Piran, 2017).

### **Conclusion**

Body image research is essentially appearance research and has failed to account for the totality of experience in a body. Its focus in response to the problem of eating disorders has also limited the research and as a result, limited attempts to improve the way people view themselves. Negative body image is a result of personal traumatic experiences about appearance and continued societal pressures aimed at maintaining the status quo of a white, heteronormative, patriarchal, capitalistic society. When we view ourselves as already perfect, we no longer have the drive to consume in order to fix our defects. To help improve our experiences in our bodies, we can utilize the Developmental

Theory of Embodiment to discover the specific environments and traits that create positive and negative embodiment.

## CHAPTER THREE

### Methodology

Although the majority of people are dissatisfied with their bodies, there are individuals who have a level of appreciation for themselves. I also know it is possible to change one's attitude from body shame to body appreciation based on my own experiences. I would like others to be able to replicate the experience I had by examining what we know *works* in changing attitudes and behaviors about body acceptance. My research question is: *What do women in large bodies who are working on self-acceptance identify as influences towards developing and maintaining positive embodiment?*

The best way to learn what is working for women is to talk to them and ask them about their journey with their relationship to their body. Blood (2005) critiqued current body image research by explaining the quantitative measures currently used are biased. Through qualitative interviews with open-ended questions, women are able to express their lived experiences without forced choices or the reinforcement of body image. To answer this question, I conducted qualitative interviews with six women between the ages of 40 and 70. Previous research has been “limited to young, heterosexually identified, White, cisgender women” because of the ease of surveying college students (Daniels et al., 2018, p. 99). Speaking with women later in life provides a perspective seen less often in the literature.

#### Qualitative Interviews

When I talk to other people in large bodies, we are able to communicate about our shared experiences in a way we cannot with those who fit standard sizes—individuals who can find clothes easily in department stores and who do not need an extender on an



airplane. Researchers have found when an individual identifies with their interviewer, they are more likely to disclose information they would not typically share with someone with fewer commonalities (Padfield & Procter, 1996) and the use of self-disclosure can build rapport with participants (Song & Parker, 1995). Experiences of sharing characteristics with participants allow for an exchange of information that transcends words. Additionally, when interpreting data, having an insider experience creates a deeper understanding of the context surrounding the events a participant is discussing (Merriam et al., 2001).

When I talk to women in large bodies in daily life, the conversations are easy and typically flow into discussions about the size of our bodies and how people of standard size relate to us. We complain about trying to fit into a world where most things are too small. We are able to get to a deeper level of conversation because of our common experiences. But, those conversations are not systematic studies. This study will allow me to utilize a theoretical framework to guide discussion and content. I wanted to mimic the depth of conversation I have had with women in large bodies in the past in this study, but I wanted to layer onto those conversations an analytical depth and lens. Brinkmann (2013) argued interviewing is a natural data collection process because we use conversations to understand ourselves and others. To ensure I was creating an environment that allowed authentic responses, I completed a pilot interview so I could “elicit more valid data” (McMillan & Schumacher, 2010, p. 357) by making sure my questions were effective.

### **Pilot Interview**

In an “inter-view . . . knowledge is constructed in the inter-action between the

interviewer and interviewee” and it goes beyond a typical conversation because it “has a structure and a purpose” (Brinkmann & Kvale, 2015, pp. 4-5). To help me craft questions that would bridge the dynamics of a typical conversation with the scholarly necessity of a research interview, I conducted a pilot interview with a woman who self-identified as living in a large body. She reached out to me in response to a blog I posted about being fat and I asked her if she would be willing to help me test my interview questions before I submitted them for IRB approval.

The conclusions Piran (2017) drew when she crafted the Developmental Theory of Embodiment required her to talk to women and girls about their experiences across their lifetimes. Corseting occurs from interactions within a patriarchal society and freedom results from efforts and experiences that allow women to identify an alternative way of being. To capture this, I created a protocol that first asked for the participant to create a timeline of events in their life that shaped their current relationship with their body. Utilizing the Developmental Theory of Embodiment, I drafted open-ended interview questions (see Appendix A) specific to the domains (physical, mental, social power and relational connections) of freedom and corseting Piran (2017) identified.

Prior to the interview, I asked the volunteer to create a timeline of her relationship with her body. Then, on March 16, 2023, I conducted an hour-long interview with her using the pilot interview questions. Initially, I asked her about the timeline and she disclosed she had not completed it because she felt like she had only developed a relationship with her body in the last two years. She was also unsure how to complete it and what I was looking for. From this exchange, I decided to create more explicit instructions for my research.

As I talked with her, I would read the question I had drafted and wait for her to respond. I noticed that the way I worded the questions did not allow for a natural flow of conversation. Although the volunteer provided excellent and concrete examples in response, I felt that if I spoke to someone else they may not be able to interpret my meaning as easily. I also found I wanted to ask follow-up questions about what she was sharing in a more natural and conversational way as opposed to the back and forth of a formal interview. This exchange helped me determine I wanted to use a semi-structured approach so I had the flexibility to have aspects of a natural conversation. Then, when the topic naturally dissipated, I could go back to my pre-planned questions. I also found that within the flow of the conversation, it made more sense to refer back to specific examples she shared or to reword questions to fit the rhythm of our conversation. I felt that any academic terminology I used or alluded to created a distance instead of allowing her to elaborate on her experiences.

She commented a couple of times about not being sure if she was sharing the information I wanted from her. These exchanges prompted me to include a section in the interview script that reassured participants they were giving me the information I needed and there were no right or wrong answers. The goal for me was to hear about their experiences and how they were able to practice positive embodiment by hearing how they lived their lives and the journey from self-criticism to self-acceptance. The conversation also helped me get an idea of how long it would take to ask the questions and get a response from the participant.

### **Institutional Review Board**

I completed the IRB application and prepared documents with the informed

consent (see Appendix B), Recruitment Materials (Appendix C), and the interview protocol (Appendix D). I submitted everything to the Hamline Institutional Review Board on April 6, 2023 and received approval on April 20, 2023. On April 21, 2023, I posted my recruitment information on social media (Facebook and Instagram) and also emailed my network to solicit participants. Within a few hours, I had several emails with individuals who wanted to participate.

### **Data Collection**

After sharing the informed consent and exchanging emails with those who were interested, I scheduled six interviews and completed them between April 24, 2023, and May 4, 2023. For each interview, I created a Google Calendar event with a link to attend a Google Meet for one hour for the time we agreed on. I utilized Otter.ai to record and transcribe the meetings. I also used the recording option within Google Meet to have a back-up recording.

The women I interviewed were white, raised in the United States, held a master's or doctorate degree, and worked as professionals in education, healthcare, or research. As they were all highly educated, they all clearly identified the intersections of gender and class on their experiences with their bodies. Four of them were mothers and three of them were mothers of daughters. They were all raised in two-parent households. They all self-identified as living in a large body since childhood, struggling with their weight and size throughout their lives, and had begun working on accepting their body within the last five years.

I was very nervous during my first interview, and made an error in the way I utilized my recording and transcription software. I forgot to start the recording through

Google Meets and Otter.ai only captured my side of the conversation. I typed up what I remembered from her responses and asked her to verify what I remembered. Luckily some of what she shared was reflected on her timeline and I was able to reference it in my results.

After the interviews, I went into the recording and listened to it for accuracy. I edited and updated the transcript to match the conversation. Then I copied the transcript and pasted it into a Google Doc with no identifying information. I labeled each timeline with a number (one through six) and labeled each transcript as Interview 1- Interview 6.

### **Data Analysis**

To analyze my interview data, I completed a theoretical reading of the responses through the framework of the Developmental Theory of Embodiment. Brinkmann and Kvale (2015) explained in a theoretical reading, “A researcher may read through [their] interviews again and again, reflect theoretically on specific themes of interest, write out interpretations, and not follow any systematic method or combination of techniques” (p. 270).

As I conducted the interviews, and during my first listen while checking the transcripts, I paid attention to examples of freedom and corseting as outlined in the Developmental Theory of Embodiment. I also listened for examples of *how* the women I interviewed moved along the spectrum of wanting to be smaller to accepting their bodies. As I went through the transcripts for the first time without the audio, I identified and color coded the following themes:

1. Physical freedom: engaging in joyful physical activity, taking up space, boundary setting of physical space, self-care, sexual expression

2. Physical corseting: engaging in physical activity for weight loss, trying to be physically smaller, violence against body, lack of self-care, fear of sexual expression
3. Mental freedom: looking critically at anti-fat rhetoric and diet culture
4. Mental corseting: focusing on appearance, viewing the “body as an object of gaze,” identifying women as submissive or limited by gender, identifying certain ways of being as inherently masculine or feminine
5. Social and relational power connections: accessing the societal resources they need, experiencing body acceptance and power, supportive relationships and community involvement
6. Social disempowerment and disconnection: lack of access to necessary resources, experiences of harassment, loss of power, unsupportive relationships, community exclusion based on body
7. Internal efforts at self-acceptance and positive embodiment: work on self-empowerment and self-identity, realizations of personal power and ability of the body,
8. External supports for self-acceptance and positive embodiment: supportive media, influential figures, online interactions

Although there is some overlap between social and relational power connections and external supports for self-acceptance and positive embodiment, some participants identified external forces that were not part of their daily lived experiences but were influential.

## **Conclusion**

The data I gathered contributes to the effort to improve the lives of people by encouraging them to have a positive relationship with their bodies. Women and girls benefit from this in particular because they are the ones most often subjected to societal pressure to appear and behave in a certain manner. Allowing women in larger bodies to speak to their own experience offers a counter-narrative to the widespread national acceptance of anti-fat rhetoric.

## CHAPTER FOUR

### Results

When I was in sixth grade, I read *Gone with the Wind*. I distinctly remember the line about Scarlett O’Hara’s waist *verbatim*, it was a “seventeen-inch waist, the smallest in three counties” which she maintained by using a corset (Mitchell, 1936). After I read the sentence, I put my hands in front of me in a circle to see exactly how big seventeen inches is. I knew 12 inches was a foot, and then adding about five inches to that, I created an uncomfortably small diameter. I compared the space in front of me with the space I occupied and wondered how it was humanly possible to be that small. Being so young, I saw O’Hara as an example of how taking up less space and being demure meant social success. Although she was brilliant and manipulative in her own right, it was her appearance that most easily gave her access to wealth and protection.

In Piran’s (2017) Developmental Theory of Embodiment (DTE), she used the term “corseting” to represent the restrictions women and girls face with their physical body, their mental state, and their social conditions as they Experience Embodiment (EE) (p. 4). Corsets literally bound women’s bodies and restricted their skeletal development to the point where women had trouble breathing, digesting, and sitting up straight on their own. This metaphor allows us to envision the damage of lifelong societal bondage. Learning how women escape these restrictions is the foundation for my research question: *What do women in large bodies who are working on self-acceptance identify as influences towards developing and maintaining positive embodiment?*

DTE was developed from the findings of Piran’s (2017) mixed-methods study conducted in Canada to explain how EE in women changes over time along a spectrum of



positive and negative embodiment (Piran, 2017). Table 2 is adapted from Piran's (2017) *Journeys of Embodiment at the Intersection of Body and Culture* and outlines the domains.

**Table 2**

***Domains of Social Experiences According to the Developmental Theory of Embodiment***

<p><b>PHYSICAL FREEDOM</b></p> <p>A. Freedom in Physical Engagement and Movement</p> <ol style="list-style-type: none"> <li>1. Freedom in Physical Engagement</li> <li>2. Freedom of Movement and Taking Physical Space</li> </ol> <p>B. Safety for the Body Territory</p> <ol style="list-style-type: none"> <li>1. Safety from Violations</li> <li>2. Safety from Coercive Body Alterations and Practices</li> </ol> <p>C. Care of the Body</p> <p>D. Freedom of desire</p>	<p><b>PHYSICAL CORSETING</b></p> <p>A. Corseted and Blocked Physical Engagement and Movement</p> <ol style="list-style-type: none"> <li>1. Blocked Physical Engagement</li> <li>2. Constriction of Movement and Physical Space</li> </ol> <p>B. Violations to the Body Territory</p> <ol style="list-style-type: none"> <li>1. Exposure to Violations</li> <li>2. Engagement in Coercive Body Alterations and Practices</li> </ol> <p>C. Neglect of Body Care</p> <p>D. Restriction of desire</p>
<p><b>MENTAL FREEDOM</b></p> <p>A Critical Stance toward Social Discourses</p>	<p><b>MENTAL CORSETING</b></p> <p>A. Appearance-related Discourses: Body as a Deficient Object</p> <ol style="list-style-type: none"> <li>1. Body as an Object of Gaze</li> <li>2. Woman's Body as Deficient</li> </ol> <p>B. Compartment-related Discourses: Woman as Docile</p> <ol style="list-style-type: none"> <li>1. Engagement in 'Feminine' Activities</li> <li>2. Woman as Submissive/Demure</li> <li>3. Woman as Desired but Desireless</li> <li>4. Patriarchal Shaping of Relational Patterns</li> </ol> <p>C. Regulating Dichotomies and Labels</p>
<p><b>SOCIAL POWER AND RELATIONAL CONNECTIONS</b></p> <p>A. Freedom from Prejudice and Harassment</p> <ol style="list-style-type: none"> <li>1. Access to Resources</li> <li>2. Freedom from Body-based Prejudice and Harassment</li> </ol> <p>B. Freedom from Appearance-based Social Power</p> <p>C. Empowering Relationships</p> <p>D. Membership in Equitable Communities</p>	<p><b>SOCIAL DISEMPOWERMENT AND DISCONNECTION</b></p> <p>A. Exposure to Prejudice and Harassment</p> <ol style="list-style-type: none"> <li>1. Restricted Access to Resources</li> <li>2. Exposure to Body-based Harassment</li> </ol> <p>B. Appearance-based Social Power</p> <p>C. Disempowering Relational Connections</p> <p>D. Membership in Inequitable Communities (or no access to desired communities)</p>

After collecting timelines and conducting six interviews with women who identified as living in large bodies, I used DTE to examine how women became corseted leading to negative embodiment and traced their journey to positive embodiment. Although all the women I interviewed would agree they do not feel positive embodiment at every moment, they have reached a level of self-acceptance that allows them to live their lives with fewer restrictions.

In this chapter, I explain the themes I found in the ways women became corseted and how they realized there must be a better way to live. Then I discuss how they experience positive embodiment and how they continue to exist in the world. Finally, I connect the results from the interviews to my literature review and the DTE.

### **Binding the Corset**

The three domains Piran (2017) identified as factors in corseting were present in the interviews I conducted. Below I show how these women were physically, mentally, and socially constricted.

#### ***Physical***

All the women I interviewed felt physically bound because they could not fit in their environment or they could not easily find clothing in their size. One participant shared:

The fact that I was tall from an early age really added a level of self-consciousness of *literally not fitting*, like not fitting into bathtubs, not fitting into pants. I couldn't wear cute summer dresses because they would be scandalous or inappropriate.

Later in life, this same woman shared the following shopping experience:

In my 20s, I went to Milan on a trip. I walked into a fashionable shop and was stopped at the door. The store worker told me there was no point in entering, they didn't have anything in my big size. I was utterly humiliated, and it has led to me entering new stores, especially fashion-forward ones, afraid that I will be rejected or ridiculed for thinking I could shop there. It also has led to me absolutely hating the city of Milan.

Being unable to fit into standard-sized clothing made all participants feel like they were different from their peers, and they desperately wanted to fit in and be like everyone else.

One woman shared:

It did start to get to me. You know, a little bit later in high school I started to have some feelings towards things because I couldn't go and get some jeans at a store and I started to realize that I had to shop at the big lady's store in order to get pants and things that fit me.

Four participants remarked they felt like they stood out because their body developed more quickly or differently than their peers, sometimes causing discomfort and leading to teasing. Five participants had terrible experiences with exercise and movement, especially in Physical Education class:

I didn't like doing the activities so I wasn't very good at them. I remember they played a lot of dodgeball and I would just get smashed in dodgeball. You know just pummeled with the balls. So I hated PE, all of that just made me hate exercise, pretty much for the rest of my life.

The negative associations participants had with exercise continued for the rest of their lives, making it hard for them to engage in movement authentically.

Many participants also mentioned feeling like they could not act on sexual or romantic desires because men were not interested in them during high school. While other girls were dating, they felt conspicuously alone.

### ***Mental***

Adding to the feeling of being alone, four women commented they were mentally corseted by a belief that they were not worthy of acceptance by others and had a belief no one dated them because of their bodies. For one woman this continues today, where in her classroom she “[walks] into the room and [her] hips are bumping the desks and [her students] don't even care.” She stated, “Sometimes I feel like I don't even deserve that.” Although her students see her as a person and are not fazed by the size of her body, she is aware of how her body interacts with the environment in a way she finds embarrassing. There are times when she continues to feel like she should not be accepted because she does not feel she fits.

Another mental corset is believing they were not able to participate in heteronormative dating because of their size. One participant shared that she “kind of realized that [she didn't] have a boyfriend in high school” because she was larger than her peers. She explained this corset came from her friend's mother:

My very best friend's mother had said that, if you lost some weight, I bet you'd have some guy friends. And so that was kind of another little piece of the puzzle that I didn't have a boyfriend in high school and I started to feel like I wasn't worthy of a boy in high school because I was of bigger size.

Three participants talked about their mental corseting around eating in public and being afraid of being considered a stereotype.

## *Social*

In three of the six timelines, participants wrote about their bodies being sexualized because of their size starting in childhood. In one timeline, a woman wrote about a neighbor commenting she would be the preference of pedophiles because her body shape was more mature than other girls. Another woman shared that a relative told her she needed to go on a diet because “boys love big boobs, but they don't love big butts.” Finally, a woman was teased by another child because her belly hung over her waist and he told her she had a “big pussy.” The women remember all of these instances as making them feel ashamed of their bodies and their size.

Three women found they were corseted for being larger in extracurricular activities. Two women explained they were not made the lead in school plays because of their size. One participant remembers a specific interaction with the director:

Our drama teacher approached me to say that indeed I was the best audition, but that he decided on the part of Cyrano first, and, the boy he chose was shorter than me and therefore couldn't give me the part because, “I mean, how would that look? It wouldn't be believable.”

An extremely athletic woman living in a large body stated on her timeline that she:

was too short to make the [college's] rowing team and too heavy for the lightweight team despite being part of a national championship team in high school - they were strictly by the numbers and not using talent.

Although this woman is able to do physical activities with ease, including rowing, scuba-diving, hiking, and canoeing, she regularly faces adults who doubt what she is capable of.

Being targeted for size continues into adulthood in structural and interpersonal ways. The athletic woman shared that a youth club she is involved in:

...has a weight chart that is used to decide if you can participate or not - for things such as backpacking, canoe trips, scuba diving, etc. When I asked about it I was informed that it was not because they didn't think you could do it but because they didn't feel that emergency crews could evacuate you - I was also told it was because of insurance coverage (I subsequently lost 80 pounds to go on this trip to support the youth and then gained it all back plus some).

While not all women had stories about negative social interactions about their body into adulthood, two of them faced particularly vicious comments and three of them faced medical discrimination and incorrect treatments because of their size. One woman shared this horrifying experience with doctors on her timeline:

I had irregular periods through my teens and twenties. In fact, I never had a regular one. Mine were always long-lasting (2-3 weeks) and often heavy. I was often anemic. It interfered with my daily life. I saw many different medical practitioners, from my mid-teens through my mid-twenties. The answer was always the same—it was because of my weight. There was no other inquiry as to what could be wrong. I found myself in the ER more than once, having had three D&Cs to stop the bleeding. I had multiple blood transfusions. I was not well, physically or mentally—in part due to this issue. In fact, one PA told me after an examination, that my uterus was the size of one at the stage of 5 months pregnant. I had asked multiple medical providers if I could just have a hysterectomy. The answer was also “no, you’re too young, and you might want children one day”

(even though I always said that I was fine not having them, and I meant that since I was age 16). This was also around the time when the internet was becoming a major source of “knowledge.” I had had a few appts with a male OBGYN who was very sympathetic about my case, but he was really stumped. On WebMD, I learned that my symptoms were common in something called Adenomyosis. When I brought it up to him, he said that it couldn’t be that because that’s something that only happens to women in their 40’s who’ve birthed children. So I continued to try various treatments, which made me nauseated, increased migraines (which I had already dealt with), etc. One day, though, I started bleeding so heavily that it wouldn’t stop. I was able to get to my mom’s to rest, but I had no energy. I got up from the chair at one moment to go to the bathroom. On my return, I fell on the floor and could hear people, but couldn’t see anything. I went to the ER and was admitted. Over the next several days, I lay in bed, having IV hormones to stop the bleeding and several units of blood transfused. The male OBGYN whom I had been seeing came into visit and said to me “just let me know what you want me to do.” I said, “I want it out.” He said, “ok, as soon as we get your bleeding under control, I will do it.” So I had my uterus removed in Dec. 2002, when I was in my late 20s. Afterwards, while in a recovery room, I remember a nurse telling me to “be careful, because I gained 40lbs after my hysterectomy.” So even upon nearly bleeding to death and finally getting a resolution, the weight issue was brought up to me (not that she was malicious about it, but why it was supposed to be a concern when I had almost died was beyond me). Two-weeks later, when I had my post-surgery follow-up,

the OBGYN doc told me that the pathology report came back and that I had had Adenomyosis.

Three women mentioned weight was always the blame for health issues when they went to their doctors with a problem and only one of them explained she felt gastric bypass had actually helped her avoid Type II diabetes. The other two women received delayed treatment for reproductive issues.

Starting in childhood and continuing into adulthood, women face physical, mental, and social corseting stemming from the size of their bodies. Although the women I interviewed continue to face corsets, they all made efforts to loosen the ties and start to unbind themselves from societal restrictions. In several of their examples, there is a gendered component to their experience.

### **Loosening the Ties**

There were four major themes women identified as essential to their realization they were suffering from body dissatisfaction which made them search for another way to exist: becoming strong in their identity, having a daughter, getting tired of dieting or self-hate, and recovering from a health issue.

### ***I Am What I Am***

One major factor for women realizing it was okay to shift away from focusing on their appearance and weight was realizing they had an identity beyond the size of their body. Initially, therapy helped three women critically examine their negative beliefs and develop an understanding of what was really important and in their control. One woman explained the benefits of therapy:

I am partly who I am because of my body and because of my struggles with my



body. I think it was just a gradual, gradual acceptance, and that was one thing I could control. The way I felt about me, that was under my control. So much of the world and how the world sees me is not under my control at all, but how I feel and how I want to be is.

The self-reflection and conversations this participant had in her sessions led her to focus on what was in her sphere of influence. She recognized her perception of herself *is* under her control and she does not have to consider the opinions of others.

These responses echo what Piran (2017) found in her research: women could only have more positive EE when they recovered from trauma they experienced in early life through therapy. They were not able to approach any of the other domains until their own wounds were healed. Women who recognized their own worth were able to move from corseted beliefs about their body being deficient to the freedom of questioning anti-fat rhetoric and beliefs.

Piran (2017) also explained the importance of having a sense of self and purpose in life as part of developing and maintaining positive EE. All of the women gave at least one example of an element of their life that gave them fulfillment and purpose which added to their acceptance of their bodies and an appreciation for their identity as it already is. Five women spoke about finding comfort in their personal value and personal style. One participant shared:

being accepted professionally has helped a lot with that for me, because I'm not defined by my appearance, I'm defined by the value that I bring to the college to students, you know. And I think that's probably been a huge part of my own personal acceptance is who I am is more than what I look like.

For all participants, knowing how they contribute to the world outside of their appearance gave them something positive to focus on instead of their flaws. Feelings of success from work or personal achievement gave them confidence.

Although appearance is no longer the main concern for all of the women I interviewed, it is empowering when they find a sense of their own style. Knowing “what [they] need to do to look and feel good in the size [they are] currently at” gives them confidence as they move through the world. One participant elaborates:

I've just kind of, I found my own style kind of late. I mean, I guess I always had my own style, but like really now that I've leaned into it, I'm just not going to wear jeans like ever, ever, ever in my life. I'm not going to wear a bra again. I feel like that alone has made me feel comfortable in groups because now the way I dress or present myself or who I am is like the things I actually feel comfortable wearing.

Just as feeling successful at work or in their personal lives, finding clothing that fits adds to a level of confidence. Three women expressed the importance of finding clothes that fit well. It is easier to interact with the world when they can find something that fits and reflects their personality.

When women know who they are, what they want, and take actions to live life in a way that works for them, societal expectations for women around appearance and body size are less powerful.

### ***Not My Daughter***

Having children changed four of the women's relationships with their bodies in two ways: it made them acknowledge what their body was capable of in growing and

birthing a child and it made them want to change their behaviors and language around bodies. One mom explained, “it really wasn't until I was able to have a child where I sort of started recognizing that my body was capable of way more than I was giving it credit for.” She wrote on her timeline, “My relationship with my body changed for the better - look what it can do!!” This statement aligns with Piran’s (2017) findings of pregnancy; pregnancy and childbirth allowed women to notice the power of their bodies and helped move women towards positive EE. They experienced EE in the physical domain because they felt more comfortable taking up physical space and they marveled at what their body was capable of.

Although the two women with boys did mention they were careful about their language, the real focus of their attitudes towards their own bodies and women’s bodies in general came from not wanting to repeat what happened to them as girls in their childhood. One participant explained:

I have a child who was born female and I've worked really hard not to repeat the mistakes that my mom and grandma and aunts may have made, not knowing they were making mistakes. But just trying to break that cycle that women get in with their relationships with other women and how you're raised to think that you're not good unless you're pleasing to somebody else, or appearance wise. It was really hard to reset that because you know, you're looking in the mirror getting ready and, ‘Oh, my fat roll is here and my boobs look gross. And I can't wear this because my fat arms show,’ and I had to be really conscious not to do those things. And I think it was sort of a ‘fake it till you make it moment’---pretending to love everything and then it sort of happened. [I wanted my daughter to know]

that being big is okay. I didn't want my kid growing up feeling like they weren't okay because of what their body looked like.

When this participant was growing up, her family and those close to her demonstrated it was important for women to focus on serving others and to look good, a form of social corseting. However, when she saw her child as a whole person and did not limit her by her gender, she realized she needed to be mindful of how she talked about her own body. Through the practice of modeling body acceptance for her child, she started to believe she was worthy of acceptance. She was able to find freedom for herself by providing freedom for her daughter.

This also means intervening when someone tries to instill on their daughters a pressure to be small. Another woman shared an experience she had when her mother brought home a bathing suit that was too small for her daughter:

The thing that worries me now is that my mother is doing it to my daughter, unfortunately. So for example, she bought my daughter a swimsuit that as soon as I saw it, I was like, there is no way that is going to fit my 10 year old daughter. And technically the tag says size 10, you know, like a kid's 10, but I mean you just look at it and a kindergartener couldn't fit into this. But I saw it and as soon as I saw it, I was like, 'Nope, we're not gonna show this to my daughter. Like we're not even gonna show it to her.' And my mom was like, 'It'll fit her you're crazy. It'll fit her, it'll fit her, go put it on, go put it on.' My daughter put it on. She could barely get her legs through it, and it came up to her belly button. That's how small it was. And I was with her and I just, like, tried to keep the mood where I just started laughing and being like, 'Oh my gosh, your [grandmother] was so wrong

about getting something for your age.’ And I tried to make it like, ‘Oh, she just like grabbed the wrong size in the store. Like how was she so off on what a fourth grade girl wears? Haha.’ And my mom came in and was like, ‘Oh, sweetie, I’m so sorry. Well, you know, it only doesn’t fit you because you’re so tall. So don’t feel bad. But I mean, the tag said 10. How should I know? I mean, look at the tag. The tag says 10 is for a 10 year old.’ And she just kept saying and I was like, stop, you know, because these are the kinds of things where, like, why are we drawing my daughter’s attention to the size on the tag? Or should she even worry about that? Like, there’s no reason for her to think about, like, what’s the right size for her age? So that’s the thing that’s kind of worrisome to me is like I’m not saying I’m perfect with my daughter, but I’m trying to break patterns and just be like, let’s just find clothes that fit and let’s not worry about what a label says, you know.

In trying to prevent corseting of her daughter, this participant still ran into her mother’s beliefs about bodies fitting into clothes instead of getting clothes that fit the body. She does not want her daughter to know about sizes or hear she is supposed to be a certain size for her age. By trying to play off the situation that her grandmother was confused, she attempted to let her daughter know what was on the tag was not important.

There will always be influences outside of a parent’s control, but as mothers, these women wanted to create a home environment where all bodies are accepted and where their own insecurities and criticisms were kept to themselves. In doing so, they hoped to create an environment of freedom where their children could exist on the positive side of the EE spectrum.

### *Fuck It*

Another reason five of the women moved more towards positive embodiment and self-acceptance was weariness from dieting, hating themselves, and events that challenged societal expectations of thinness. They simply got tired of trying to follow a plan to eat a certain way, of talking incessantly about dieting and body size, and trying to believe in an ideal they found challenged in their own lives. They could no longer support the facade that women need to strive to be conventionally physically attractive to live a fulfilling life.

One woman explained she finally gave up on dieting the last time she was on Weight Watchers:

I tried to do it a few years ago. I was so resentful of having to count everything. I can remember one time I was doing Weight Watchers, and I had been really, really good. And I had gained two pounds. Which will happen. All the time. And I got out of that meeting. And you know the leader had said something like, 'You've just got to try a little harder.' That kind of thing. I was so mad that I drove directly to Dunkin Donuts and bought a dozen donuts and just went down Main Street eating donuts. You know, I just, I was like, I don't give a fuck anymore.

Seeing that her efforts to eat well and move more led to a weight gain, this participant abandoned the diet altogether and found herself binging. She was tired of the counting, especially when she was not seeing results on the scale. The counting of calories or points in her weight loss program was a form of corsetting because it challenged her body's natural ability to feel hunger signals and respond to them. She was tired of being constricted and gave up the diet.

Another woman explained she was exhausted from caring so much about her body. She stated:

I just came to a place where I was tired of struggling with everything always  
Pardon my crassness, but we've called it among my friend group, the Fuckit 40s  
because we don't give a shit anymore. And we all have sort of reached that point,  
like, who cares anymore, like we are solid in who we are and where we're going  
and bodies don't matter. It was just sort of one day I was like, I'm tired of feeling  
miserable and I have no reason to feel miserable. Look at what I've been able to  
do.

This response aligns with Piran's (2017) finding that women in older adulthood have more freedom to accept themselves because some of their responsibilities have been removed. This indicates age and experience can help move someone from mental corseting to mental freedom because they have more room in their lives to think critically about why they believe what they do.

All of the women also realized that in their relationships, friends and family "didn't love [them] in spite of being fat. They loved [them] for who [they were]." One woman gives an anecdote about a friend who was larger than her that led her to think, "maybe what I've been told about what people think is attractive and unattractive isn't actually completely accurate." She shared:

I mentioned my best friend. In college we both had this huge crush on this guy.  
They actually got married. They're like good and it's lovely. I think my best friend  
is such an absolutely beautiful person. And so it was like there was no question in  
my mind why he was into her right? But what came up later was she was very

envious at the time of how much skinnier I was. But then I was like, if it doesn't help you get the guy, why does it matter? What's gonna get you the person that you're into is like, being the awesome human that you are.

The event this participant experienced demonstrated the uselessness and waste of focusing on body size to find a partner. After this event happened, she could no longer believe size was more important than personality in relationships.

Feeling that dieting and carrying beliefs centering thinness was more effort than accepting the reality around them, the women I interviewed were able to give up their focus on external beliefs and factors and rely more on their own experiences.

### ***Real Health and Wellness***

Two of the women I interviewed had serious health issues that led to massive weight loss, and part of getting healthier was gaining weight. One woman, a high school teacher, decided she wanted to lose weight so she would have a body shape similar to her colleagues. Shortly after starting a weight loss program, she got the flu and developed chronic stomach pain. She explained how this led to her weight loss:

Eating made the pain worse. So I stopped eating and they didn't know what was going on. And this lasted for a year. So I basically did not eat for a year. And so yeah, imagine how small you can get when you don't eat. That whole illness broke me. I broke down mentally. And I was put in the hospital for three months [and was diagnosed] bipolar, they put me on lithium, which is the gold standard for bipolar disorder. And I have been doing great mentally ever since. Those drugs did make me gain weight but again, it comes to the fact where I feel healthy again. And so to me, the body image is, okay, this is who you are, you're healthy



mentally. You're not going to break down, you can function in the world. You just are going to be on the big side. Some people might say, Oh, you're bigger. you're diabetic. My A1C is perfect. You know, I am not diabetic and all my other tests are fine. They're, they're normal, you know, so, I guess I rely on the doctor that says that it's okay that I'm, you know, have bigger size.

Experiencing a debilitating disease and recognizing health in her body looks different than the societally imposed norm showed this participant health is not about body size. Her illness led her to lose weight and a sign of her healing was gaining it back. This gave her an opportunity to escape mental corseting about body size and instead find freedom because her own experience ran counter to what is labeled healthy.

Another woman developed pancreatitis after suffering from long COVID. She explained she lost weight because she had “to stop eating all forms of fat for six weeks.” She elaborates on what this experience was like:

I lost 17 pounds in six weeks. I wasn't particularly heavy before that point. And it was a miserable six weeks, it was miserable, like eating carrot sticks and fruit smoothies. I mean the fruit smoothies help but like my god and a special type of Ensure you know, like fat free Ensure. So after that I had a lot of people be like, Whoa, oh my god, you're so thin or like, oh my god, what happened? You lost a lot of weight. But it wasn't good. It sucked. It was awful. And it wasn't because I wanted to, it was because of a really bad health issue. So in the course of like nine months I gained all that weight back [and] didn't even worry about it because I was like yes, thank God I can eat like a normal person now. [I gained an additional] 25 pounds on top [of the 17 I lost]. But it gave me this mindset of like,

How fortunate am I that I don't have health issues? Where if I feel like having something with fat in it, I can you know, like I'm not sick. I'm not unwell. You know, I'm not having a chronic medical condition that forces me to change my diet. So I think that really helped me to feel like just enjoy it and then like accept that this is the body that comes along with enjoying your life. I think that's a big part of it. Life is too short. I understand now that like, yes, the decisions I make lead to different fluctuations in my size but am I enjoying my life? And if I'm enjoying my life, then I need to accept the body that comes with what it looks like to enjoy my life.

Both of these women were able to accept having a body larger than the societal ideal because when they lost weight, it was due to a serious health condition. When they were well again and had a body larger than before, they were more accepting of it because they were grateful to be healthy again. Being thin was a symptom of their illness and gaining weight was a sign they had improved. Instead of seeing the fat body as a diseased or sick body, they realized their weight gain was a sign of health.

Other women realized what they were doing to lose weight and diet was not healthy or sustainable for them and saw that interventions like gastric bypass could lead to additional problems. A diet mentality and counting points and calories led to food choices they regretted. One woman explained she would be “eating lettuce all day to have 6 beers” and another explained that although she was thin, it was from not eating enough. She told me:

I was keeping the weight off with horrible nutrition. And, you know, when they did the bloodwork they were like, Okay, you're deficient in [nutrients] it was, it

was really bad.

Another woman talked about what it was like to lose and keep off over one hundred pounds:

I was paying more attention to macros, I was walking, and I felt strong and healthy. But I was miserable because I wouldn't allow myself to enjoy anything. [When I gained the weight back] it just made me feel like this is okay. I'm healthy. There's nothing wrong with me. It's who I am. That's my identity.

Even though she was the size she wanted to be, and the size her medical professionals advised her to be, she did not feel free. She was still corseted by the food and exercise restrictions she needed to maintain her size.

Another woman was advised by a doctor to undergo gastric bypass surgery. She told me about how she was concerned about the risks associated with it because of people she knew:

When that surgery first came out, I was probably in my mid 20s. And there were two women in my hometown, who had the surgery and had horrendous problems. Like one of them almost died.

Despite knowing the risks and being advised by family and her partner not to get the surgery, she proceeded on the recommendation of her doctor. The surgery was to prevent her from needing a knee replacement, and even though she initially lost seventy-five pounds as a result of the surgery, she still needed to get both knees replaced. In this instance, what was meant to prevent damage to the body by reducing weight had no benefit as she still needed a knee replacement. She also later went on to gain the weight

back and more. Because the bariatric surgery did not lead to the intended weight loss, she decided her best option was to focus on acceptance instead.

Although the women I interviewed started restricting themselves for different reasons, they all came to the conclusion they were fine in their body as it is. They were able to start accepting themselves by understanding who they were and what made them feel good in their body, by not wanting to spread body insecurity to their daughters, becoming tired of the work that goes into hating oneself, and reevaluating what health and wellness are.

### **Body Appreciation**

Once all of the women come to the realization that being thin is not a worthwhile goal, they started to appreciate and enjoy experiences that support acceptance of their body. In their lives, this looks like finding ways to fit, being in supportive relationships, recognizing what their body is capable of, and managing the media they consume.

### ***Finally Fitting***

Being in a large body can make it difficult to fit in spaces designed for a standard person. Being exceptionally tall throughout her life, one woman finally felt what it was like to take a bath and be completely relaxed:

When I was 35, my husband and I were away for a big work party and were lucky enough to get put up in the Ritz Carlton. I took a bath in a tub actually big enough to fit me outstretched. The experience was amazing, one of the first times in 20+ years I could take a real bath and not have the bath remind me I'm bigger than who tubs are built for. My husband ended up taking a picture of me from above. At first I didn't want to see it because I'm uncomfortable with seeing myself

naked, but when I did look at the picture, I felt I looked beautiful. It honestly made me cry, to see a naked picture of myself where I was beautiful. I think it was because for once I was just so relaxed, and happy to "fit", and that relaxation and joy came through in the picture.

Being able to fit in the bathtub was a powerful experience because it allowed her to see herself in a way where she was not restricting her body. She was able to engage in something standard-sized people can do without extra effort or awareness that she does not fit in the world.

Finding clothing that fits instead of trying to fit into clothes was also empowering. After gaining back weight she had lost, another woman I spoke to moved to a city that had a lot of options for the size of her body and realized “[she] could dress and look fabulous so some of the dissatisfaction with [her] weight kind of dissipated.” Picking an outfit for her dissertation defense, another participant realized she could try on multiple sizes to find the suit that fit her and made her feel confident:

When I picked out my dissertation outfit it was one of those few times where I was like, I don't care what the number says. I want to look good. And it was really a time where it was just, I had like three different sizes that I was trying on and I just I didn't even really look at it. I just tried it on until I found the one I liked.

And then I looked at the size to figure out which one it was. I think that makes me feel really good.

She needed to have a level of being uncorseted to not let the size of the suit she was trying on deter her or make her feel insecure. When she let the way the outfit felt on her body be the deciding factor, not a number on a tag, she said she felt like she was able to

go into her dissertation defense with confidence.

### ***Supportive Relationships***

Although all of the women admit they accept their size, they also find it helpful to participate in relationships that honor them as individuals. Weight may be a factor in their identity, but they enjoy it when it does not interfere with their romantic relationships and friendships.

After losing her partner, one woman was debating how she could be sexually intimate with another man because of her insecurities about her body. She shared this experience:

I look at myself, I think God who would want this? And [a grief counselor] said, when you're standing naked in front of a man who has not had sex in awhile, you're gonna look great. I just thought, Hmm, well, let's test that hypothesis out. So I met somebody and you know, I thought well I don't know that I want to be with him forever, but I wouldn't mind being with him tonight. And I was really worried that he wouldn't find me attractive. And he certainly did. And he certainly let me know.

Having the approval of her body in an intimate capacity let this participant know her body was still sexually appealing. Feeling and acting on sexual desires is part of freedom in the DTE physical domain. Being able to engage in the act made her feel more confident and that she was not stuck being lonely because of her size.

Dating was also affirming for a woman during college and it made her question whether the rhetoric around thinness and beauty was accurate. She told me:

In college I had a lot of relationships and hookups, which led me to be more

accepting of my height and size given I had tangible data points that all types of guys were attracted to me. I started to loosen up about eating and beauty standards.

Again, the experience of being considered attractive by others gave this participant a feeling of empowerment. Having a sense of acceptance about her body from multiple partners helped her feel like she could be free to act on her sexual desires.

Being in a romantic relationship, although not essential to every participant, was meaningful in making participants feel accepted. Knowing they were “really loved” for “all of it. You know the good, the bad, and the ugly. And the beautiful” gave them a sense of confidence when they were confronted with negative messages or hurtful self-talk.

Another participant explains how she and her husband navigate their body sizes: We kid each other around, you know, because [he] is not a small guy either. And so we like to joke around and, you know, try to pretend to lift each other up. You know, neither of us could do that because both of us weigh too much. It's just the way our relationship is and, and that we have a good positive, positive feeling towards our bodies. It's done as kind of a fun jokingly way that we have you know. [He] will jokingly jiggle his tummy you know and just stupid stuff like that. It makes us understand that we're accepting of who we are so he's been a real big influencer on who I am and to make me feel comfortable.

This couple's ability to make light of their body sizes gives them both feelings of love and acceptance in the relationship. They are able to practice freedom in multiple domains (physical, mental, and social) because of the way they support one another's bodies.

Having unconditional acceptance from friends and family is helpful in making participants feel at ease with themselves. All participants mentioned a specific friend or family member who accepts them unconditionally and does not factor weight into their relationship. Being accepted and believed-in helped one participant feel confident in herself:

I have done long backpacking trips on the SHT [Superior Hiking Trail] and Isle Royale with a friend who knows that I am slow and steady. We have a lovely time throughout the week and each hike at our own pace. She doesn't say a word about my speed or weight, she just does her thing and I do mine. It is so incredibly supportive that she believes I will have no issues with it and just sets out to enjoy the day. While she may hike the 12 mile days faster than I do, she sets up the tent and reads her book and never judges. I always have an open invitation to hike with her.

Having confirmation from a friend that she is capable validated her feelings about her body and what it can do. This allows her to experience freedom in her relationship with her friend and also gives her freedom to exist in her body as it is. She is not under any pressure to change her size because her friend knows she is just as capable although she is physically larger.

Supportive relationships allow women to see themselves through another person's eyes. The gentle gaze of a friend or lover helps women see that while society may hold one belief about bodies, in their world it is not a factor.



### *Look What I Can Do*

One major way four women continued to feel confident about their bodies was by celebrating what it was capable of, whether it was pregnancy or physical activity. Being able to count on their bodies felt like freedom and independence. One woman learned to appreciate what her body could do after her first pregnancy:

I definitely approached my second pregnancy with a lot more confidence and pride around how my body was changing and acceptance around the fact that you know, there's a reason why my body looks different and even if it looks different than other pregnant women's situation, it was still kind of like a badge of what was happening, you know the fact that I was having a baby.

When participants could find the power and capability within themselves and the abilities of their bodies, they were able to critique messaging around women's bodies as weak. Instead of feeling ashamed for growing larger while she was carrying her second child, she embraced the necessary changes that occur during pregnancy. This challenges the notion that women should not take up space.

All of the women explained engaging in physical activity that they considered fun, but not exercise, allowed them to appreciate what their body is capable of. One woman shared about the importance of walking in her life:

For me walking was not a form of exercise, but as a form of like, just getting from point A to point B. It created always a sense of independence in me like, I wasn't afraid so if I wanted to walk downtown, which is probably like two miles, I would just do it right after school. It also created a sense of independence. There's still a great sense of like, independence and accomplishment and doing things in

terms of physical activity that are important to me. So that would be things like like when we travel. I like to go to mountains. Even if it's like short hikes, climbs, even you know, for somebody else, it might be like a piece of cake, but for me, it's like, I just it's an achievement that I you know, I feel so good about being able to use my body for the traveling purposes, whether it's nature or vacationing or things like that.

Instead of engaging in walking as part of exercise but as part of travel, this participant felt a sense of capability in what her body could do. Being able to engage physically with the world is part of being free in Piran's (2017) physical domain.

Another woman felt proud of what her body could do after she took the wrong trail. Earlier she explained to me she enjoyed hiking but did not consider it exercise. She tells the story of how she found her way home:

I had my two young children with me and there's a county park and I took my kids out there and we normally stay on fairly flat trails, and we took a wrong turn and ended up on a 2.3 mile hike that was almost straight uphill. And they were like 4 and 2 and I ended up having to carry the two year old for part of it because two year olds just don't love that kind of activity. And I was tired. I was sweaty. I was gross, but I realized I could do it and it felt really good.

Pushing her body past what she thought she was capable of demonstrated to this participant that she was stronger and had more stamina than she thought. This was another example in her life that allowed her to question the social conditioning that larger bodies are lazy and unable to engage in physical activities.

Appreciating one's body became part of self-acceptance. By noticing what their

bodies could do and focusing on their capabilities instead of what they perceived as flaws, it made it easier to accept their appearance. Having the ability to act and see oneself as an actor pushes the focus away from appearance and towards the utility of having a body.

### ***She Looks Like Me***

Representation and celebration of large bodies by people in their lives and people women saw in the media helped three women to accept their bodies. When one woman was in high school, she felt like she was bigger than everyone else and this made her feel like she needed to change to be smaller. When she went to college, she joined a student organization and found a community with many women in large bodies. She explained when she saw how they accepted themselves, it gave her permission to accept her body as it was.

All of the women I spoke to carefully curated their social lives on and offline. Part of maintaining positive embodiment was avoiding messages that would erode their confidence and repeat old stereotypes. One woman explained, “I don't want to live in a thought vacuum or anything but I seek out places that may support larger bodies.”

Seeing representation in television and movies, even if it was not exactly their experience, was helpful. Another woman shared:

When *This is Us* came out, the TV show, and Chrissy Metz and like I always felt like she didn't really represent me because we had completely different body types, but it was still the idea of seeing a large woman in a capable situation. Representation in media affects our view of the world, and when media does not show fatness it feels like fat bodies do not belong. When participants are able to see people

who look like themselves, it gives them permission to exist in the world too. This aligns with Piran's (2017) social and relational domain, which takes positive media exposure into consideration as adding to positive embodiment.

Other influencers and celebrities women mentioned were *Body+* with Dani on Snapchat, Ann O'Brien (@glitterandlazers on Instagram), and Lizzo. Women also appreciated brands that used plus sized models to advertise clothing. This worked both as representation and to show more accurately how clothes would fit on a larger body.

### **Conclusion**

Piran's (2017) Developmental Theory of Embodiment provided the framework for my questions. The responses I got as I asked women to identify their journey to find self-acceptance showed how the domains encompass both corseting and freedom of women's bodies. All of the women had examples of how they experienced physical freedom, mental freedom, and social freedom that gave them elements of positive embodiment. Although all of the women had a different route to discovering a need for self-acceptance and a willingness to honor their bodies as they are, they had commonalities of being strengthened by a sense of self, concern for the youth in their lives, and an appreciation for what their bodies were capable of.

## CHAPTER FIVE

### Conclusion

I began this dissertation by talking about my experience feeling trapped in my body and the constant reminders I face telling me I take up too much space. I feel at home in my body and appreciate the way it communicates its needs, and at the same time I still struggle with my size. During the process of writing these chapters, I only knew my weight when I visited the doctor. Although I knew I could refuse when they asked to weigh me, and I knew the number on its own was meaningless, I never said anything to the nurse who asked me to stand on the scale. As time went on, I saw the number start to creep up. Even now, as I am writing my final chapter, I feel a sense of shame about that number and how it has changed over the past year-and-a-half. After I have articulated the need to make a distinction between appearance and embodiment, and I have crafted an argument explaining our expectations of body size are socially constructed, I am still struggling with how much space I take up. My initial feelings to ask my research question, “What do women in large bodies who are working on self-acceptance identify as influences towards developing and maintaining positive embodiment?” still exist.

Although women have strategies in place to counter negative messaging, it is an ongoing process to maintain self-acceptance. Even though they knew better, all six women still struggled to accept themselves as they were. However, they still have more positive than negative Experiences of Embodiment (EE) because of the work they have done to accept themselves and their recognition that health is more complicated than weight. The women I spoke to had various reasons for starting to focus on self-acceptance instead of weight loss and appearance. For each woman, a combination of

their own experiences offered proof that the expectation of thinness and beauty was not healthy for them physically or mentally. Although some events were more powerful than others, such as giving birth or suffering an extreme illness, experiences gradually over time eventually culminated in women rejecting anti-fat rhetoric and diet culture.

### **How They Did It**

In this section I answer my research question and discuss four major takeaways from the interviews. So, what do women in large bodies who are working on self-acceptance identify as influences towards developing and maintaining positive embodiment? There are three main influences and they align with Piran's (2017) social domains in the Developmental Theory of Embodiment (DTE).

First, women explained they felt physically powerful and capable. Whether it was having a child, surviving a hike with children in tow, or engaging in rigorous physical activity such as rowing or scuba diving, knowing what their body was capable of made them feel powerful. Connecting the power and strength of their body with their own identity allowed them a positive EE and improved their relationship with themselves. This aligns with the Physical Freedom domain of social experiences in DTE. Shifting their thinking from limitations, they focused on their existing capabilities and the freedom movement gave them, leading to decreased pressure to conform to societal expectations.

Second, women discovered they were more than their bodies and were not limited by their gender when they identified who they were. Completing identity work and personal growth made women see their inherent worth beyond their appearance or ability to attract a romantic partner. Their thinking around themselves reflected mental freedom

in DTE because they are able to take “a critical stance toward social discourses” (Piran, 2017, p. 16). When asked how they deal with negative rhetoric around large bodies, they all had strategies to counter anti-fat discourse to protect their positive EE and feel at peace with their bodies.

Third, participating in relationships where they were accepted *as they were* was a protection from the rest of the world. It was easier to discount societal beauty ideals when friends and lovers recognized their inner and outer radiance. Strong social support from friends and families is consistent with the social power and relational connections domain in DTE. Escaping potential “prejudice and harassment” through fulfilling relationships helped them avoid messages to take up less space (Piran, 2017, p. 30).

Piran’s (2017) study focused on creating a comprehensive view of how girls and women see themselves and exist in their bodies. She collected and published the experiences of women and girls throughout their lifetime and provides narratives from interviews in her book where women talk about experiences of positive and negative EE. My study focused exclusively on what specifically helped women in larger bodies to move from negative to positive EE. I learned in many instances, it takes a major event to shift the lifetime of conditioning that women’s bodies need to be small and sexually desirable.

We are conditioned by our environments and this shapes our reality and beliefs about how we are *supposed* to exist. The women I spoke to decided they did not need to conform to size and gender expectations because they faced experiences that provided an alternative reality to that commonly expressed. Although I only interviewed six women,

these are the rare women who have found a way to achieve positive EE. Their insights into how they moved from self-hatred to self-acceptance provides potential roadmaps.

However, in most instances it took a significant life event to help them to change their thinking. This jolt to their system was powerful enough to change their mental patterns (which still have a tendency to reappear). I believe that as an alternative narrative spreads, women who are exposed to multiple messages of body acceptance can mimic the effect of these larger life events.

After reflecting on my interviews and my own experiences, I gleaned four takeaways from this study: 1) it is still a daily struggle for self acceptance, 2) being thin is not a panacea, 3) a relationship with food is inherent in discussions about body size, 4) mothers were blamed for ongoing issues with food and EE.

### ***Works in Progress***

All of the women I interviewed maintain they still struggle to completely accept themselves as they are. Three of the participants I spoke to told me they think they would still feel better if they lost weight. When I asked them in what way it would be better, they explained they felt their doctor would be happier if they weighed less or they wanted their clothes to fit better. One participant found contentment by ignoring that her appearance or body had anything to do with her identity.

Another barrier to feeling seen and heard is not being large enough for empathy. One woman I spoke with has struggled with her body her whole life, but is still thinner than one of her close friends. Does someone have to be a certain size and weight to have insecurities about their body? Anti-fat rhetoric and focus on appearance is bad for all of us, even those who do not appear to be as deeply affected. Our relationships with our



bodies change over a lifetime, and appearance expectations affect all of us whether it is apparent or not. The most conventionally gorgeous women I know have always had the most insecurities about their bodies. I struggled to empathize with them because they looked like literal fashion models.

After conducting my interviews, though, I started to look at their situation as all of us women as a team against a system that tries to divide us and distract us. It is not fair for me to be unable to empathize with my friend because her struggle shows up differently than mine. She and I have both had experiences that led us to feel inadequate, and we can work together to support one another instead of me dismissing her. I see her how she is, but she sees herself as a work in progress. My view of her will not help her learn to love and accept herself as she is. Only my empathy and support can make a difference—not me rolling my eyes and asking her to get over herself.

This realization ties back to offering “freedom from body-based prejudice and harassment” as opposed to weaponizing body size (Piran, 2017, p. 16). In the social power and relational connections domain of DTE, Piran does not differentiate between large or small body size—any body-based prejudice is harmful. We have an obligation to honor other women’s experiences in their bodies, even if their insecurity has a different foundation.

I was also troubled that instead of blaming a capitalist patriarchy for weight loss products and weight loss surgery, there are those who believe you cannot authentically advocate for body acceptance and body positivity if you have undergone gastric bypass. This is an additional stance that divides us. I have heard this criticism, and it makes me feel like we are blaming the victim of an industry and a culture instead of supporting

women when they are working to accept themselves as they are. Whether someone undergoes weight loss surgery, diets avidly, or uses intuitive eating, we would all benefit from supporting each other no matter where we are in our relationship with our bodies. One thing I noticed in a few interviews was the desire to lose weight to fit into clothes they owned instead of buying new clothes that fit them. This ties back to the literature review, as Hetrick and Attig (2009) explained, we start to believe there is a body ideal because the world puts size limits on our environment.

### ***Thin Ain't It***

I was really excited to interview women who had undergone massive weight loss because I have never been a standard size. I have had an X on my clothes since I was in middle school. When I asked one participant directly what it was like when she weighed less, she said *it made her angry*. A major surprise from my interviews was weight loss did not improve how someone viewed themselves or their body in any way. I was surprised when I heard women were often *more miserable* when they were thin than at any other point in their life. If their weight loss was intentional, they used dangerous methods to achieve it or were so focused on food and exercise they could not do much else. Otherwise the weight loss was the result of a severe health concern and gaining weight was the effect of their improvement. The experience of feeling healthy at a higher weight made them associate thinness with illness and health with being a larger size. This revelation really struck me: *happiness and acceptance will never come from weighing less*.

### ***Eating Our Feelings***

Although I did not ask direct questions about food, women shared their

relationship to it as I asked them questions about their bodies. Women associated how they were raised to interact with food as contributing to their weight and body issues. Five of the women I spoke to talked about emotional eating and mentioned stressful events that led them to binge. In a review of literature about studies conducted on the effects of emotional eating on weight, Frayn, Livshits, and Knäuper (2018) found eating in response to negative emotions was correlated with weight gain over time. The cause of binging or overeating in these situations was a stressful event, leading to increased cortisol and a desire for sugar, fat, and salt.

Emotional eating in response to a negative emotion is not inherently bad even if it leads to weight gain. At the same time, food is *one of many factors* that contributes to body size, and we would benefit from a wider understanding of causes besides nutrition. Putting the blame solely on food implies it is *only* our choices that influence weight, when this is not the case. Genetics, medical conditions, medications, sleep disturbance, age, and stress level are all components we should consider (Alam et al., 2023). Focusing on these causes outside of our control adds to our understanding that weight gain and body size are not personal weaknesses.

### ***Blame the Parents***

During my interviews, women's relationships to older women in their lives was a major factor in their dissatisfaction with their body. Grandmothers pointed out fat areas of their bodies. Mothers told them to clean their plates. Aunts reminded them they needed to watch their figure. One participant told me her mom carefully measured her formula so she would not get fat as a baby. As children, we heard how our moms talked about their bodies and the bodies of other women. We learned from our relationships that to be

accepted in society, it was best to be small. We continue to hear those voices as we make decisions about what we eat and how we move our bodies.

Fathers were rarely mentioned in the interviews, and if they were, it was to share how wonderful and supportive they were. My results in the interviews replicate the existing research on eating disorders and family dynamics because the father was missing. The majority of research focuses on mother-daughter relationships instead of looking at the roles of the entire family. Maine (2013) explained men have a role whether it is overt or not:

A daughter watches how her father, or other important male figures, react to women's bodies and how they interact with her mother and other women. Thus, a girl's emerging body image and sense of self is affected by her experiences with both gendered parents.

Despite the women explaining their mothers were the biggest influence on their view of their bodies, their fathers did have a role, but perhaps it was learned in such a subtle way they could not recall many examples.

Piran (2017) wrote extensively about negative experiences in childhood leading to issues of negative EE. The parents in my interviews are doing exactly what she recommends for creating positive EE in children: "it is important that parents are conscious of treating children of both genders similarly, encouraging their strengths, assertiveness, voice, and 'taking space'" (Piran, 2017, p. 298). The parents I spoke to are mindful of how they talk about gender, nutrition, and bodies.

For the three women who have daughters, parenting is thoughtful and intentional. They carefully consider how they talk about food and how their children develop a

relationship with food. Food is not tied to anything other than fuel and nourishment. They are teaching their children to listen to their bodies instead of telling them what to eat and how much. As a result of this approach, participants shared they believed Generation Z feels differently about body size and appearance. Four of the women I interviewed talked about interacting with their daughters and nieces and they made it sound like body insecurities are practically non-existent.

Research on Generation Z and body acceptance is limited. The two peer reviewed articles I found collected data about Generation Z and body image to learn how to reach them as consumers in the future; both studies concluded social media usage affected participants' body image (Ameen et al., 2022; Lee et al., 2022). In their Master's thesis, van Woensel (2018) found Generation Z teenagers used social media to compare themselves to an appearance ideal, making them experience low-self-esteem.

Generation Z and those that follow have a better chance of experiencing positive EE if they are able to experience freedom in the domains identified in DTE. However, they are still engaging in a society with an appearance ideal and will experience negative EE if they do not have the right environment or access to resources.

### **Connection to Literature Review**

The literature explains our lifelong negative self-talk is a result of being traumatized from comments in our childhood. The women I spoke to all remembered incidents from their early life that started the self-doubt in their mind, telling them they were not enough as they are. The hurtful comments, online or offline, are still painful to the point that all of the women try to avoid experiencing them. Despite cognitively knowing the thoughts of others should not matter, bodily criticism still triggers feelings

of inadequacy and imperfection that were planted in childhood.

Another connection to the literature was the experiences of weight discrimination by three of the women I interviewed. One woman was trying to get pregnant and was told over and over again she needed to lose weight so she could get pregnant. She ended up not receiving the interventions she needed and had two miscarriages before she found a new doctor who did not think weight was the problem. Her new doctor discovered her previous doctor had overlooked an issue with her ovary because he only focused on her weight.

All of the women experienced that weight loss was ineffective and unsustainable over the long-term. The research into dieting (Gaesser, 2009), shows their experience is common. When women were successful in losing weight, they gained it back plus more. I do not believe the extra weight they gained is inherently a problem, but if the purpose of weight loss is to weigh less, dieting is counterproductive because without strict control the body gains it back.

Piran's (2017) Developmental Theory of Embodiment (DTE) thoroughly and holistically considers all of the factors we experience and put ourselves through to explain how we live in our bodies. We have times in our life when we are experiencing positive and negative embodiment and we are never static. Our ability to interact with the world in our physical body, our thoughts about our body, and our relationships and conversations with others are always influencing how we exist in our bodies. There does not seem to be a quick way out of the "trance of unworthiness" (Brach, 2022). However, there are implications for the way millennial and older women parent and change how they manage their bodies. All of the experiences women had for corseting and negative

embodiment as well as freedom and positive embodiment are present in Piran's (2017) DTE. This demonstrates her theory is thorough and applicable when talking about body size and is more comprehensive than body image. Our feelings about our bodies are more than just the picture we have in our head—they are wrapped up with our childhood memories, our intimate relationships, and our experiences being physically active.

### **Implications**

When we can see how fat sticks to the body, we often make assumptions about another person's health. We can't know whether a person is healthy or not just by looking at them, but we have been taught that body size naturally equates to good or bad health. When someone is fat, medical professionals assume weight is the problem and prescribe diet and exercise. Although nutrition and activity contribute to health, the assumption should not be that weight is the problem. Some individuals may need medication to maintain their health, and we are fortunate to live in an age when we can treat conditions with medication instead of allowing people to suffer.

Making facilities for larger bodies is about accessibility. Right now, our focus is on losing weight or becoming smaller to fit into the environment instead of expecting our environment to conform to bodies' diverse sizes. When our bodies are not able to fit, they are unable to act and turn the focus and attention back to size and appearance. Why aren't we focusing on making resources accessible to everyone? Finding a place to fit and finding clothes that fit was so empowering, calming, and confidence building for participants. Being comfortable in a place, in our body as it is, should be commonplace.

Finally, body image is an incomplete and ineffective concept to discuss self-acceptance. Focusing solely on body image shifts focus to appearance and ignores

the other factors contributing to how we feel about ourselves. Body neutrality attempts to help us accept our body as it is, but does not include the nuances of the experience of embodiment (EE). Body positivity aims to help us love and accept ourselves, but because it is a response to body image, it is also largely focused on appearance and finding beauty in the body as it is. EE encompasses our whole experience of having a body and living in a body, and how our placement on the spectrum from positive to negative impacts our behaviors. It also offers us a vocabulary and specific strategies to combat negative embodiment and corseting.

Through her in-depth interviews, Piran (2017) identified what moves us along the spectrum from negative to positive. If we can adopt practices and behaviors that align with freedom and move away from corseting environments, we are able to feel confident and a sense of belonging in our bodies.

### **Limitations**

All research is limited by the biases of the researcher. Being in a large body and actively working on accepting myself, I approach this research from the point of view that we would all be better off practicing self-acceptance. In speaking with participants, I add my own perspective having lived in a large body, which may cause me to interpret responses in a way that matches my experience. An individual reading my transcripts who lives with a standard body size might interpret things differently.

Having such similar participants was helpful in isolating what works for educated white women, but it leaves the voices of multiple identities out of the research. Since the women I spoke to were white, highly educated, middle to upper class, and had access to academic perspectives on how we develop body image and live as women in a patriarchal



society, they already had critical views of societal expectations around appearance. This knowledge moved them closer to positive embodiment automatically because their thinking was somewhat liberated before they came to the conclusion that they no longer needed to focus so much on thinness.

### **Future Research**

In future research, I am most curious about how women with marginalized identities access and experience positive embodiment. Research about body image and race, sexual orientation, and age show these identities do lead to some difference, but overall women still have a “normative discontent” about their bodies. Using a perspective from the Developmental Theory of Embodiment, I wonder if women have more or less access to being corseted or free because of their identities. For example, I can think of trans identifying folks whose sense of confidence in their body is related to their gender presentation along with body size. How does a trans gender identity impact embodiment, when inherent in trans identity may be a feeling of living in the wrong body?

While speaking with one woman, she stated she felt it was beneficial for her to complete the timeline and the interview with me. She found it to be therapeutic and believed other women would benefit from the experience. I wonder if I spoke to my participants again, how they perceived the interview experience and whether they also found it beneficial. When asked what advice she would give to women who are struggling with self acceptance, another participant shared, “Somebody has not let that story be told. So I listen first.” She believed when women were dissatisfied with themselves and their bodies, it was because they had an experience to share and no one was listening to them. I want to know how to create a space for women to share their

stories as a point of liberation.

I would like to help other women learn to live with their bodies and accept their whole person as part of their identity. I want to conduct research that has real-world applicability. Going forward, I would like to continue to speak with women about what is and is not working and develop an approach to help women heal from body dissatisfaction. The women I spoke to had been working on accepting themselves for less than five years, and I wonder if they continue their practice over time if they will find more success.

### **Plan to Communicate Results**

I plan to use this research to develop practices for women to learn to accept themselves as they are. Piran's (2017) Developmental Theory of Embodiment (DTE) contains a road map for offering women liberation from self-hatred. The aspects of freedom she outlines (physical, mental, and social) can be replicated now that they have been identified. I would like to use the results of my research and DTE to create a curriculum and community practice that gives women a blade to cut their corset strings. Although I have hopes Generation Z will be able to skip a sense of insecurity about their bodies, women my age and older need help to loosen their corsets and find freedom in their lives.

Using my research and personal experience, I plan to develop a workshop for groups and a one-on-one curriculum to help women accept their bodies. It is hard to imagine we can completely eliminate all feelings of dissatisfaction, but I believe my research and curriculum can help heal some of the wounds of childhood and ongoing appearance trauma.

## **When All Bodies Are Free**

The National Coalition Building Institute explains in their diversity and inclusion training that all oppressions are linked. The societal forces of capitalism and the heteronormative patriarchy are so entrenched in our ways of being we automatically seek to divide ourselves based on our differences instead of trying to find ways we can work together. Capitalism tells us we are broken and we can buy something to fix us. The heteronormative patriarchy advocates for heterosexual relationships where women are subordinate to their male partners. Although eliminating capitalism might offer a solution to the isms we face, it also creates a new host of problems.

A focus exclusively on body image is inadequate to help all of us repair our relationships with our bodies. In a webinar for *The Body is Not an Apology*, Sonya Renee Taylor explained babies do not hate themselves. They do not come into the world feeling ashamed for their size, how much they eat, or how active they are. It is through the course of a life that individuals begin to believe they are irreversibly flawed. She argues if these beliefs can be learned, they can be unlearned. Appearance alone is not enough. We need to talk about how we feel confident and capable in our bodies, how we relate to each other and our bodies, and the way we think about ours and others' bodies. Piran's (2017) DTE gives us the framework and the vocabulary to accomplish a shift in the way we view ourselves.

When I think about the world I want to live in, it's one where all of us see one another as whole human beings. It is so easy for me, for all of us, to lump people together as one identity and dismiss their humanity. Our societal liberation comes from first accepting ourselves, and then we are more willing to see others as equals. Accepting my

own flaws has given me a sense of grace and patience for others that did not exist before. I have moved from a place of judgment (“At least I’m not like that”) to a place of unconditional positive regard (“I can understand why someone would do that”). This worldview has given me peace because all of my energy can go to making choices that lead to my happiness instead of being wrapped up in what everyone else is thinking and doing. Although I cannot give everyone confidence in their bodies, I hope I can help them find peace. Our bodies should be homes, not prisons.

## REFERENCES

- Alam, I, Abid, J., Miraj, S., & Jan, A. (2023). Some common causes of unintentional weight gain—A recent review of literature. *Journal of Food and Dietetics Research*, 3(1), 5-9.
- Ameen, N. Cheah, J., & Kumar, S. (2022). It’s all part of the customer journey: The impact of augmented reality, chatbots, and social media on the body image and self-esteem of Generation Z female consumers. *Psychology & Marketing*, 39(11), 2110–2129. <https://doi.org/10.1002/mar.21715>
- American Society for Metabolic and Bariatric Surgery. (2022, June). *Estimate of bariatric surgery numbers, 2011-2020*.  
[asmbs.org/resources/estimate-of-bariatric-surgery-numbers](https://asmbs.org/resources/estimate-of-bariatric-surgery-numbers)
- American Society of Plastic Surgeons. (2021). *2020 plastic surgery statistics report*.  
[plasticsurgery.org/documents/News/Statistics/2020/plastic-surgery-statistics-full-report-2020.pdf](https://plasticsurgery.org/documents/News/Statistics/2020/plastic-surgery-statistics-full-report-2020.pdf)
- Ariel-Donges, A., Gordon, E. L., Bauman, V., & Perri, M. G. (2018). Does yoga help college-aged women with body-image dissatisfaction feel better about their bodies? *Sex Roles*, 80(1-2), 41–51. [doi.org/10.1007/s11199-018-0917-5](https://doi.org/10.1007/s11199-018-0917-5)
- Asbill, D. L. (2009). “I’m allowed to be a sexual being”: The distinctive social conditions of the fat burlesque stage. In E. Rothblum & S. Solovay (Eds.) *The Fat Studies Reader* (pp. 299-304). New York University Press.
- Azebu, L. M. (2014). The FDA’s risk/benefit calculus in the approvals of Qsymia and Belviq: Treating an obesity epidemic while avoiding another Fen-Phen. *Food and Drug Law Journal*, 69(1), 87–112. [jstor.org/stable/26661016](https://www.jstor.org/stable/26661016)

- Blood, S. K. (2005). *Body work: The social construction of women's body image* (1st ed.). Routledge. doi.org/10.4324/9780203495100
- Bombak, A. E., Meadows, A., & Billette, J. (2019). Fat acceptance 101: Midwestern American women's perspective on cultural body acceptance. *Health Sociology Review, 28*(2), 194–208. doi.org/10.1080/14461242.2019.1604150
- Brach, T. (2022, March 3). *Article: Awakening from the trance of unworthiness*. Tara Brach. Retrieved January 12, 2023, from [www.tarabrach.com/inquiring-trance/](http://www.tarabrach.com/inquiring-trance/)
- Brach, T. (2019). *Radical compassion: Learning to love yourself and your world through the practice of RAIN*. Viking.
- Brathwaite, K. N. & DeAndrea, D. C. (2022). BoPopriation: How self-promotion and corporate commodification can undermine the body positivity (BoPo) movement on Instagram. *Communication Monographs, 89*(1), 25-46.
- Brinkmann, S. (2013). *Qualitative interviewing*. Oxford University Press.
- Brinkmann, S. & Kvale, S. (2014). *InterViews: Learning the craft of qualitative research interviewing* (3rd ed.). Sage.
- Brown, B. (2021). *Atlas of the heart: Mapping meaningful connection and the language of human experience*. Random House.
- Brown, N., Campbell, C., Owen, C., & Omrani, A. (2020). How do girls' magazines talk about breasts? *Feminism & Psychology, 30*(2), 206–226.  
doi.org/10.1177/0959353519900203
- Brownell, C. A., Svetlova, M., & Nichols, S. R. (2012). Emergence and early development of the body image. In V. Slaughter & C. A. Brownell (Eds.) *Early development of body representations*. Cambridge University Press.

- Buchanan, N. T., Settles, I. H., & Woods, K. C. (2019). Black women's positive embodiment in the face of race x gender oppression. In T. L. Tylka & N. Piran (Eds.) *Handbook of positive body image and embodiment: Constructs, protective factors, and interventions* (pp. 191-200). Oxford University Press.
- Burgard, D. (2009). What is 'Health at Every Size'?. In E. Rothblum & S. Solovay (Eds.) *The Fat Studies Reader*(pp. 42-53). New York University Press.
- Byron-Daniel, J. (2012). Appearance and exercise. In N. Rumsey and D. Harcourt (Eds.). *Oxford Handbook of the Psychology of Appearance* (pp. 295-304). Oxford University Press.
- Cash, T. F. (2012). *Encyclopedia of body image and human appearance*. Elsevier Science & Technology.
- Cash, T. F. & Hrabosky, J. I. (2003). The effects of psychoeducation and self-monitoring in a cognitive-behavioral program for body-image improvement. *Eating Disorders, 11*(4), 255–270. doi.org/10.1080/10640260390218657
- Cash, T. F. & Pruzinsky, T. (2002). *Body image. A handbook of theory, research, and clinical practice*. The Guilford Press.
- Cash, T. F., & Smolak, L. (Eds.). (2011). *Body image: A handbook of science, practice, and prevention* (2nd ed.). The Guilford Press.
- Cassone, S., Lewis, V., & Crisp, D. A. (2016). Enhancing positive body image: An evaluation of a cognitive behavioral therapy intervention and an exploration of the role of body shame. *Eating Disorders, 24*(5), 469–474. doi.org/10.1080/10640266.2016.1198202
- Centers for Disease Control. (2022, May 17). *Adult obesity facts*. National Center for

Chronic Disease Prevention and Health Promotion.

[cdc.gov/obesity/data/adult.html](https://cdc.gov/obesity/data/adult.html)

Clay, S. & Brickell, C. (2022). The dad bod: An impossible body? *The Journal of Men's Studies*, 30(1), 70–86. doi.org/10.1177/10608265211035790

Cohen, R. Irwin, L, Newton-John, T, & Slater, A. (2019). #bodypositivity: A content analysis of body positive accounts on Instagram. *Body Image*, 29, 47-57.

Cohen, R., Newton-John, T., & Slater, A. (2021). The case for body positivity on social media: Perspectives on current advances and future directions. *Journal of Health Psychology*, 26(13), 2365–2373. doi.org/10.1177/1359105320912450

Constantian, M. B., Sanchez, R., & Corwin, D. L. (2019). *Childhood abuse, body shame, and addictive plastic surgery: The face of trauma*. Routledge.

Cook, M., Ramseyer Winter, V., & Ruhr, L. (2021). Body appreciation and discontinuing contraceptive use due to concern about weight gain: A brief report. *International Journal of Sexual Health*, 33(2), 185–192.  
doi.org/10.1080/19317611.2021.1879341

Daniels, E. A., Gillen, M. M., & Markey, C. H. (2018). *Body positive: Understanding and improving body image in science and practice*. Cambridge University Press.

Darwin, H. & Miller, A. (2020). Factions, frames, and postfeminism(s) in the Body Positive Movement. *Feminist Media Studies*, 21(6), 873-890.  
doi.org/10.1080/14680777.2020.1736118

Davies, A. E., Burnette, C. B., & Mazzeo, S. E. (2020). Testing a moderated mediation model of objectification theory among black women in the United States: The role of protective factors. *Sex Roles*, 84(1-2), 91–101.



[doi.org/10.1007/s11199-020-01151-z](https://doi.org/10.1007/s11199-020-01151-z)

- Dolezal, L. (2015). *The body and shame: Phenomenology, feminism, and the socially shaped body*. Lexington Books.
- Downs, D. M., James, S., & Cowan, G. (2006). Body objectification, self-esteem, and relationship satisfaction: A comparison of exotic dancers and college women. *Sex Roles*, 54(11), 745–752. [doi.org/10.1007/s11199-006-9042-y](https://doi.org/10.1007/s11199-006-9042-y)
- Driver, K. (2022, August 11). *Gastric bypass surgery: How it works, costs, and what to expect*. Care Credit.  
[carecredit.com/well-u/health-wellness/gastric-bypass-cost-and-weight-loss-surgery-financing](https://carecredit.com/well-u/health-wellness/gastric-bypass-cost-and-weight-loss-surgery-financing)
- Estés, Clarissa Pinkola. (1995). *Women who run with the wolves: Myths and stories of the wild woman archetype*. Ballantine Books.
- Fisher, S. & Cleveland, S. E. (1958). *Body image and personality*. D. Van Nostrand Company.
- Fisher, S. (1986a). *Development and structure of the body image. Vol. 1*. Lawrence Erlbaum Associates.
- Fisher, S. (1986b). *Development and structure of the body image. Vol. 2*. Lawrence Erlbaum Associates.
- Fraser, L. (2009). The inner corset. In E. Rothblum & S. Solovay (Eds.) *The Fat Studies Reader* (pp. 11-14). New York University Press.
- Frayn, M., Livshits, S., & Knäuper, B. (2018). Emotional eating and weight regulation: A qualitative study of compensatory behaviors and concerns. *Journal of Eating Disorders*, 6, 23. [doi.org/10.1186/s40337-018-0210-6](https://doi.org/10.1186/s40337-018-0210-6)

- Gaesser, G. (2009). Is 'permanent weight loss' an oxymoron? The statistics on weight loss and the National Weight Control Registry. In E. Rothblum & S. Solovay (Eds.) *The Fat Studies Reader* (pp. 35-41). New York University Press.
- Gillon, A. (2020). Fat indigenous bodies and body sovereignty: An exploration of re-presentations. *Journal of Sociology* (Melbourne, Vic.), 56(2), 213–228. doi.org/10.1177/1440783319893506
- Glashouwer, K. A., Bennik, E. C., de Jong, P. J., & Spruyt, A. (2018). Implicit measures of actual versus ideal body image: Relations with self-reported body dissatisfaction and dieting behaviors. *Cognitive Therapy and Research*, 42(5), 622–635. doi.org/10.1007/s10608-018-9917-6
- Grilo, C. M. & Masheb, R. M. (2005). Correlates of body image dissatisfaction in treatment-seeking men and women with binge eating disorder. *The International Journal of Eating Disorders*, 38(2), 162–166. doi.org/10.1002/eat.20162
- Grogan, S. (1999). *Body image: Understanding body dissatisfaction in men, women, and children*. Routledge. doi.org/10.4324/9780203134979
- Guthman, J. (2009). Neoliberalism and the constitution of contemporary bodies. In E. Rothblum & S. Solovay (Eds.) *The Fat Studies Reader* (pp. 187-196). New York University Press.
- Hallward, L., Feng, O., & Duncan, L. R. (2023). An exploration and comparison of #BodyPositivity and #BodyNeutrality content on TikTok. *Eating behaviors*, 50, 101760. doi.org/10.1016/j.eatbeh.2023.101760
- Harrison, C. (2019). *Anti-diet: Reclaim your time, money, well-being, and happiness through intuitive eating*. Little, Brown Spark.

- Hayslip Jr., B., Cooper, C. C., Dougherty, L. M., & Cook, D. B. (1997). Body image in adulthood: A projective approach. *Journal of Personality Assessment*, *68*(3), 628–649. doi.org/10.1207/s15327752jpa6803\_10
- Hetrick, A. & Attig, D. (2009). Sitting pretty: Fat bodies, classroom desks, and academic excess. In E. Rothblum & S. Solovay (Eds.) *The Fat Studies Reader* (pp. 197-204). New York University Press.
- Hill, S. (2022). Locating disability within online body positivity discourses: an analysis of #DisabledAndCute. *Feminist Media Studies*, ahead-of-print(ahead-of-print), 1–16. doi.org/10.1080/14680777.2022.2032254
- Izydorczyk, B. (2021) *Body image in eating disorders*. Routledge.
- Jobsky, A. (2013). *The body-image meaning-transfer model: An investigation of the sociocultural impact on individuals' body-image*. Diplomica Verlag.
- Knafo, H. (2016). The development of body image in school-aged girls: A review of the literature from sociocultural, social learning theory, psychoanalytic, and attachment theory perspectives. *The New School Psychology Bulletin*, *13*(2).
- Lee, I., Choi, C., & Bum, C. H. (2022). A comparative study on the effect of self-determined motivation of Generation Z on their exercise adherence intention according to their satisfaction with body image and gender. *Journal of Men's Health*, *18*(11), 213–. https://doi.org/10.31083/j.jomh1811213
- Liechty, J. M. (2019). Promoting a resistant stance toward media images. In T. L. Tylka & N. Piran (Eds.) *Handbook of positive body image and embodiment: Constructs, protective factors, and interventions* (pp. 201-213). Oxford University Press.
- Lowes, J. & Tiggemann, M. (2003). Body dissatisfaction, dieting awareness and the

- impact of parental influence in young children. *British Journal of Health Psychology*, 8(2), 135–147. doi.org/10.1348/135910703321649123
- Lyons, P. (2009). Prescription for harm: Diet industry influence, public health policy, and the “Obesity Epidemic”. In E. Rothblum & S. Solovay (Eds.) *The Fat Studies Reader* (pp. 75-87). New York University Press.
- Mafriqi, N. & Piran, N. (2019). Cultivating positive embodiment through peer connections. In T. L. Tylka & N. Piran (Eds.) *Handbook of positive body image and embodiment: Constructs, protective factors, and interventions* (pp. 223-231). Oxford University Press.
- Maine, M. (2013). *Father Hunger* revisited: Fathers, global girls, and eating disorders. *Advances in Eating Disorders*. 1(1), 61-72.  
doi.org/10.1080/21662630.2013.742973
- Marketdata, LLC. (2022). The U.S. weight loss & diet control market. Research and Markets. researchandmarkets.com/reports/5313560/the-u-s-weight-loss-and-diet-control-market
- McAllister, H. (2009). Embodying fat liberation. In E. Rothblum & S. Solovay (Eds.) *The Fat Studies Reader* (pp. 305-311). New York University Press. (pp. 305-311).
- McMillan, J. H. & Schumacher, S. (2010). *Research in education: Evidence-based inquiry*. (7th ed.) Pearson.
- McVey, G., Davis, R., Tweed, S., & Shaw, B. F. (2004). Evaluation of a school-based program designed to improve body image satisfaction, global self-esteem, and eating attitudes and behaviors: A replication study. *The International Journal of Eating Disorders*, 36(1), 1–11. doi.org/10.1002/eat.20006

- Merriam, S. B., Johnson-Bailey, J., Lee, M., Kee, Y., Ntseane, G. & Muhamad, M. (2001) Power and positionality: Negotiating insider/outsider status within and across cultures. *International Journal of Lifelong Education*, 20(5), 405-416. DOI: 10.1080/02601370120490
- Mitchell, M. (1936). *Gone with the wind*. Macmillan.
- Mitchell, M. K., Ramsey, L. R., & Nelson, S. (2017). The body image of women at a homeless service center: An analysis of an underrepresented, diverse group. *Gender Issues*, 35(1), 38–51. doi.org/10.1007/s12147-017-9192-y
- Northrop, J. (2012). *Reflecting on cosmetic surgery: Body image, shame and narcissism* (1st ed.). Routledge. doi.org/10.4324/9780203121511
- O'Connor, D. B., Hurling, R., Hendrick, H., Osborne, G., Hall, J., Walklet, E., Whaley, A., & Wood, H. (2011). Effects of written emotional disclosure on implicit self-esteem and body image. *British Journal of Health Psychology*, 16(3), 488–501. doi.org/10.1348/135910710X523210
- Padfield, M., & Procter, I. (1996). The effect of the interviewer's gender on the interviewing process: A comparative enquiry. *Sociology*, 30(2), 355-366.
- Pearson, A., Heffner Macera, M., Follette, V., & Hayes, S. C. (2010). *Acceptance and Commitment Therapy for body image dissatisfaction: A practitioner's guide to using mindfulness, acceptance, and values-based behavior change strategies*. New Harbinger Publications.
- Piran, N. (2017). *Journeys of embodiment at the intersection of body and culture: The Developmental Theory of Embodiment*. Academic Press.
- Poulter, P. I. & Treharne, G. J. (2021). "I'm actually pretty happy with how I am": A

- mixed-methods study of young women with positive body image. *Psychology & Health*, 36(6), 649–668. doi.org/10.1080/08870446.2020.1820008
- Reboussin, B. A., Rejeski, W. J., Martin, K. A., Callahan, K., Dunn, A. L., King, A. C., & Sallis, J. F. (2000). Correlates of satisfaction with body function and body appearance in middle-and older aged adults: The activity counseling trial (ACT). *Psychology & Health*, 15(2), 239–254. doi.org/10.1080/08870440008400304
- Rodin, J., Silberstein, L., & Striegel-Moore, R. (1984). Women and weight: A normative discontent. *Nebraska Symposium on Motivation*, 32, 267–307.
- Rubinsky, V. Hosek, A. M., & Hudak, N. (2019). “It’s better to be depressed skinny than happy fat:” College women’s memorable body messages and their impact on body image, self-esteem, and rape myth acceptance. *Health Communication*, 34(13), 1555–1563. doi.org/10.1080/10410236.2018.1504659
- Schilder, P. (1950). *The image and appearance of the human body: Studies in the constructive energies of the psyche*. International Universities Press.
- Selvi, K., Parling, T., Ljótsson, B., Welch, E., & Ghaderi, A. (2021). Two randomized controlled trials of the efficacy of Acceptance and Commitment Therapy-based educational course for body shape dissatisfaction. *Scandinavian Journal of Psychology*, 62(2), 249–258. doi.org/10.1111/sjop.12684
- Showers, C. J. & Larson, B. E. (1999). Looking at body image: The organization of self-knowledge about physical appearance and its relation to disordered eating. *Journal of Personality*, 67(4), 659–700. doi.org/10.1111/1467-6494.00069
- Song, M. & Parker, D. (1995). Commonality, difference and the dynamics of disclosure in in-depth interviewing. *Sociology*, 29(2), 241-256.

- Stanley, J. (2021). *Yoke: My yoga of self-acceptance*. Workman Publishing Group.
- Tager, D., Good, G. E., & Morrison, J. B. (2006). Our bodies, ourselves revisited: Male body image and psychological well-being. *International Journal of Men's Health*, 5(3), 228–237. doi.org/10.3149/jmh.0503.228
- Taylor, S. R. (2022). *The body is not an apology: The power of radical self-love*.
- Tiggemann, M. (2019). Relationships that cultivate positive body image through body acceptance. In T. L. Tylka & N. Piran (Eds.) *Handbook of positive body image and embodiment: Constructs, protective factors, and interventions* (pp. 214-222). Oxford University Press.
- van Woensel, R. (2018). Generation Z: A generation of low-self esteem [Master's thesis, Tilburg University].
- Vartanian, L. R., Hayward, L. E., Smyth, J. M., Paxton, S. J., & Touyz, S. W. (2018). Risk and resiliency factors related to body dissatisfaction and disordered eating: The identity disruption model. *The International Journal of Eating Disorders*, 51(4), 322–330. doi.org/10.1002/eat.22835
- Verplanken, B. & Tangelder, Y. (2011). No body is perfect: The significance of habitual negative thinking about appearance for body dissatisfaction, eating disorder propensity, self-esteem and snacking. *Psychology & Health*, 26(6), 685–701. doi.org/10.1080/08870441003763246
- Vogels, E. A. (2019). Loving oneself: The associations among sexually explicit media, body image, and perceived realism. *The Journal of Sex Research*, 56(6), 778–790. doi.org/10.1080/00224499.2018.1475546
- Wann, M. (2009). Forward: Fat Studies: An invitation to revolution. In E. Rothblum & S.

Solovay (Eds.) *The Fat Studies Reader* (pp. ix-xxv). New York University Press.

Watkins, H. (2009). *Body image*. Greenhaven Press.

Watt, A. D. & Konnert, C. A. (2020). Body satisfaction and self-esteem among middle-aged and older women: The mediating roles of social and temporal comparisons and self-objectification. *Aging & Mental Health*, 24(5), 797–804.  
[doi.org/10.1080/13607863.2018.1544222](https://doi.org/10.1080/13607863.2018.1544222)

Webster, J. & Tiggemann, M. (2003). The relationship between women's body satisfaction and self-image across the life span: The role of cognitive control. *The Journal of Genetic Psychology*, 164(2), 241–252.  
[doi.org/10.1080/00221320309597980](https://doi.org/10.1080/00221320309597980)



## APPENDIX A

### Pilot Interview Questions

Before the pilot interview, I will ask the participant to create a timeline of their relationship with their body that includes specific events they remember where they learned how their body did or did not meet societal expectations.

#### **Interview Questions and follow-up questions:**

1. Talk about your relationship with your body.
2. Thinking back over your lifetime, explain how your relationship with your body was shaped.
3. Describe a time when you engaged in a physical activity that made you feel present and safe in your body. What allowed you to engage freely?
4. What allows you to think positively about your body?
5. Describe an experience that allowed you to question or discount stereotypes about large bodies. What specific words, phrases, or images do you remember?
6. How do you talk to others about your body?
7. Describe a situation where you were with others and you felt completely comfortable and accepted in your body as you are. What made the environment welcoming?
8. What are the biggest influences shaping your positive opinion about your body?
9. How did you learn what to feel about your body?
10. How do you manage negative messages about your body?

## APPENDIX B

### Informed Consent

You are being asked to provide consent to participate in a research study for a doctoral dissertation. This form provides you with information about the study. The student researcher will provide you with a copy of this form to keep for your reference, and will also describe this study to you and answer all of your questions.

This form provides important information about what you will be asked to do during the study, about the risks and benefits of the study, and about your rights as a research participant.

- If you have any questions about or do not understand something in this form, you should ask the student researcher for more information.
- You should feel free to discuss your potential participation with anyone you choose, such as family or friends, before you decide to participate.
- Do not agree to participate in this study unless the research team has answered your questions and you decide that you want to be part of this study.
- Your participation is entirely voluntary, and you can refuse to participate or withdraw at any time.

**Title of Research Study:** *Becoming a Badass: Developing Positive Embodiment in Women*

**Student Researcher and email address:** Nicole O'Connor · nbrennan02@hamline.edu

**Dissertation Chair, Hamline affiliation/title, phone number(s), and email address:**

Trish Harvey · Associate Professor · 651-523-2532 · tharvey03@hamline.edu

**1. What is the research topic, the purpose of the research, and the rationale for**

**why this study is being conducted?** The topic of this research is the relationship women in larger bodies have with their bodies. The purpose of this research is to learn how women in large bodies work towards self-acceptance while exposed to diet culture. This research is necessary because evidence shows there is no health basis for bodies to be a certain size and people in large bodies struggle with self-acceptance for many reasons. By speaking with women about what experiences have helped them accept their bodies, we can learn what is effective for other women.

**2. What will you be asked to do if you decide to participate in this research study?**

Participants will complete a timeline with events from their life that contributed to their relationship with their bodies. They will also participate in an online 45-60 minute one-on-one interview. The questions in the interview will be about their experiences in their body and how they feel about their bodies.

**3. What will be your time commitment to the study if you participate? 2 hours or less**

**4. Who is funding this study? This study is unfunded.**

**5. What are the possible discomforts and risks of participating in this research**

**study?** By participating in this study, there is a small chance of re-experiencing painful memories related to body size. Participants may be triggered by the questions that ask about their experience in a large body. It may also uncover thoughts and beliefs that no longer hold the same meaning. In addition, there may be risks that are currently unknown or unforeseeable. Please contact me at nbrennan02@hamline.edu or 507-469-5891, or my faculty advisor, Trish Harvey at tharvey03@hamline.edu or 651-523-2532 to discuss this if you wish.

- 6. How will your privacy and the confidentiality of your data and research records be protected?** The interview will be recorded and saved in a secure Google Drive folder. It will be transcribed by an AI software and the transcripts will also be saved in a secure Google Drive folder. No personal identifying information will be saved or recorded. Any information that could identify a participant will be excluded from the dissertation.
- 7. How many people will most likely be participating in this study, and how long is the entire study expected to last?** 3 to 5 people for 1 to 2 months.
- 8. What are the possible benefits to you and/or to others from your participation in this research study?** Participants will be heard and engage in a conversation with a woman in a large body. Participants may feel lighter or unburdened from the conversation and from being seen without judgment. The results will contribute to the emerging Developmental Theory of Embodiment, which is shifting focus away from body image and towards positive embodiment. Effective strategies and techniques towards self-acceptance from women in large bodies can be disseminated to others to improve their relationships to their bodies.
- 9. If you choose to participate in this study, will it cost you anything?** No.
- 10. Will you receive any compensation for participating in this study?** No.
- 11. What if you decide that you do not want to take part in this study? What other options are available to you if you decide not to participate or to withdraw?** Your participation in this study is entirely voluntary. You are free to refuse to participate in the study, and your refusal will not influence your current or future relationships with Hamline University or the research team. In addition, if significant new findings

develop during the course of the research that may affect your willingness to continue participation, we will provide that information to you.

**12. How can you withdraw from this research study, and who should you contact if you have any questions or concerns?** You are free to withdraw your consent and stop participation in this research study at any time without penalty or loss of benefits for which you may be entitled. If you wish to stop your participation in this research study for any reason, you should tell me, or contact me at [nbrennan02@hamline.edu](mailto:nbrennan02@hamline.edu) or 507-469-5891 or my Dissertation Chair, Trish Harvey, at [tharvey03@hamline.edu](mailto:tharvey03@hamline.edu) or 651-523-2532. You should also call or email Dr. Harvey for any questions, concerns, suggestions, or complaints about the research and your experience as a participant in the study. In addition, if you have questions about your rights as a research participant, please contact the Institutional Review Board at Hamline University at [IRB@hamline.edu](mailto:IRB@hamline.edu).

**13. Are there any anticipated circumstances under which your participation may be terminated by the researcher(s) without your consent?** No.

**14. Will the researchers benefit from your participation in this study?** The researcher will complete their dissertation toward graduating with an EdD. The researcher may develop an article or workshop from the findings.

**15. Where will this research be made available once the study is completed?** An abstract and the completed dissertation will be cataloged in Hamline's Bush Library Digital Commons, a searchable electronic repository. Findings may be published in an article.

**16. Will your information be used in any other research studies or projects?** It is

possible that results from this study will be used in future publications without additional informed consent from you or your legally authorized representative.

## APPENDIX C

### Recruitment Materials

#### Social Media Post

As part of my research at Hamline to earn my EdD, I am conducting research to learn how women in large bodies develop and maintain a positive relationship with their bodies. To qualify for this study, an individual must identify as a woman, live in a body she considers to be larger than societally accepted, and be actively working on accepting her body as it is. If you or anyone you know might be interested, please have them contact me at [nbrennan02@hamline.edu](mailto:nbrennan02@hamline.edu).



#### Email Message

Advisors, Friends, and Colleagues,

I am conducting research for my EdD and need to complete 3 to 5 interviews to learn how women in large bodies develop and maintain a positive relationship with their bodies. To qualify for this study, an individual must identify as a woman, live in a body she considers to be larger than societally accepted, and be actively working on accepting her body as it is. If you know of anyone who might be interested, please have them contact me at [nbrennan02@hamline.edu](mailto:nbrennan02@hamline.edu).

Best, Nicole

## APPENDIX D

### Data Collection Protocol

#### Timeline Creation Instructions

The first step of participating in this study is to complete a timeline of your life. Thinking back over your lifetime from birth until now, create a timeline with 5 or more events that contributed to your relationship with your body. They can be positive or negative. You can create this electronically and share it or you can draw it and take a picture to send to me at nbrennan02@hamline.edu. Any identifying information will be removed if I use it in my research.

#### Qualitative Interview Questions

Introductory Script: Thank you for participating in this 45 to 60 minute interview with me. I will ask you a question to generate a conversation and ask follow-up questions to your responses. As we continue our discussion, I will ask you additional questions from my prepared list. There are no right or wrong answers—please respond with what occurs to you when I ask the question. As much as possible, I would like you to provide specific examples from your life, such as stories or memorable events you can recall. Do you have any questions before we begin?

1. Using your timeline and thinking back over your life, explain how your relationship with your body was shaped.
2. Describe a time when you did a physical activity that made you feel present and safe in your body. What allowed you to engage freely?
3. Talk about an experience that made you question stereotypes about large bodies. What specific words, phrases, or images do you remember?



4. What are the biggest influences shaping your positive opinions about your body?
5. How do you talk to others about your body?
6. Describe a situation where you were with others and you felt completely comfortable and accepted in your body as you are. What made the environment welcoming?
7. How do you manage negative messages about your body?
8. What would you tell someone who is struggling with diet culture and anti-fat rhetoric?

**Concluding Script:** Thank you so much for your participation today. This interview will help me complete my research so I can graduate with an EdD. If you have any additional questions, please feel free to reach out using the contact information I've provided you.