BEFRIENDING MY BODY: A GROUP APPROACH TO BODY IMAGE CONCERNS IN ADOLESCENT FEMALES

by

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A Paper

Presented to the Gordon Albright School of Education

In Partial Fulfillment of the Requirements

For the Degree of Master of Education

EGC640 School Counselling Project

May, 2023

BEFRIENDING MY BODY: A GROUP APPROACH TO BODY IMAGE CONCERNS IN ADOLESCENT FEMALES

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Dedication

I dedicate this project to my husband Tate and my two sons Rory and Breckin. I am thankful for all the Saturdays they spent without me so I could pursue my own development and passions. Breckin was just a fetus when I started this journey and now, he is running, climbing, and telling us all about it. I can't wait to spend many more Saturday's making it up to them.

Thank you to Bridgid, who helped me to conceptualize this project and shared so much with me these past two years.

Thank you to Scott for the endless smiles.

Thank you to Caleb for the warm hugs and big thoughts.

To my dream team, you are magic.

Abstract

Body image concerns are plaguing the Western world, particularly adolescent females. These concerns directly impact an individual's self-esteem and ultimately their sense of agency and worth as they move throughout their lives. There are not enough early interventions to address issues of body image and self-esteem in adolescents. Treatment is typically targeted too late when eating disorders and mental health disorders manifest. Adolescence has been found to be a particularly ripe time for intervention as it is a period of rapid personal and social development and many experiences during this time can become rooted in later struggles or successes. A school-based girl's therapy group approach with a focus on intuitive eating practices offers a comprehensive approach to targeting these issues and mitigating future struggles. Intuitive eating involves essential practices of self-acceptance, rejecting diet mentality and connecting with oneself to find intrinsic motivations and goals for health. Group therapy gives members the opportunity to find commonality in their experience, support one another and flip "peer pressure" on its head for positive change. Schools are an appropriate setting for groups as this is where the children are, the structure of groups is analogous to the classroom and costs can be kept minimal through available space and personnel. This project includes a proposed 8 session group to be run in schools with girls aged 14-18 that focuses on intuitive eating practices as a tool to navigate body image distortions, gaining adaptive skills that will support them through many trials and tribulations to come.

Keywords: Group therapy, self-esteem, body image, intuitive eating

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Title of Paper

Chapter 1: Introduction

Introduction

It was when the world marveled at Kim Kardashian losing 16 pounds in 3 weeks to fit into Marilyn Monroe's iconic dress for the Met Gala that I was instilled with deep worry for my impressionable students who look to celebrity culture for much of their inspiration. During this time, I was becoming increasingly concerned with some of the eating behaviours of some of our students and their overall negative self-concept. After reviewing literature, I realized that there were no early interventions to target self-concept, body image or disordered eating behaviours, and all I could find were intensive interventions when the issue had already ramped into a full-blown eating disorder. I created this project for all the girls trying to disappear to feel seen.

Background Information

Body image influences self-esteem and vice versa, but studies show that damage to these arenas can impact one's overall self-concept which has lasting personal ramifications throughout one's life. According to the literature, body image issues are prevalent among all ages, genders, sexualities, and cultures, but they are most prevalent and potentially most damaging to adolescents who identify as female, subscribing to the western beauty standards that prioritize thinness (Andrew et al., 2016). Schools appear to be an apt place to stage an intervention as it is where adolescents are most accessible. Schools also have the potential to leverage their peer influence for positive change in group dynamics (Markey, 2010; Dor-haim et al., 2019).

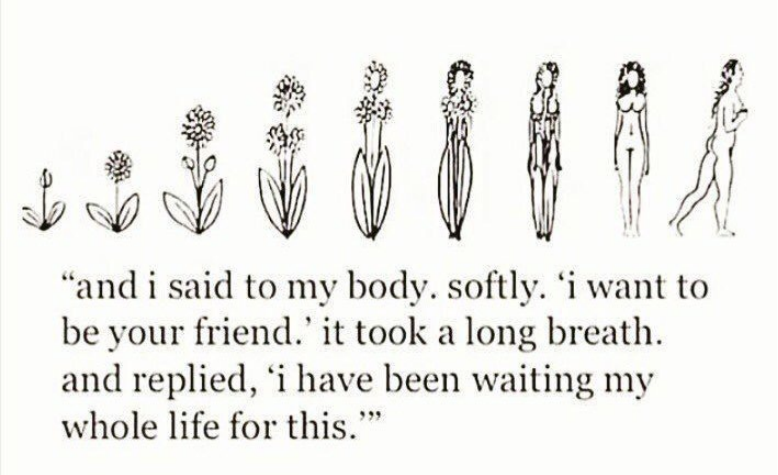
Intuitive Eating is a relatively new intervention, conceived in the 1990s, and it focuses on reconnecting with the body, listening to its needs and working towards self-acceptance rather

than the restrictive and shame-based approaches typical of diet culture. This holistic approach is a thorough framework that supports individuals to curb disordered eating practices and find internal satisfaction with food and within oneself. The goal of the program is to find intrinsic understanding of the self and the body's needs rather than relying on extrinsic and unreliable measures of self-objectification, restriction as well as ignoring internal hunger and satiety cues (Tribole & Resch, 2020).

Positionality and Reflection/Personal Relevance Statement

My mother once told me that "nothing tastes as good as skinny feels". I remember looking at her closet full of designer clothes and wishing that our waists weren't worlds apart. I always tell people that I would have an eating disorder if I was more disciplined. Somewhere I internalized that I would never be my best self until I was thin. As young as 10, I was doing sit ups in my bedroom, promising myself I was only going to drink water and eat cucumbers, cutting out pictures of celebrities I would never look like and saving them in binders of inspiration. When I told my mother I thought I was ugly, she put me on diets to try and remedy my insecurities. If I could just give up carbs, it would all feel better. I couldn't give up carbs and instead adopted a constant tallying and cycle of guilt and shame around eating.

It wasn't until my thirties that I decided I couldn't fathom spending the rest of my life berating myself about my body. I didn't want to miss out on memories with my children because I didn't want to be seen in a bathing suit or have my picture taken. I didn't want to pass on my food stigma or ideas of thinness as a condition of worth to my children. I didn't want to listen to the constant backtrack in my mind that told me I was not enough. I noticed the constant negative self-talk that my friends and I would engage in together and challenge our self-conceptions. There had to be a better way.



(Waheed, n.d.)

I cried when I discovered this poem by Nayyirah Waheed. I thought of all the years I spent hating myself and wishing I was different. I thought of all the decisions I had made because I didn't know my value or opportunities I had missed. I understood that my body image was deeply rooted in my overall self-concept, and I had been limiting myself because I thought I was less. If only someone could have told my child self that there was another way.

I want to tell young people that there is another way. That there are ways to make peace with yourself and accept yourself. I want to help empower them to make moves for themselves and take up space in whatever form they are in. I want to save them years of wishing they were something else and help them to love (or at least tolerate) themselves now. I want to be the adult I so desperately needed.

Statement of the Problem

While body image issues are prevalent and have significant implications for the future, there are not enough early interventions that target body image in adolescence (Wolter et al., 2021), and most commonly used interventions are directed at eating disorders, which can be viewed as a result of issues with self image. Self-esteem is shown to have overarching impacts throughout one's life (Mruk, 2006) and can see improvement through targeting body image

issues that are a large contributor to one's overall self-estimation. Supporting adolescents to improve their self-concept and challenge societal expectations of beauty and the thin ideal will ultimately support them to navigate future disturbances (Poole, 2018) as it builds experience and skill in reframing negative thinking and enforcing self acceptance that will serve in difference scenarios.

Much of the injury to self-concept is rooted in relationships (Westfall, 2020; Park et al., 2004) because an individual builds much of their identity socially and is deeply influenced for better or worse by family and peers. Therefore, a group therapy approach is one of the suggested approaches when it comes to body image, especially when the issue is targeted early. Loneliness has been found to be negatively associated with life satisfaction and self-esteem and connected with an aggravating factor for those struggling with body image and eating disorders (Pop et al., 2022). Those suffering from eating disorders experience chronic disconnection and isolation as their behaviours are maintained through secrecy and their relationship to the disease competes with all other relationships (Samuels et al., 2019). Group therapy allows the individual to discover mutual connections and universality of their experience while increasing self-empathy and empowerment (Samuels et al., 2019). Through the group, members can build empowering connections with others experiencing similar struggles and support each other to repair internally.

Issues of body image as well as the resulting impacts on self-esteem and maladaptive coping strategies largely impact female adolescents (Mruk, 2006), so it is fitting to start here as a target, but other populations would benefit from this support as well (Kilpela et al., 2016). Eating disorder treatments are associated with the highest proportion of direct healthcare costs in a study of 30 European countries amounting in 72% or 827 million Euros (Gustavsson et al., 2021;

Olesen et al., 2012 as cited in Wolter et al., 2021). It is important to catch disordered eating before it develops into an eating disorder as the disease is persistent throughout one's life even with treatment and is likely to relapse even in recovered patients (Samuels et al., 2019). Through early interventions, more costly and time consuming, intensive interventions can be avoided in the future.

Purpose of the Paper

The purpose of this paper is to investigate supports for female students who are struggling with body image through maladaptive practices. To understand the issue better, I explore the intricacies and influences of self-esteem and body image as they are tributaries to overall self-concept. I also explore the efficacy and practice of Intuitive Eating as it offers a multifaceted approach to support a holistic concept of self while healing one's relationship with their body and food. Because of the impact of relationships on the issue, I explore the various approaches to group therapy, particularly with adolescents in schools to identify the most appropriate approaches. The goal of the paper is to create a group therapy plan as an early intervention for adolescent females in schools.

Ultimately, I hope to create a low-barrier approach to an early intervention that will help remedy one's self-concept, body image and relationship with food that can easily be offered in schools and the community with relatively little prior training by support staff such as counsellors or teachers. While my initial goal is to target adolescent females, it is my hope that it can be adapted to target other genders and populations and potentially offer a more mixed approach as well.

Research Question or Thesis Statement

How can group therapy and intuitive eating practices be used to support adolescent females struggling with self-concept?

Significance of the Study

This project could impact the lives and trajectories of adolescents. It has the potential to alleviate body image issues before they become chronic, costly, and deeply damaging to one's overall self-concept. While the skills and practices used target body image, they can be adapted to assuage future struggles and add valuable arsenal to student's personal toolbox. Because of the group format and using the school location, much of the costs of individual one to one therapy, counsellor time and resources needed for long term treatments are spared.

Though my project is geared towards adolescent students, anyone would benefit from acquainting themselves with some of the studies and concepts covered as it challenges much of the long-held notions of health, beauty, conditions of worth and cultural assumptions that many of us as well as our health care providers, educators, parents do not realize they hold and perpetuate.

Definition of Terms

Eating Disorders are not to be confused with Disordered Eating, which is a descriptive term rather than a diagnosis, though it is also characterized by an unhealthy relationship with food. Those with eating disorders demonstrate disordered eating but not all those with disordered eating meet the criteria to be diagnosed with eating disorders. Patients with disordered eating may focus on weight, restrict their diets, or use food to deal with emotional problems but the frequency and severity of their behavior does not equate to an eating disorder. Disordered eating is considered a potential precursor to developing an eating disorder and therefore it is important

for clinicians to recognize the symptoms of disordered eating such as: rigid rituals around food or exercise, food shaming, preoccupation with food and weight that negatively affects one's life, fixation on "good", "bad" or "clean" foods, and binge eating as a response to emotional distress (Anderson, 2020).

Outline of the Remainder of the Paper

This paper will review the literature on self-esteem and body-image and their impacts on overall self-concept, before moving on to investigate intuitive eating and group therapy. A recommendation for an 8 session group for adolescent females to be offered in schools will follow along with a detailed plan in the appendix.

Chapter 2: Literature Review

Introduction

In this chapter, I explore self-concept, intuitive eating, and group therapy in order to examine how they can be used to support adolescent females struggling with self-concept. Self-esteem and body image are unpacked in their influence on an individual's overarching self-concept to understand their potential for long lasting detrimental impacts that are best addressed in early interventions. Intuitive Eating is explored as one such intervention to target body-image and self-esteem issues as it is a holistic program that attempts to repair one's overall self-concept through practices of understanding and accepting oneself. Group therapy is explored as a model to build esteem and engage adolescents in schools.

Review of Research Literature

Self-Concept

This section will first clarify the difference between self-concept and self-esteem. The issue of the importance of self-esteem in establishing long term success of the individual and the potential detrimental impacts from poor body image upon it are detailed before moving on to an in-depth exploration of self-esteem and body image and their various cultural, social, and societal influences. The purpose is to create a comprehensive understanding of self-esteem and body image and their impacts on the individual. Finally, some interventions are presented to explore the possibilities for addressing these concerns.

It is important to parse the differences between self- concept, self-esteem, and body image to fully understand the difference between them and their impacts on one another. Carl Rogers viewed the self as the central piece of personality and personal adjustment (Rogers, 1947). Self-Concept is learned through experiences and perceptions (Purkey, 1988). It is one's

overall understanding of who they are, including their tendencies, thoughts, preferences, habits, hobbies, skills and weaknesses. Individuals have a boundless potential for developing a positive and realistic self concept through people, places, policies, programs, and processes intentionally designed to invite the realization of potential (Purkey, 1988).

Self-esteem is an estimation of the self that impact the overarching self-concept. Higgins theory of self-discrepancy posits that individuals have several representations of self, including ideal self and actual self, and there are gaps between them. Large discrepancies between actual and ideal self are associated with low self-esteem (Moretti & Higgins, 1990). Body image is explored as a factor of self-esteem that can present large deficits between ideal self and actual self as one tries to conform to the thin ideal that their perception of their body may or may not meet. The best way to understand the relationship between self-concept, self-esteem and body image is as a sort of mathematical equation with self-concept as the total, self-esteem as the equation and body image as a factor in the equation.

Self-Esteem

(Body Image + Other Attributes) = Self Concept

The Issue

Self-esteem can impact an individual's life trajectory and overall resilience. One's self esteem is often viewed as linked to mental health. Lower self-esteem is linked to severe mental disorders, self-esteem that can be viewed as being in the middle of the spectrum is connected to struggles in life, while positive self-esteem is associated with being mentally healthy and living effectively (Mruk 2006). "People with lower self-esteem tend of experience virtually every aversive emotion more frequently than people with higher self-esteem" (Mruk 2006, p. 3), and people who are emotionally stable, conscientious, and extraverted are more likely to experience

increases in their self-esteem as they go through life than people who are low on these characteristics (Erol & Orth, 2011; Wagner, Ludtke et al., 2013; as cited in Orth & Robinson 2014). Positive self-esteem is associated with enhanced coping skills, persistence in the face of failure, improved physical and mental well-being, healthy social relationships, positive perceptions by peers, and educational and occupational success (Cruz Perez, 1973; McFarlin, Baumeister, & Blascovich, 1984; Murray, Holmes, & Griffin, 2000; Murray, Rose, Bel- lavia, Holmes, & Kusche, 2002; Trzesniewski, Donnellan, & Robins, 2003; Vingilis, Wade, & Adlaf, 1998 as cited in Poole, 2018). Individuals with low self-esteem are often self-limiting to preserve themselves, and they use strategies to lower expectations to prevent further losses to their esteem (Mruk, 2006). Some maladaptive strategies that manifest to manage losses of self-esteem include body image issues, self-objectification, substance and social media abuse, and behaviours such as eating disorders and addiction (Duffy et al., 2019; Samuels, 2019; Becker et al., 2013). Self-esteem varies in response to external contingencies, and more contingent self-esteem is considered maladaptive because it reflects an unstable core sense of self-worth that is easily impacted by experiences of success or failure. Self-esteem is viewed as a diagnostic criterion and associated feature of some disorders in the DSM-5. Research shows that low self-esteem comprises many emotional disorders that include, but are not limited to depression, anxiety, social phobia, anorexia, bulimia, body dimorphic disorder, alcohol abuse, obsessive – compulsive disorder, schizophrenia and borderline personality disorder (Zeigler-Hill, 2011 as cited in Alguzo et al., 2021). Low self-esteem puts individuals at risk for poor developmental trajectories and outcomes.

Adolescence appears to be particularly crucial to the development of self-esteem. Low self-esteem in late childhood has been linked to risky and maladaptive behaviors during

adolescence, including early sexual activity, disordered eating, and suicidal ideation as well as depression, anxiety, substance misuse, physical health problems, and criminal conviction in adulthood (Poole, 2018). Adolescents with low self-esteem are also less successful in educational and occupational domains; they are twice as likely to leave school before graduation, less frequently attend university, and are at an increased risk for long-term unemployment (Trzesniewski et al., 2006 as cited in Poole, 2018). On the other hand, early childhood cultivation of positive self-esteem reinforces positive values that can help an individual cope well with diverse life situations and is related to many markers of well-being, such as happiness, life satisfaction, self-confidence, sociability and optimism (Epel et al., 2021). It is important to distinguish between high self-esteem and defensive high self-esteem when considering the negative attributes self-esteem such as bullying, interpersonal aggression, narcissism, Machiavellianism and psychopathy (Mruk, 2006). Defensive high self- esteem is the result of harboring insecurities and self-doubt and will use extreme measures to maintain their self-worth, particularly in relation to others (Baumeister & Boden, 1998 as cited in Westfall, 2020). Considering the effects of self-esteem formulated during adolescence, this stage in children's lives needs to be considered a crucial period for the development of self-esteem as it can set an individual up for success or struggle in the future. Interventions during adolescence can have a serious impact on youth's mental health and further life.

Physical appearance was found to be the only domain of self-esteem that was consistent throughout the life cycle of both men and women (Mruk, 2006). Body dissatisfaction predicts increases in low self-esteem, emotional eating, binge eating, unhealthy weight control behaviours, full syndrome eating disorders (Kilpela et al., 2016), depression, suicidal ideation in adolescent and young female populations (Burnett et al,2019). Body dissatisfaction is endemic

among women in Western societies and is related not only to disordered eating and eating disorders, but it is also associated with a wide range of negative health-related outcomes. These outcomes include low mood, smoking, risky sexual behaviours, being over or under weight (Bucchianeri et al., 2016; Schooler, 2013 as cited in Duffy et al., 2021), decreased physical activity, increased weight gain in adolescent and young adult female populations (Kilpela et al., 2016), binge eating, reduced fruit and vegetable intake and sedentary behaviours (Burnett et al., 2019). Although considered prevalent among females, male body image concerns have been associated with dieting, weight loss strategies, low self-esteem, depression, eating disorders and adoption of maladaptive body change strategies such as steroid use (Cafri et al., 2005; McCabe & Ricciardelli, 2004 as cited in Markey, 2010). Body image issues can result in a multitude of concerning mental and physical struggles and therefore must be recognized as a target for much needed interventions, particularly among adolescents.

When body image issues are not addressed, they can result in the development of eating disorders. Body shame mediates the relationship between self-objectification and eating disorder pathology (Becker et al., 2013). Body dysmorphic disorder, anorexia nervosa and bulimia nervosa are psychiatric disorders pertaining to negative body image (Markey, 2010). A core diagnostic feature in anorexia during adolescence is disturbance in body image, where self-worth is disproportionately based on shape and weight. Thus, body image disturbance is a robust predictor of anorexia, illness relapse, and often persists in otherwise recovered patients (Rosewall, 2020). Eating disorders are difficult to treat, tend to become chronic and have serious complications with the highest morbidity and mortality rates of any mental disorder (van Hoeken & Hoek, 2012). Eating disorders, which afflict 10% of adolescent girls and young women, are marked by functional impairment, morbidity, mortality, and increased risk for future health and

mental health problems. Thus, it is a public health priority to develop and disseminate effective eating disorder prevention programs (Arcelus, Mitchell, Wales, & Nielsen, 2011; Crow et al., 2009; Stice, Marti, Shaw, & Jaconis, 2009 as cited in Stice et al., 2012). Effective prevention programs are needed as they reduce incidence, but many programs focus only on at-risk groups or work with those already afflicted (Wolter et al., 2021). Eating disorders are a concerning potential development of body image issues and should be a target of preventative measures.

Self-Esteem

Self-esteem refers to an individual's subjective evaluation of their worth as a person and does not need to reflect their abilities or skills, or how others perceive them. It is about feelings of accepting and respecting oneself rather than excessive regard or aggrandizement that is typical of narcissistic individuals (Orth & Robins, 2014). Composed of two distinct components, self-esteem is comprised of competence and worth: how capable and efficacious one sees themselves to be and the degree to which they feel they are persons of value (Gecas, 1982 as cited in Cast et al., 2002). Self-esteem is transitional and contingent. Situational self-esteem allows a person to hold one level of self-esteem in one domain and a different level in another; it can be unstable and vary over situations and time frames. Whereas Global self-esteem is all encompassing and persistent (Mruk, 2006). Trait self-esteem reflects and individual's general tendency and is stable across time, but fluctuations often occur. While State self-esteem is lower self-esteem in response to an adverse event, it is responsive to stimuli and reflects individuals current state (Westfall, 2020). Self-esteem is both transitionary and consistent as it builds and reacts to different stimuli.

Self-esteem is developed in relation to others; according to social identity theory, self-esteem can be derived from both the personal self and the social self. Personal self refers to self-concept from one's personal attributes that define them and social self we differentiate from our concept of self-rooted in interpersonal attachments and membership to groups and communities (Du et al., 2017). During childhood, one's parents are generally the primary source of self-esteem and parenting style can mold the kind of self-esteem that one has later in life. Supportive parents foster higher self-esteem and overly critical parents can foster defensive and lower self-esteem (Westfall, 2020). According to Bowlby's attachment theory, the mental model of self is highly correlated with global self-esteem in adults; securely attached people with a positive mental model of self have relatively higher self-esteem than those with anxious or ambivalently attached negative mental model of self (Park et al., 2004). "The development of a sense of self confidence and self-esteem, the ability to form and maintain intimate relationships, the ability to experience guilt, the ability to feel pain, the ability to react to loss, the ability to feel joy and the ability be playful at the right times are fundamentally determined by the quality of care that the person has received during his years of immaturity. In other words, adult health is mainly built during infancy and childhood" (Winnicott, 1965 as cited in Marrone, 1998). Identity theory views self-esteem as an outcome of the self-verification process occurring within groups. Self-verification has also been found to be supported by self-esteem, they appear to have a reciprocal relationship. This is a personal process that occurs within a social group and has consequences for both the individual and the group (Cast et al., 2002) Loneliness is a subjective psychological state, and has been associated with objective social isolation, depression, introversion, or poor social skills. A lonely individual perceives himself or herself to be socially isolated even when among other people. Self-esteem has a mediating role in the association between loneliness and

psychological well-being in young adults (Pop et al., 2022). The attachments and relationships to other can foster or decimate self-esteem.

Gender and sexuality differences in self-esteem have been the subject of many studies. Females experience a greater drop in self-esteem during adolescence than males, particularly in the domain of satisfaction with one's appearance (Harter, 1999 as cited in Mruk, 2006). A study across 48 nations found similar self-esteem trajectories for men and women, with men reporting consistently higher self-esteem (Bleidorn et al., 2016). Females report more experience of acceptance and rejection, than males, while males reported more experiences of success and failure than females. (O'Brien, 1983; Epstein, 1988 as cited in Mruk, 2006). Western women are socialized to get along, and men are socialized to get ahead (Harter, 1999 as cited in Mruk, 2006). Socioeconomic indicators do impact gender gaps; cultural differences in timing of social role responsibilities and cultural values moderate gender differences (Bleidorn et al., 2016). Interestingly, gender differences in self-esteem were not found in African American young adults (Sprecher et al, 2013). Self-esteem can also be deeply impacted by the norms of the societal system in which an individual finds themselves. Self-esteem is an important part of one's social identity and an intersectionality perspective is appropriate in examining the joint effects of race and gender on self-esteem (Sprecher et al., 2013). Minority stress theory posits that experiences of marginalization such as discrimination or stigma, are a consequence of having a devalued social or group identity and precipitate mental and physical health concerns (Meyer, 2003 as cited in Brewster et al., 2019). Lesbian, bisexual, and queer women are at an increased risk for disordered eating and mental health concerns, and self-esteem has been identified as a protective factor in fostering resilience through positive affect and resiliency (Burnett et al., 2019). This stress has been observed in transgender populations but is a risk to

racial, religious, sexual and gender minorities throughout the world. One's connection to a group and experiences within that group can have positive or detrimental impacts on their self esteem.

In addition to gender, racial differences in self-esteem have been observed. In a study of 1917 students at urban schools, it was discovered that African American children did not have lower self-esteem than white children, contrary to what was assumed (Rosenberg & Simmons, 1971 as cited in Mruk, 2006). Further studies have found that African American children experience a spike in their self-esteem during their adolescence and higher self-esteem than white children. Hispanic youth tend to have lower self-esteem in adolescence than both white and African American children but report higher self-esteem in their 30s (Twenge & Campbell, 2002 as cited in Westfall, 2020). Studies on collectivist cultures, such as many Asian cultures, found that self-esteem is important and defined in both terms of competence and worth, rather than just one (Tafarodi & Swann Jr, 1996 as cited in Mruk, 2006). Individualistic cultures may make personal self-esteem more relevant while collectivist cultures may put greater emphasis on relational and collective aspects of the self (Du et al., 2016). While early studies found no differences or lower self-esteem among American Indians compared to white children, more recent studies report Indigenous preadolescents and adolescents hold lower self-esteem than do same-age majority group peers (Halpin et al., 1981; Beiser et al., 1993; Twenge and Crocker, 2002 as cited in Corenblum, 2013). This research is important because it points to self-esteem as a target in supporting racial minorities. Social identity theory argues that people strive to maintain a positive social identity and enhance their self-esteem, by accentuating in a positive direction difference between in-group (the group one belongs to) and out-group (anyone who does not belong to one's group) members thus, connection to one's culture or membership group can help to build their self-esteem through collective identity (Tajfel & Turner, 1979). Positive

relationships have been reported between level of racial–ethnic identity and self-esteem resulting in academic success, low levels of substance abuse, increased self-esteem and positive social behaviors (Brown & Chu, 2012; Schier et al., 1997; Smith et al., 2013; Street et al., 2009; Umana-Taylor et al., 2002 as cited in Corenblum, 2013). Understanding the different aspects of self-esteem presentation and development in minority cultures, can help to understand who would benefit from interventions and how best to approach those interventions in culturally informed ways.

Body Image

Objectification theory posits that women's bodies are regularly objectified (i.e., depicted as sexual objects to be viewed) in several cultures, including modern Western culture. Frequent experiences of objectification by others socialize women to engage in self-objectification, by internalizing the outside perspective, and assessing the value of her body based on how others perceive it. Self-objectification can be viewed as adaptive to some degree in that it allows women to anticipate the social ramifications of their appearance (Fredrickson & Roberts, 1997 as cited in Becker et al., 2013). When a woman estimates her body as failing to meet the external standard, she develops a negative self-evaluation. Naturally, in Western culture where the ideal body type is virtually unattainable, negative self-view abounds (Calogero et al., 2011 as cited in Becker et al., 2013). The media emphasizes that female self-worth should be based on appearance and present a powerful cultural ideal of female beauty that is becoming increasingly unattainable. Sociocultural attitudes may help to explain the decline in body satisfaction and self-esteem typically observed during early to middle adolescence among girls in Western cultures (Clay et al., 2016). Contemporary research suggests that social networks have replaced

traditional media as the main channel by which beauty ideals are conveyed—often resulting in body dissatisfaction and reduced self-esteem among users as it encourages downward and upward comparisons detrimental to one's self-esteem. Stronger tendency to browse Instagram has been found to promote stricter views on strangers' weight as well as increased risk for disordered eating, particularly in women (Stein et al., 2021).

Men and women experience different struggles with body image. More recently, researchers have highlighted the extent of male body dissatisfaction and disordered eating behaviors yet they have not been included in most body image improvement programs (Kilpela et al., 2016). Both female and male appearance-ideals emphasize very low body fat, and the male appearance ideal also includes increased muscularity. Thus, male body image disturbance often includes a drive for muscularity while maintaining leanness (Bergeron & Tylka, 2006). Body dissatisfaction among men occurs across the lifespan and is associated with various problems such as depression, low self-esteem, overall dissatisfaction with life, increased risk for drug use and binge drinking (Kilpela et al., 2016). Men play pivotal role in perpetuating female societal appearance ideals through statements regarding attractiveness and perpetuating objectification of the female body. While mixed-gender programming might be beneficial to both men and women, such programming also might decrease the effectiveness for women (Kilpela et al., 2016). Gender is an important consideration in targeting body image as the male ideals influence both men and women and the mix of gender within a group can have impacts as a result.

Members of the minority groups within the LGBTQ community have their own body image experiences. On average, heterosexual women and sexual minority men report higher levels of self-objectification and some related constructs compared to lesbian women and heterosexual men (e.g., Kozee and Tylka 2006; Martins et al. 2007; Moradi and Huang 2008;

Wiseman and Moradi 2010 as cited in Moradi, 2010). Childhood harassment for gender non-conformity, childhood sexual abuse, anti-gay attacks and expectations of anti-gay stigma, and internalized homophobia may reflect socialization experiences which, in addition to sexual objectification experiences, are linked with body image and eating problems for sexual minority men (Feldman and Meyer 2007; Wiseman and Moradi 2010 as cited in Moradi, 2010). Some studies suggest less body dissatisfaction, researchers posit this could result from lesbian women being more likely to reject heteronormative beauty ideals and to accept diverse body types. Alternately, other studies found no significant difference between lesbian and heterosexual women. There is evidence that bisexual women are vulnerable to heightened body image concerns relative to lesbian women possibly because they internalize societal thin ideals through their relationships with heterosexual men (Burnett et al., 2019). Body surveillance and body shame may be intensified for those gender conflicted individuals who do not fit internalized traditional gender and cultural standards of appearance (Moradi, 2010). Transgender women suffer from minority stress in their experiences of struggles to achieve ideal feminine presentation, transphobic harassment, and dire consequences. The dehumanization experienced by transgender women stemming from objectification and discrimination results in greater internalization, body surveillance, body dissatisfaction and disordered eating. The incongruence between one's real and ideal body often leads to body image concerns and compensatory behaviours (Brewster et al., 2019). Experiences of harassment and struggles with conformity to traditional ideals can impact one's relationship with their body and should be considered in planning interventions.

Marginalized cultures may be at an increased risk for issues in body image. Marginalization and stress associated with adapting to conflicting cultures may shape

internalization of dominant cultural standards of attractiveness and may be linked with body image and eating problems for racial or ethnic minority women (e.g., Moradi and Rottenstein 2007; Perez et al. 2002 as cited in Moradi, 2010). Research shows that girls of color are less obsessed with their weight and body size than their white peers, and fuller figures are celebrated in the African American community (Kemper et al., 1994; Hesse-Biber et al., 2004 as cited in Lamb & Plocha, 2015). In a recent study of African American women of varied ages and levels of education, it was found that women who more closely identified with White culture experienced higher levels of disordered eating (Henrickson, Crowther, & Harrington, 2010 as cited in Capodilupo & Kim, 2014). Girls with dark skin do feel they have to try harder to be sexually attractive and to compensate for their skin than lighter skinned women. Though the criteria are different, dark-skinned girls still report a desire to be attractive in ways that are defined by the male gaze (Lamb & Plocha, 2015). African American girls have been found to prefer a "thick" body type, they are less likely to judge themselves based on their weight as they view their bodies as fixed entities, biologically or God-given (Brown et al., 2006; Greenwood & Dal Cin, 2012 as cited in Lamb & Plocha, 2015). Recent studies support the ideas that African American women who highly identified with their ethnicity exhibited fewer eating disordered behaviors and that positive feelings about one's racial group lessen body dissatisfaction (Shuttlesworth & Zotter, 2011; Oney, Cole, & Sellers, 2011 as cited in Capodilupo & Kim, 2014). It is important to remember that fat phobia is rooted in racism. As Sabrina Strings posits in her book *Fearing the Black Body: The Racial Origins of Fat Phobia*, (2018) "The phobia about fatness and the preference for thinness have not, principally or historically been about health, instead they have been one way the body has been used to craft and legitimate race, sex, class hierarchies" (Strings, 2018, p. 11). Strings argues that the bias against fat bodies was more

concerned with creating distinctions between the elite Europeans of the 18th century and the racial others (Strings, 2018). Black women reported pressure to alter their hair to fit with the European ideal to appease Black men although it is costly and time consuming. Similarly, they also reported pressure from their parents to straighten their hair despite encouragement to strengthen their connection to their culture and Afrocentric values (Capodilupo & Kim, 2014). It is important to understand that body image concerns are culturally varied and not always related to weight.

Minority cultures engage with the dominant Western concepts of beauty and health in different ways. Idealization of the thin ideal may not be so easily adopted as dark-skinned girls do not often see themselves represented in the media that perpetuates it and therefore it is harder to adopt (Duke, 2000; Schooler et al., 2004 as cited in Lamb & Plocha, 2015). In a study of black women's experience of beauty expectations and media, they reported a psychological negotiation between meeting the expectations of dominant white culture versus black subculture in which they internalized thin ideal but actively opposed mainstream beauty standards and endorsing an Afrocentric aesthetic while trying to achieve self-acceptance. Those not strongly aligned with either culture, reported drifting between cultures experiencing conflicting pressure to except thickness while also pursuing a thin body type, leaving them feeling accepted by neither culture (Capodilupo & Kim, 2014). Pressures about skin tone, hair color and texture, facial features, and shape and size of body parts may shape manifestations of body surveillance, body shame, and other objectification theory constructs and contribute to body image and eating problems for racial or ethnic minority women (e.g., Buchanan et al. 2008; Greene 1994; Harris and Kuba 1997; Root 1990; Overstreet et al. 2010 as cited in Moradi, 2010). On the other hand, findings suggest that Cree children have internalized the broader societal message that thin is better and

physical appearance is an important evaluative component of the self. Cree girls had more physical appearance dissatisfaction and lower self-concept than boys despite having a similar weight status. This finding suggests girls had greater internalization of societal messages about a desirable weight or were subjected to a greater degree of criticism about their weight (Willows et al., 2013). The Canadian indigenous perspective incorporates a holistic view of health long ignored by Eurocentric views and the colonisation of health. The indigenous ideal body is equated with health and balance. The Medicine Wheel of health recognized by indigenous cultures in Canada views wellness as a balance between the physical, mental, emotional, and spiritual self. The process of preparing and eating food can carry much cultural significance; traditional foods are meaningfully harvested, processed, distributed and prepared as well as shared. The connection to food and the land is an integral piece in restoring balance and wellness. The Eurocentric view of food, bodies and history of abuse and erasing of indigenous people's leaves a legacy that impacts the health, self-esteem, self-concept, and overall wellbeing of the nation. The continued loss and disconnection from one's identity continues to impact the health of the nation and must be considered when planning interventions (Verjee et al., 2017).

Developmental Considerations

Studies have found that children's self-esteem, the positive or negative view of oneself has significant correlation with emotional wellbeing (Epel et al., 2021). Early childhood cultivation reinforces positive values that can help an individual cope well with diverse life situations and is related to many markers of well-being (Epel et al., 2021). Child and adolescent self-esteem are powerful predictors of successful or problematic life trajectories ((Brooks, 1992; Mann, 2004; Orth, Robins, & Roberts, 2008 as cited in Poole et al., 2018). According to Erikson and Erikson (1998), the adolescent stage is the most crucial in self-esteem development because

adolescence is a developmental stage characterized by rapid and extensive physical and psychosocial changes, often resulting in developmental crises that challenge adolescents' coping ability. Outcomes result in healthy and coherent identity formation or identity confusion. Individuals who did not complete challenges would find themselves revisited by those crises in the future. Individuals can become stuck at a stage, and unable to become emotionally mature adults resulting in low or overcompensating self-esteem (Alguzo et al., 2021). Body dissatisfaction is common in adolescence and associated with poor outcomes (Duffy et al., 2021). The peak onset of eating disorders occur during critical or sensitive developmental periods of reproductive hormone changes and the pubescent transition from childhood to adolescence as well as the transition from reproductive years to menopause are recognized as a high-risk time for eating disorder symptoms to develop or redevelop (Samuels et al., 2019). Adolescence is an important period in developing self-esteem that supports the individual throughout their lifetime.

Self-esteem changes throughout childhood and adolescence. Children tend to have unrealistically positive self-concept during preschool years; as they enter school and further cognitive development, they integrate feedback from their environment, and self-evaluations become primarily influenced by peer comparison. In adolescence, abstract thinking develops, and individuals become increasingly critical of their performance in comparison to others as they are cognizant of missed opportunities and failures resulting in a decline in self-esteem. Throughout adulthood, self-esteem gradually rebuilds before declining in old age (Orth et al., 2012; Orth et al., 2010; Robins & Trzesniewski, 2005 as cited in Poole et al., 2018). Theories and data suggest that there is a decrease in self-esteem from childhood to adolescence (Robins et al., 2002 as cited in Orth & Robinson, 2014). Alternately, it was found that African Americans increased more sharply during adolescence and young adulthood compared to those of European

descent (Erol & Orth, 2011 as cited in Orth & Robinson, 2014) then declined more rapidly in old age (Orth et al, 2011 as cited in Orth & Robinson, 2014). Differences between self-esteem trajectories between the groups held even after controlling for differences in income, employment, and health (Orth et al., 2010 as cited in Orth & Robinson, 2014). Susan Harter traced the development of the self and self-esteem through Piaget's developmental structure and obtained empirical measures using age-based assessments developed with her colleagues. She found that individuals go through stages in their own fashion, but trends emerge. Self-esteem develops in high levels in early childhood, levels off or drops slightly as they move into middle childhood, drops significantly in early adolescence, and increases steadily throughout late adolescence and the 20's, it remains fairly high and stable until it tends to decline with age several decades later. It is posited that self-esteem is an outcome of the developmental forces of age as one begins to develop their self-concept as well as realistic comparisons and appraisals of themselves (Harter, 1999 as cited in Mruk, 2006). Self-esteem levels are transitionary throughout childhood and adolescence, but the trajectory of this can have cultural differences.

There are several relationships that impact adolescent development of self-esteem. Relationships with caregivers change during adolescence and can have an impact on an individual's body image. Low levels of family expressiveness and parental support deficits have been found to predict body dissatisfaction (Babio et al., 2008; Bearman et al., 2006 as cited in Markey, 2010). Parental influence can be explicit through pressuring adolescents about their weight or indirect through modeling body dissatisfaction and dieting behaviours (Benedikt et al., 1998; Haines et al., 2008; Wertheim et al., 1999 as cited in Markey, 2010). Romantic relationships can play a positive or a negative role in the development of body image due to the internalization of perceived support or criticism from adolescent partners. The impact of partner

perception can extend to vulnerability to disordered eating and general psychological health (Goins & Markey, 2009; Markey & Markey, 2006; Tantleff-Dunn & Thompson, 1995 as cited in Markey, 2010). Peers also play an important role in shaping adolescents' feelings about their bodies. Explicit negative feedback about their body in the form of teasing is detrimental to the development of body image and can have long-term consequences for development of self-concept and interpersonal relationship (Davison & Birch, 2002; Eisenberg et al., 2006 as cited in Markey, 2010). Relationships with family, romantic partners and peers can influence self-esteem and are an important consideration when creating interventions are their influence should be utilized and targeted.

Studies found that self-esteem does not fluctuate over time but rather, "we seem to build up a foundation of self-worth that is at least somewhat resistant to these transient factors" (Orth & Robinson, 2014). The importance of adolescent years is emphasized in building a strong foundation to support individuals into adulthood. Men and women tend to show the same increases in adolescence to midlife and decline in old age (Orth & Robinson, 2014). Findings point to developmental periods of vulnerability to low self-esteem in adolescence and old age, and it is important to examine risk factors to problematic developmental trajectories (Orth & Robinson, 2014). On the other hand, body image is not static but changes throughout the lifetime as the body changes (Markey, 2010). Studies have shown that girls' attitudes about their appearance becomes more negative during adolescence. This decline in perceived physical attractiveness has particularly detrimental effects on self-esteem when cultural pressure about appearance is high (Harter, 1994; Brumberg, 1997; Kling et al., 1999 as cited in Bleidorn et al., 2016). The physical changes in females during puberty typically bring them further from cultural ideals of beauty with weight gain, earlier developers typically gain more weight and are more

likely to report greater body dissatisfaction (Ackard & Peterson, 2001; Archibald et al., 2003 as cited in Markey, 2010). Alternately, post pubertal boys tend to report higher body satisfaction than pre-pubertal or currently experiencing puberty (O'Dea & Abraham, 1999 as cited in Markey, 2010). It has been suggested that the thin ideal internalization might be so entrenched in adults suffering from anorexia that younger participants in interventions might be more amenable to interventions such as media literacy and challenging unhelpful sociocultural expectations (Rosewall, 2020). Body image appears to drop in adolescence and old age in the same trajectory as self-esteem (Harter, 1999 as cited in Mruk, 2006). Recent research suggests that the estrogen changes associated with the peri-menopausal period for people with uteruses, may present a window of vulnerability for eating disorder behaviours. Aging is particularly triggering due to the media influence to stay young and ageist views on beauty (Samuels et al., 2019). Understanding the trajectory of self-esteem helps to understand the importance of early intervention in building a positive foundation to build upon throughout one's life.

Interventions

Several interventions attempt to reconcile self-concept through the focus on body image.

Cognitive dissonance theory is a prominent intervention in challenging and revitalizing self-concept and proposes that having inconsistent cognitions creates psychological discomfort that motivates people to alter their beliefs to produce greater consistency (Festinger, 1957 as cited in Stice et al., 2007). The Body Project Treatment (BPT) uses dissonance-based prevention to target body image struggles. BPT has it's group members critique the thin ideal in verbal, written and behavioural exercises theoretically causing cognitive dissonance that motivates participants to reduce the pursuit of the thin ideal (Stice et al., 2000 as cited in Stice et al., 2012) It is vital that participants critique the thin ideal rather than group leaders or they will not

experience the dissonance that is paramount to the intervention (Stice et al., 2007) The intervention was found to help women show greater reductions in reward valuation observed through MRI imaging towards thin models and report significantly reduced body dissatisfaction and eating disorder symptoms (Stice et al, 2019). One largescale trial found that BPT reduced the onset of eating disorders relative to an assessment only control group at 3-year follow up (Kilpela et al., 2016). It also produced significant reductions in self-reported dieting as well as thin ideal internalization, body dissatisfaction, negative affect and eating disorder symptoms. The BPT groups were more effective than the BPT brochure and video control groups, though all reported some effectiveness (Stice et al, 2012). Didactic presentation is minimized as it appears to be less effective than interactive techniques (Barak et al., 2008 as cited in Stice et al, 2012; Stice & Shaw, 2004 as cited in Stice, 2007). It is considered most effective to reduce validation of the thin ideal before asking to reduce disordered eating practices used to pursue it (Stice et al., 2019). Additionally, Teen Body Wise is a body image group that was adapted for adolescent inpatient treatments. It employs cognitive dissonance-based interventions where participants are encouraged to critique the thin ideal through a variety of activities, which has been shown to reduce internalization of the thin ideal as well as other eating disorder risk factors. Participants reported improvement of body image concerns, body checking and avoidance, understanding of their body image and quality (Rosewall, 2020

Interpersonal group therapy explores the psychological disfunction rooted in one's interpersonal relationships (Yalom & Leszcz, 2020). A qualitative study of effectiveness of Interpersonal Therapy focused on body image (IPT-BI) in school group discovered improvements in body image, as well as in ratings of interpersonal difficulties and appearance conversations. It was reflected that participants were aware of the impact of interpersonally

triggering situations and the benefit of IPT communication strategies (Duffy et al, 2021). Interpersonal psychotherapy in school groups has been found to be an effective model for dealing with difficulties in adolescence such as depression and eating disorders as well as increased awareness of interpersonal triggers (Duffy et al., 2021). Similarly, interpersonal therapy has been used with menopausal women suffering from eating disorders as it examines developmental stressors of changing relationships while also effectively targeting the comorbid depression (Samuels et al., 2019). Relationships offer a means of working with the individual through interpersonal group therapy.

In Favour of Myself is a school-based, interactive outreach program targeting adolescent coping strategies to resist media-based and culturally inappropriate messages and promote the diversity of beauty and attractiveness. The goal is to improve media literacy to lower unrealistic beauty standards as well as identify and counter prejudice and socio-political structures that contribute to body preoccupation. At post-test, the intervention group presented with statistically significant advantage compared to the control group in awareness to changes during adolescence, recognizing media strategies, positive versus negative communication, self-worth that is less contingent on other's approval and lower drive for thinness or the desire to fix one's appearance. This school-based program's objective is to identify and criticize the aesthetic beauty model, develop critical thinking skills, focus on increasing self-esteem and self-worth, decrease feelings of alienation, accept the difference develop positive communication skills and challenge thin and muscular glorification. The goal is to achieve good health through positive self and body image (Golan et al, 2013).

MaiStep is a program created to target all healthy populations in a universal prevention program targeting a healthy population of school students of all genders (Wolter et al., 2021).

MaiStep includes five 90-minute units conducted at weekly intervals. The program uses didactic methods such as skills coaching and interactive methods such as experience-based approaches, group discussions and role plays as well as homework to be completed after every lesson in order to integrate the content into the daily routine. A tandem of a male and a female coaches conduct certain units separately for boys and girls (Beurger et al., 2019). The program has been found to be vastly more cost effective than the health care costs for treatment of eating disorders (Wolter et al., 2021). Studies found a significant decline in body image related thoughts and behaviours and an improvement in interoceptive awareness, but more impact was discovered in early intervention groups versus those that were already entrenched in eating disorder behaviours (Beurger et al., 2019).

There is evidence that practicing body appreciation might be both adaptive and protective. Protective filtering and adaptive media strategies can result in increased self-esteem, proactive coping strategies as well as reduce effects of thin-ideal media exposure (Burnett et al., 2019). In her book *The Body is Not an Apology: The Power of Radical Self Love*, Sonya Renee Taylor offers the practice of radical self-love as a way of healing one's relationship with their body. She suggests going beyond merely accepting oneself and taking things a step further, making the relationship *radical:* "Radical self-love is deeper, wider and more expansive that anything we would call self-confidence or self-esteem. It is juicier than self-acceptance. Including the word *radical* offers us a self-love that is the root or origin of our relationship to ourselves. We did not start a life in a negative partnership with our bodies" (Taylor, 2021, p.19). She goes on to recommend three ways to pull out of body judgement and shame. The first recommendation is to make peace with not understanding and rather seeing it as an opportunity to explore and learn. The second is to make peace with difference and accept that we are not all

the same, one size does not fit all, and one does not owe the world health, nor is health a condition of worth. The final recommendation is to make peace with your body; how you view and judge your body are learned things and create an adversarial relationship (Taylor, 2021). Taylor's recommendations align with the indigenous holistic view of health as represented in the medicine wheel of which a crucial tenet is knowing oneself and feeling connected to identity—that is, feeling confident while recognising that one may not know everything, being at peace, trusting, and loving oneself (Verjee et al., 2017). There may be promise in a holistic view of health, wellness, and connection to the body.

Intuitive Eating

This section explores Intuitive Eating as an approach to remedy self-esteem and body image concerns. After a brief overview of the program, the psychological impacts are explored before reviewing the health benefits to understand the various benefits of this comprehensive approach. The demographics that the program has been utilized with are surveyed to consider who has found success with the program and who might benefit from such an intervention. Finally, the applications of the program is reviewed to consider how others have practiced Intuitive Eating to discover it's potential for future interventions.

Intuitive Eating (IE) is defined as eating in response to internal physiological hunger and satiety cues rather than internal situational and emotional cues. The practice involves rejecting diet mentality and instead developing a positive relationship with food and one's body (Hazzard et al., 2020). There are ten principles of IE: reject the diet mentality, honor your hunger, make peace with food, challenge the food police, feel your fullness, discover the satisfaction factor, cope with your emotions without using food, respect your body, exercise and honor your health/ gentle nutrition (Tribole and Resch, 2003 as cited in Healy et al., 2014). Originally defined by

registered dieticians Evelyn Tribole and Elyse Resch in 1995 (Warren et al., 2017), IE is associated with improved physical, behavioural, and psychological health (Hazzard et al., 2020).

Several studies have found promising results from various IE programs. A 2020 study reviewed the long-term psychological health outcomes and disordered behaviours in the EAT 2010-2018 surveys. Those identified as following IE practices were found to be associated with lower odds of high depressive symptoms, low self-esteem, high body dissatisfaction, extreme or unhealthy weight control behaviours and binge eating at the 8-year follow up (Hazzard et al, 2020). In a similar investigation of Nutrinet-Sante Study results, IE practices were associated with lower odds obesity in men and women (Camilleri et al., 2016). Another uncontrolled pilot study of IE interventions delivered to college women through group and self-guided modalities found both groups reported reduced disordered eating behaviours, body dissatisfaction, and weight-bias internalization and increased body appreciation, Intuitive Eating, and life satisfaction at their 2-month follow up (Burnette & Mazzeo, 2020). With these promising results, IE appears to be an important addition into the repertoire of mental health professionals, particularly those working with concerns pertaining to disordered eating and body image.

Psychology

IE believes that the tendency to eat intuitively is inborn, but the continuation of the practice is largely dependent on one's environment (Avalos & Tylka, 2006). The influence of caregivers, feeding practices (Camilleri et al., 2016), and media messages of thin beauty ideals can induce body dissatisfaction, body shame, and disordered eating, particularly in women with a higher body mass index (Boisvert & Harrell, 2009). IE encourages the individual to practice body acceptance to foster intuitive eating patterns through the connection with one's internal cues and appreciation of one's body (Linardon et al., 2021).

IE involves practicing body appreciation. Social support is a crucial piece of practicing IE according to the acceptance model outlined by Augustus-Horvath and Tylka (2011) as individuals are more likely to accept themselves if they perceive others to accept them. This is connected to Roger's humanistic theory, that the perception of unconditional acceptance from significant others helps individuals to connect with self-actualizing tendencies. When individuals feel accepted by others, they are less likely to turn to media or societal influences for guidance on their appearance or feel pressure to alter themselves through dietary restraint. Individuals who appreciate their body are more aware of its' internal satiety cues and take better care of themselves (Linardon et al., 2021).

Reduced self-objectification is required by IE. There has been a correlation between exposure to the media thin ideal and body image issues (Andrew et al., 2016). Objectification theory suggests that if women are primarily valued for their appearance, they will begin to see themselves through the lens of others. This objective lens disconnects the individual from self-actualizing and can develop disordered eating behaviours out of shame (Augustus- Horvath & Tylka, 2011). It is suggested that part of IE is not only considering what one consumes in terms of food but also in terms of influence as it has been found that those who consume less appearance focused media report greater body appreciation (Andrew et al., 2016).

IE practices have been found to be positively associated with psychological well-being and negatively associated with body image disturbances and disordered eating. Psychological wellbeing has seen improvements with IE in optimism, proactive coping, general life satisfaction, and self-esteem (Tylka & Kroon Van Diest, 2013). Avalos and Tylka (2006) outline the objective of mental health professionals, It becomes imperative, then, that all individuals, both psychologists and laypersons (a) challenge Western cultures sexual objectification of

women, its critical evaluation of their appearance, and its promulgation of the thin-ideal stereotype; (b) promote acceptance of a diversity of body sizes without encouraging women to change their body shape or weight; and (c) encourage women to emphasize the functionality of their bodies rather than their appearance and to appreciate and respect their bodies.

Intuitive Eating practices are gaining in popularity and interest within the nutritional and psychological realm, particularly in response to disordered eating and body image concerns. It appears to be an important addition to the lexicon of tools in a mental health profession.

Health Impacts

There are many relevant studies about the health impacts of Intuitive Eating, but it is important to first note some concerning trends in the literature. Many studies focus on the body mass index (BMI) of the participants within their studies (Camilleri et al., 2016) even though the measure has come under increasing criticism for failing to consider the composition or health of one's body beyond their height and weight (Tribole & Resch, 2020). Another troubling trend is the linking of the threat of obesity to the concern of eating disorders (Anderson et al., 2016). Eating disorders are a behaviour, obesity is not. Obesity alone is not an indicator of one's health (Rosen, 2014), but many still equate them with physical and psychological impairment. Finally, the language of calling the participants of many of the studies "normal weight" and "obese" (Camilleri et al., 2016) further stigmatizes overweight participants in deeming their bodies, "not normal". These trends are counter to the philosophy and principles of body acceptance that are central to the practice of Intuitive Eating and many focus on the goal of weight loss rather than body acceptance and psychological well-being.

Findings of IE studies contradict the belief that restriction and regulation is needed to maintain health and weight and suggest that intuitive eating practices may be a more sustainable

practice. It is possible that undernourished brains may struggle to sense internal hunger signals and practicing unconditional permission to eat, and food enjoyment may help re-establish these cues (Tribole & Resch, 2020). Intuitive Eaters are also associated with decreased disordered eating as restrictive practices are found to correlate with disinhibited eating, binge eating and other compensatory behaviours (Anderson et al., 2016). Those who do not trust and follow their internal hunger and fullness cues cannot regulate their food intake and are more likely to engage in disordered eating behaviours (Tylka & Kroon Van Diest, 2013). Overeating can be the result of relying on environmental or external cues such as packaging size destroying one's ability to eat mindfully and self-monitor for internal satiety cues (Warren et al., 2017). Some even argue that those in the process of caloric restriction who are actively ignoring internal signals stimulate physiological and psychological compensatory signals such as hormone adaptations that cue the body to gain weight (Camilleri et al., 2016). Restrictive diets have been a popular method of weight management and control, but IE potentially offers a healthier and more balanced approach.

There have been many notable health impacts connected with Intuitive Eating. Though the focus on BMI is concerning, the measure of BMI in study participants has been informative in that it was discovered that those who have a lower BMI tend to practice Intuitive Eating (Camilleri et al., 2016). Body image disturbances have a strong correlation with dietary restraint and following external food rules. It is possible that lower body image concerns experienced by those with lower BMI are more likely to follow their internal satiety and hunger cues (Linardon et al., 2021). Intuitive Eating has been embraced as a treatment tool for eating disorders. Greater body appreciation is inversely associated with disordered eating behaviours and negative body image (Koller et al., 2019). Furthermore, a 24-week intervention using Intuitive Eating with

middle-aged women revealed decreased cholesterol, triglycerides, and systolic blood pressure in the 52-week follow-up (Bacon et al., 2002 as cited in Tylka & Kroon Van Diest, 2013). IE practice appears to improve individuals' health while reconnecting them with their bodies.

Demographics

Intuitive eating is applicable to many different facets of the population. Camilleri et al. (2016) conducted one of the first comprehensive studies on Intuitive Eating practices in both men and women. Men are found to eat more intuitively than women. It is suspected that this is because they are not impacted by the same pressures for thinness that is pervasive within the Western world. For this reason, most IE studies focus on women and the benefits the practice can bring to their physiological and psychological well-being.

Intuitive Eating practices have had an impact on people of different ages. Early male and female adolescents were found to suffer from less body dissatisfaction, thin pressure, and life satisfaction (Dockendorff, 2012). Many studies focus on females in their adolescent years as it is potentially circumventing the growing external pressures to adhere to the thin ideal and adopt restrictive practices (Andrew et al., 2016). Augustus-Horvath and Tylka (2011) conducted a study on women in emerging, early, and middle adulthood and the practice body acceptance and intuitive eating. Emerging adult women tend to be targeted by thin media and experience more body dissatisfaction resulting in disordered eating practices and ignoring of internal satiety and hunger cues. Early adult women tend to report less disordered eating and body satisfaction, this is believed to correlate with the responsibilities of family and career consuming their lives. Middle adult women practice IE when they focus on aging as a part of personal growth but can also succumb to pressures to remain young and maintain the thin ideal, resulting in compensatory behaviors. IE is applicable across a span of demographics.

Applications

Professionals in the realm of counselling and psychology are encouraged to design interventions that encourage individuals to embrace a variety of body types including their own and challenge systems that enforce negative stigmas (Augustus-Horvath & Tylka, 2011). Using intuitive eating as a first-tier intervention is more cost-effective and preventative of potential long-term treatments for eating disorders (Burnette & Mazzeo, 2020).

A variety of modes of IE practice is available, the most accessible being a self-directed model. In a study by Burnette and Mazzeo (2020) it was discovered that a guided self-help programme involving female college students saw similar feasibility as a group model in the 2 month follow up in reduced disordered eating behaviours, body dissatisfaction, weight stigma internalization and increased body appreciation, intuitive eating practices and life satisfaction. The group followed Tribole and Resch's 2017 Intuitive Eating workbook as a self-help guide. The workbook is utilised in individual guided practice and through a group approach.
The groups of Burnette and Mazzeo's (2020) study met in groups of 6 to 10 women with 2 group leaders with counselling experience. Though some participants were lost after the initial session due to potential anxiety about the group or difficulty with the timing, the group saw the same successes as individual self-guided practice with some reported reinforcement through the community of the group. A similar study with 48 US Midwest high school students that received a 7-day IE program through their health classes. Through the student's filling of the Intuitive Eating Scale and the Eating Attitudes Test before and after the program, it was concluded that the students showed significant improvement in their overall eating attitudes (Healy et al., 2014). There are some additional cost considerations with the counsellor presence and space needs but

overall, much more accessible and affordable than treatment programs and individual psychotherapy.

Group Therapy

Group therapy is explored here as a vehicle of delivering Intuitive Eating practice and building self-esteem among adolescents. The roots of the practice are explored to highlight its relational and interpersonal strengths. Different modalities of practice are examined to consider best approaches. Cultural considerations are explored to understand the potential benefits and obstacles in working with group members with various intersectionality. Application in schools is reviewed to demonstrate the potential of this approach. Finally, composition considerations are explored to ensure that group conceptualization is an informed practice.

Overview

Since its inception, group therapy has been about fostering the connection between individuals. Born from the philosophical school of pragmatism, group therapy emphasizes how identity emerges from one's relationships with others (Brabender et al, 2004). It was first developed at the start of the 20th century by internist Joseph Pratt who founded groups of tuberculosis patients to instruct them on proper hygiene. What he found instead was that the patients more importantly found solace in the supportive atmosphere of the group (Berg et al., 2018). Group therapy began to see widespread use as a treatment of World War II psychiatric casualties and within that time many theoretic approaches were born (Brabender et al., 2004). Group therapy provides many opportunities to clients. Bound with clear rules, group therapy provides a safe, empathic experience, promotes confirmation and capability, and offers possibilities for insight as well as for change in interpersonal relationships and behaviors (Bloch, 1986 as cited in Dor-Haim et al., 2019). In a group environment more closely resembling real

life, members can test new behaviours in relating to others, learn about themselves in relation to the other and discover the universality of their experiences (Berg et al., 2018).

The principle that is fundamental to group therapy is that an individual is affected by the system in which they function (Brabender et al., 2004), and many different theories have been found to support clients struggling with self-concept. For example, interpersonal group therapy explores the psychological disfunction rooted in one's interpersonal relationships (Yalom & Leszcz, 2020). Irving Yalom developed Interpersonal Group therapy in 1970 when he published the first edition of The Theory and Practice of Group Psychotherapy detailing an interpersonal group therapy approach to treatment, the goal of which is to improve individual's capacity to have positive relationships with others (Brabender et al., 2004). As social and interpersonal functioning improve through the acquisition of interpersonal skills and strategies for dealing with social and interpersonal problems, the presenting disorder also improves (Yalom & Leszcz, 2020). Social systems approach to group therapy is rooted in the notion that a system is a configuration of elements each affecting and being affected by all other elements; for a system to work for everyone, the behaviours, needs and desires of everyone must be incorporated (Brabender et al., 2004). Systems approach is particularly helpful with clients suffering the impacts of power balance experienced by minority populations (Stratton, 2011). Behavioural therapy groups foster more risk taking, deeper task engagement and reduced shame and avoidance, relationship building, and skill development (Yalom & Leszcz, 2020).

Practice

Most types of group therapy have two things in common: the direct involvement of a mental health professional trained in group therapy and the use of interactions among members and between therapist and members to advance the goals of the group (Brabender et al., 2004).

There are also several different types of groups: task groups target specific measurable goals and improve efficiency in an established process, psychoeducational groups aim to remediate an identified skills deficit, counselling groups use the here and now to examine interpersonal and intrapersonal patterns, and psychotherapeutic groups remediate in-depth psychological patterns and disorders (Berg et al., 2018). While all group therapy utilizes the relational component of member interaction, they vary in their processes and approach.

Most popular counselling theories can be applied to group therapy, but some stand out as particularly effective. Systemic therapy sees its work helping people to utilize the strengths of their relationships to assuage disturbing symptoms and behaviors. A high priority is placed on working with all aspects of diversity and concern with issues of power and difference, such as the impact of migration, economic hardship, and racism (Stratton, 2011). Systemic group therapy has been found to be equally or more efficacious than other interventions without a psychosocial component and is particularly effective in treatment of affective disorders, eating disorders and substance use disorders (von Sydow et al., 2010). When effectively implemented, Cognitive Behavioural Therapy (CBT) for groups has been found to be no less effective than individual CBT (Yalom & Leszcz, 2020). An example of a successful CBT group approach was the AFFIRM CBT program for sexual and gender minority youth which resulted in significant decreases in depressive symptoms, and threat appraisals but also increased coping and hope (Craig et al., 2021). Members used the group to support one another and deprogram themselves from abusive and harmful beliefs about who they are. They were encouraged to take responsibility for their thoughts and establish healthy boundaries to empower them to have healthy intimate relationships moving forward (Jordan, 2016). Dialectical Behaviour Therapy (DBT) is a cognitive behavioural treatment that includes dialectical philosophy, radical

behaviourism and mindfulness initially created as individual and group therapy for chronically suicidal adults suffering from Borderline Personality Disorder (BPD). DBT has been found beneficial compared to other treatments in reducing suicide attempts and has been adapted for other disorders, such as substance abuse, depression, ADHD, self-harm, oppositional defiant disorder and other externalizing disorders (Zapolski & Smith, 2017). Systems therapy, CBT, and DBT have all be found to be effective modalities in group therapy approaches particularly in supporting individuals with various disorders and concerning behaviours.

Group Therapy and Culture

Group therapy has the potential to promote important societal change as minority groups can find support through group therapy. For example, gay men who present with their own specific issues regarding self-love, sexuality, masculinity, relationships, self-concept and identity can find support in group therapy (Jordan, 2016). The group can be an important learning environment that can promote social change because marginalization, powerlessness, inferiority, and hostility of discrimination replicates within this social microcosm (Chen & Balzano, 2008). Group leaders are instrumental in establishing a culturally affirming and positive group while addressing cultural missteps and conflicts (Yalom & Leszcz, 2020). Group members report the greatest improvement when they perceived their group leaders to possesses cultural humility, to be open, curious and other-oriented towards members cultural identities and experiences (Hook et al., 2013). Leaders have an important opportunity to deliver psychoeducation on the importance of commitment to cultural self-evaluation, critique and learning opportunities, to explore microaggressions and navigating oppressive climates and systems, on clients' well-being. Leaders can establish these cultural norms through modeling an other-oriented stance of openness and curiosity, while also engaging opportunities to address and discuss culture

whenever they present themselves (Grimes & Kivlighan, 2022). There may be cultural adaptations to the practice, for example, indigenous counsellor, Robert Simms details the role of self-disclosure when working with indigenous clients as creating a sense of reciprocity that is important to the indigenous worldview and counselling approaches (First Session, 2021). The therapist can model self-disclosure by sharing their own cultural background and values, creating groundwork to deepen connection among group members as self-disclosure and interpersonal feedback are important to diverse groups as they help facilitate member exposure and understanding (Chen & Balzano, 2008). There are additional considerations and approaches when working with racial minority groups.

Group Counselling In Schools

School-based therapies can be an effective intervention model. School-based group counselling has been deemed an effective method of working with at-risk adolescents facing academic and behavioural issues (Bauer et al., 2000 as cited in Paone et al., 2008). School is a natural setting as it is where kids will encounter stressful situations, such as failure, isolation, rejection, and bullying (Epel et al.,2021). Additionally, school-based group therapy was found to be more effective than curriculum studies and that when at-risk children are targeted with these interventions focused on psycho-social development, it enhances the subjective well-being as well as the adjustment to school (Mcardle et al., 2002). The school setting has been shown to be ideal as it mitigates barriers such as high cost, waitlists, and transportation despite requiring trained teachers or staff (Epel et al., 2021). Some school-based interventions, such as The Body Project, have been found to be just as effective when delivered by school counsellors, nurses, and teachers (Stice et al., 2007). Overall, group therapies are an effective intervention tool when used in schools.

Many different group therapy modalities have been found to be effective in schools. Group talk therapy has traditionally been used in high school groups to discuss family issues, academic struggles, and social concerns, but communication can be a struggle, and erratic attendance and disrespectful interactions can often impact group members (Poane et al., 2008). Interpersonal psychotherapy in school groups has been found to be an effective model for dealing with different mental health struggles adolescents are facing. That may be because young people value specific interpersonal activities, such as role play to develop communication strategies, alongside generic therapeutic factors of therapeutic alliance and group cohesion (Duffy et al., 2021). A pilot study on the use of a 9-week brief DBT skills group in a middle school provided evidence of the feasibility of the method in schools. The group focused on emotional regulation, distress tolerance, and interpersonal effectiveness through a series of sessions with a variety of activities. Providing the group in schools provided the opportunity to reach youths at earlier stages in their risk, allowing for an earlier tier of intervention and reducing likelihood of progression to more severe behaviours (Zapolski & Smith, 2017). Group activity therapy (GAT) stems from traditional play therapy and puts emphasis on activities and free play, rather than dialogue; students can express themselves through other means such as an expressive arts activity. Members increase their empathy skills and learn from new relationships to make better choices. Studies have found that GAT may be a more effective method for enhancing moral reasoning than talk therapies (Poane et al., 2008). Studies found Trauma and Grief Component therapy and Cognitive Behavioural Prevention Intervention to be effective with adolescents within their school environment. These studies found that classroom-based group interventions are a feasible way to provide treatment for at-risk youth. These early interventions are crucial to long term mood, function, and quality of life (Ritschel, 2015).

Solution-focused brief therapy (SFBT) groups have been found to be effective when working with children of incarcerated parents, students who engage in bullying behaviour, adolescents who have suffered sexual abuse and been diagnosed with posttraumatic stress disorder, oppositional defiant disorder, and depression (Banks, 1999; Lafountain et al., 1996; Springer et al., 2000 as cited in Newsome, 2004) as well as academic underachievement as those receiving SFBT enhanced their overall grade point average (GPA) (Newsome, 2004). A variety of modalities have been found to be effective in school group therapy and can be helpful when it comes building self-esteem.

Effective Group Creation

The group composition must be carefully considered to create an effective group that engages and supports the members within. The therapist should have a picture of the overall composition of the group that encompasses an idea of the extent to which members will be variable from one another on important dimensions related to the group's functioning (Brabender et al., 2004). Additionally, therapists need to assess how leader to member, member to member, and member to group alliances will be affected by cultural diversity within the group and be mindful of how different cultural norms may influence clients' willingness and ability to engage with feedback (Chen & Balzano, 2008). The therapist's task is to select from among the available patients those that she feels will together make a workable and lively group but the more varied the mix, the harder the group will have to work to achieve function (Garland, 2018). The goal is to incorporate a legitimate approach to selection occurs when the clinician feels that group therapy is the best fit for the client and provides greater effectiveness rather than illegitimate approaches that aim to move the client along or do not consider to efficacy of the treatment (Friedman, 1976). In other words, it is important that referrals are ensured to be in the

best interest of the client, that they would truly benefit from a group dynamic and are not simply struggling with one-to-one approaches. When considering group-based interventions, clients' individual needs be considered, but also how their characteristics intersect and have influence on both group function and outcomes (Stichter et al., 2018). Group therapy is not considered effective for clients who are in crisis, those who have poor impulse control or have limited capacity due to substance use (Fehr, 2013). Group composition has many important considerations that can impact the overall success of the group.

It is important to consider the role of similarities and differences in group composition. Some argue that sociocultural heterogeneity or diversity among group members could facilitate cohesion and group outcomes as it can give voice to marginalized experiences among the majority, while others argue the benefits of homogeneous groups to decrease anxiety (Wright & Gould, 1996 as cited in Chen & Balzano, 2008). A study on a mixed-gender group receiving a cognitive dissonance-based body image improvement program showed that boys saw consistent improvement and benefited from the program but not girls who did benefit from a female only delivery; clinicians were concerned that women would be more reluctant to speak in front of men, reducing the dissonance experienced (Kilpela et al., 2016). In contrast, when the same treatment approach was applied to patients with mixed diagnosis in a CBT group for anxiety and depressive disorders, it was found to be effective with improvement in both disorders (McEvoy & Nathan, 2007). Even if homogeneity was the goal of composition, some aspects of individual clients' identity and cultural diversity are invisible, such as sexual orientation, social class, or religion. Therefore, it would be impossible achieve a truly homogenous group composition (Chen & Balzano, 2008). Homogenous and heterogeneous groups both have their benefits and drawbacks which should be evaluated in composing a group.

The developmental age of group members is a final consideration when creating a group. Children under 5 do not typically possess the social and interactive skills required for effective group counselling (Berg et al., 2018). There is a preference for group therapy in working with adolescents that reflects recognition of the importance of interacting with one's peer group and the possibility of the group to disperse negative transference processes (Dor-haim et al., 2019). It is suggested that peer interaction is more influenced by perceived sameness than the impact of more high-status members (Stichter et al., 2018). When working to target specific disorders, it is important to create the group around the age of the peak risk period; for example, study of the effect of a group program targeting eating disorder symptoms was found to have greater effect with individuals older than 15 rather than younger as the peak risk period has been identified as between 15 and 19 years of age (Shaw et al., 2009). When working with adolescent, one must be cognizant of the potential for peer contagion as members may initiate and exacerbate behaviour of peers within the group (Stichter et al., 2018). Groups should target the developmental age that is most effective in risk period and readiness for therapy.

Summary

Self-Concept encompasses one's full conceptualization of their identity and is deeply impacted by self-esteem. Self-esteem is directly connected to an individual's mental health and overall agency and effectiveness throughout their lives. Body image is the most persistent factor of self-esteem, and body dissatisfaction is also linked to serious mental and physical health outcomes. Adolescence is a crucial period for both self-esteem and body image. The most extreme disturbance can manifest in eating disorders which are pervasive and require intensive treatment. Body image concerns impact everyone regardless of age, race, gender, or sexuality, but it is most pervasive among adolescent females. Adolescence is a crucial time due to being a

time of intense social and physical change and is an apt time to target with interventions. With the myriad of detrimental impacts from body image disturbance and its resulting impacts on overall self-esteem, early interventions are crucial as they can give individuals the tools and foundation to set them up for future success while also mitigating potential risk.

Both body image and self esteem are influenced socially; one's evaluation of themselves is deeply influenced by the perceived acceptance or rejection from their peers, family, and romantic partners. Minority cultures differ in their experiences of body image and self-esteem as they experience different societal pressures and prejudice but also experience different strengths and support; it is important to welcome, include, and plan around these circumstances. Because of the deeply social influences of body image and self-esteem, a communal environment found in groups is fertile ground to begin to empower and repair one's self concept through sharing experience and practicing new skills in a safe space focused on such growth.

Intuitive Eating offers a holistic approach that blends mindfulness, gentle nutrition, and self-acceptance practices. IE encourages practices to connect with their intrinsic needs rather than extrinsic pressures. There have been psychological and physical benefits discovered in the practice of IE as users report greater body appreciation, reduced body image disturbance and disordered eating as well as greater coping and overall life satisfaction. IE has been found to be successful through independent and group models. Though Intuitive Eating remedies one's relationship with food and their bodies, the model promotes mindfulness and self-acceptance that lends to every facet of one's life.

Group therapy is an approach that leverages social interaction to promote healing, connection, and a safe space to practice new interpersonal skills. Group therapy has been utilized through various modalities to support individuals struggling with mental health. Group therapy is

an effective approach to use in schools as it is practical in that is it low in costs, it relies on staffing and space that are readily available, and it is accessible for students. The structure and facilitation of groups is similar to what student's experience in school is like, so it is more approachable than one to one therapy.

Because the group is a microcosm of the social structure, it has the potential to build new experiences and to repair previous experience. It is important to consider this potential in group composition as the cultural background of members will impact the interaction and experience of the group and creates opportunities to promote societal change through inviting, discussing and navigating differences as well as navigating microaggressions and oppressive systems. Through the group system, members can explore their experiences, discover their commonalities, and build skills that they can carry out into the larger world.

Chapter 3: Summary, Recommendations and Conclusions

Summary

Body image concerns and low self-esteem are linked to a myriad of mental and physical struggles. Additionally, an unremedied unstable core sense of self-worth developed in adolescence can negatively impact individuals throughout their lives. It is crucial that early interventions are implemented to target some of these issues before they become pervasive for the individual and they become enmeshed in a negative self-concept and the resulting issues. While body image disturbance impacts all ages, races, genders sexualities, it largely impacts adolescent females as women are expected to conform to an unattainable thin ideal. Adolescence is a crucial time for the development of self-esteem and body image due to the ongoing social and physical change and is therefore a crucial time for intervention. Self-esteem and body image are heavily influenced by social pressures and perceptions. Therefore, a group approach is a fitting remedy. Group therapy provides a social space to safely share experiences, to discover commonality, and to practice new skills. These social experiences will help to repair one's self concept as it is safely reflected in the peer group. School-based groups are additionally more accessible and approachable for adolescents and mitigate a lot of cost, space, and staff concerns. Intuitive Eating offers a holistic approach to body image disturbance through taking steps to reconnect with the body, to practice self-acceptance, and to challenge beauty ideals. Through an Intuitive Eating focused group targeting adolescent females, body image and self-esteem could be targeted and repaired while giving members skills to support them through future struggles.

Implications

This Self Image and Sustenance (SIS) Group is designed as a support for teachers, counsellors and organizations that offer support to adolescents. The group is designed to be able

to be implemented by anyone who has an interest and passion for the topic and does not require any specific background or training. Anyone who works with children or adolescents would benefit from further investigation of their own health and body biases and how they shape the language they use around their bodies as this has lasting impacts on young people's self-concept. Educators have a responsibility to ensure that their approach to health and wellness is inclusive of all bodies and that they are not stigmatizing bodies, food, or ability. Additionally, individuals in health professions would benefit from more training on the impacts of these negative stigmas and concepts of health as much of the perpetuation of the thin ideal and fatphobia has been on behalf of the medical community. While weight and health are sometimes linked, they are not mutually exclusive and shaming individuals and dieting have been found to be an ineffective and often harmful approach.

Recommendations

The recommendation is a group therapy program for adolescent female students struggling with self -esteem and body image. The program is outlined for implementation by teachers and school supports but can be easily adapted to other venues. The activities aim to challenge current beauty standards, social and media pressures, as well as inform about intuitive eating practices as a method of cultivating self-acceptance and curbing disordered eating behaviours that may be being employed as a coping technique. The group utilizes Cognitive Behaviour Therapy techniques to examine thinking traps and the relationship between thoughts, feelings, and behaviours particularly in member's eating habits and self talk. Mindfulness practices are used to help members reconnect with themselves, listen to their bodies and find new ways to deal with stress. Finally, the group looks at interpersonal relationships as strengths or stressors and works with members to assert boundaries as needed.

This group would be delivered in the school setting as it creates a low barrier to attendance and accessible recruitment and run for 8 weeks as this is enough time to do a variety of activities and see growth but not too much time to minimize member commitment and potentially encounter boredom.

Enrollment: This group will be aimed to work with 6-8 students who identify as female, between the ages of 14-15 or 16-18. Student referrals could come from teachers and other support staff for the counselling staff to consider. After that point, personal invites would be offered to specific students for the purpose of this group support program. This group targets young people who may be displaying disordered eating, but not students with specifically diagnosed eating disorders. It is recommended that counsellor's meet with prospective members privately to assess their readiness and suitability for the group (Brabender et al., 2004).

Location & Time: The group would be held in a safe and private space within the school at a consistently regular time on a weekly basis. It is ideal if the session time is built into the day as it will not intrude on student's personal time, and they will not have to disclose to peers what they are doing. Many schools have flexible blocks built into their schedule for additional work time or personal interest activities, and this would be an ideal time to run the session as it would not cut into student's personal time or create the need to let parents and friends know where they are if that is uncomfortable for them.

It is preferred that the meeting space is not a typical classroom as such spaces are not always perceived as welcoming for some students (Stice et al., 2007). The room should be a quiet space where limited to no interruptions would occur, comfortable, with low, non-aggressive lighting (Berg et al., 2017; Fehr, 2013). It is recommended to use a room with relaxed seating, minimal florescent lights, in a remote, quiet part of the building and does not experience as much student

traffic. Movable desks can be utilized for group activities or moved out of the way to create a circle. Fewer classroom items in the space such as white boards or desks can create a more inviting space for those who feel barriers to being in a classroom. A whiteboard or chart paper is recommended to review concepts and share ideas.

Group Leader Preparation: It is recommended that those leading the group investigate their own history, biases, and stigmas around beauty standards, body types, and health. Because body image is heavily influenced by the perceived objective lens of others (Becker et al., 2013), it is crucial that group leaders are aware that any perceived judgement on their behalf can have detrimental impacts and derail the focus of the group. Leaders must understand that there is no finite definition of "normal", "healthy" or "beautiful" and that fat phobia is ubiquitous in Western culture and rooted in oppression and othering of different bodies (Strings, 2018). It would be best if group leaders could debrief collaboratively to unpack some of their assumptions and biases together to prepare them to address these inevitable themes that will arise in the group's discussions. It is not recommended that individuals who are currently dieting take on this role as they would be engaging in behavior that is counter to the groups message. At the same time, this group would likely be cathartic for those struggling with their own self-concept as our own healing, as facilitators as well as participants, is ongoing and never done.

Multicultural Considerations: Another facet of group leader preparation is to unpack their own cultural assumptions about beauty and health; it is important for leaders to understand that these are culturally influenced and diverse. Leaders are encouraged to invite members to share their experiences, their concepts of beauty and their unique pressures. When leaders are discussing beauty standards, it is important to preface that they are referring to popular Western beauty ideals and to invite discussion of the role this plays in members' lives (Hook et al., 2013).

This moves members beyond a single perception of beauty and deepens their connection and understanding of one another.

It is important for group leaders to engage in ongoing reflection on their personal biases. Additionally, they should seek opportunities to grow their understanding of different cultural contexts through exposure and dialogue. Through continually challenging and growing their worldview, leaders can avoid making assumptions about group members and be open to new perspectives. This practice develops cultural humility and enriches the experience for all group members (Hook et al., 2013). Leaders should be comfortable and ready to deal with microaggressions and member biases as they arise (Yalom & Leszcz, 2020). As the group is a microcosm of the real world, cultural awareness and celebration is beneficial to the wellbeing of the group and society beyond (Grimes & Kivlighan, 2022).

Have a Plan: Working with one's self concept is sensitive work as so much of body image is rooted in guilt and shame. Because of this, it is important to have a plan as therapeutic alliance and group cohesion are important for success (Duffy et al., 2021). The group should follow a routine schedule for several reasons. Because the group is composed of students in schools, they will be used to the routine, structure, and didactic approaches of the classroom. Overly didactic approaches have been found to be disengaging for adolescents in comparison to more engaging techniques (Barak et al., as cited in Stice et al., 2012), but the routine and structure will help build comfort in group members. Each SIS session begins with an icebreaker and ends with homework, and this helps ease members in and out of the session. Protocols need to be established in the first session and reviewed throughout. Members need to be fully briefed on confidentiality, on ways to remove themselves in times of overwhelm, ways to engage respectfully, and ways to seek additional support from leaders. They would also need to know

what the process will be if they need to be or wish to be removed from the group. Finally, leaders need to be available to have one to one debriefs with difficult topics and need to remind the group of this availability regularly.

Group Integrity: The preservation of the group's integrity is crucial to its success. Interviews as part of the group member selection process will help to ensure that members are ready to do the work and a good fit for the group. Leaders must consider how homogenous they want the group to be. It should be varied enough to be engaging and challenging without being divisive (Garland, 2018). Another selection focus should be on the desire to change and to find solutions rather than problem behaviors; many who engage with disordered eating are committed to their lifestyle and do not wish for alternatives. Programs may backfire if participants' efforts to resist unhealthy dieting are thwarted by peers engaging in discussions that perpetuate the thin ideal. Additionally, it is important to also address issues and pressure within the home and family to be thin as these relationships can sideline the productivity accomplished within the group (Stice et al, 2007). For this reason, the SIS group includes a focus on considering, asserting, and maintaining boundaries within members' home environments.

A Group Centered Approach: While having informed and prepared leaders is important to the function of the group, it is imperative that the focus of the group is the members and their discussions. The interpersonal nature of groups contains crucial learning and development for members (Poane et al., 2008), and heavy-handed leadership could hinder the effectiveness of these interactions. Members need to have the opportunity to test new behaviors and to learn about themselves in relation to others through genuine exchanges (Berg et al., 2019). Peers have strong influence on the development of self-esteem, and the group has the potential to utilize this for positive change (Dor-haim et al., 2019). When working with body image

disturbances, it is critical that members critique the thin ideal themselves to experience cognitive dissonance that disrupts their problematic thinking (Stice et al., 2007). A goal of the group is to connect with intrinsic values and motivation in line with Intuitive Eating practice (Tribole & Resch, 2020). Overly didactic leadership could be replacing one extrinsic influence with another and impede the process of connecting with the self. Additionally, the time before and after group sessions is also an important time for building connection among the group and promoting discussion (Berg et al., 2017). Groups should always have a space and additional time to accommodate these opportunities.

Eating Together: Food can be utilized as a cohesive piece for the group. To promote nourishment and connecting with the body, snacks and drinks should be available in a low-pressure area to the side of the room. Group members can be asked to recommend snacks that can be added each week. The sharing of food enjoyment is a connection point between the group for discussion, but it also promotes a more holistic and Indigenous lens on gathering, community, and healing as connection to food fosters connection to oneself and the community (Verjee et al., 2017). The additional time around meetings is a great time for members to socialize over snacks and practice their satisfaction factor. The SIS group also recommends the final session celebration be centered around a meal as members celebrate their new relationship with food and practice habits in a real-world model.

Conclusions

Body image disturbances are a pervasive issue in the Western world. Everyone is susceptible to the struggle between the self and largely unattainable western beauty standards regardless of age, gender, race, or sexuality. However, among these, the most targeted and vulnerable are adolescent females. Body image is a large contributor to one's overall self-esteem,

and this evaluation of ourselves has lasting impacts on our mental health and our efficacy throughout our lives. There is still so much stigma of bigger bodies that influences our society, our interactions with others and our relationship with ourselves, and much of this is built upon misinformation and marginalization.

But what if there was another way? What if we could support young females to connect with themselves, to accept their bodies, and to create their own definition of health and beauty? I believe the answer lies in peer connection, mindfulness practices, gentle nutrition, challenging problematic thinking, looking critically at beauty standards, and learning to navigate relationships. A group that focuses on these topics through Intuitive Eating practices would serve to rebuild this relationship with the self and potentially mitigate future eating disorders and mental health struggles. Offering this group in schools would be the most effective in terms of recruitment, space, staffing and cost, and early interventions are more cost effective than the lengthy and intensive treatments when disorders develop. Planning early initiatives is crucial to building self-acceptance and giving adolescents the tools to help navigate a complex and challenging world.

References

Alguzo, N. & Jaradat, A. M. (2021). Investigating the effectiveness of two therapeutic modalities in enhancing self-esteem among female adolescents. *International Journal of Psychology /*, *56*(6), 870–877. https://doi.org/10.1002/ijop.12773

Anderson, M. (2020, February). *What is Disordered Eating?* EatRight. https://www.eatright.org/health/diseases-and-conditions/eating-disorders/what-is-disordered-eating

Anderson, L. M., Reilly, E. E., Schaumberg, K., Dmochowski, S., & Anderson, D. A. (2016). Contributions of mindful eating, intuitive eating, and restraint to BMI, disordered eating, and meal consumption in college students. *Eating and Weight Disorders*, *21*(1), 83–90. https://doi.org/10.1007/s40519-015-0210-3

Andrew, R., Tiggemann, M., & Clark, L. (2016). Predictors and Health-Related outcomes of positive body image in adolescent girls: A prospective study. *Developmental Psychology*, *52*(3), 463–474. https://doi.org/10.1037/dev0000095

Augustus-Horvath, C. L., & Tylka, T. L. (2011). The Acceptance Model of Intuitive Eating: A Comparison of Women in Emerging Adulthood, Early Adulthood, and Middle Adulthood. *Journal of Counseling Psychology*, *58*(1), 110–125. https://doi.org/10.1037/a0022129

Avalos, L. C., & Tylka, T. L. (2006). Exploring a model of intuitive eating with college women. *Journal of Counseling Psychology*, *53*(4), 486–497. https://doi.org/10.1037/0022-0167.53.4.486

Becker, C. B., Hill, K., Greif, R., Han, H., & Stewart, T. (2013). Reducing self-objectification: are dissonance-based methods a possible approach?. *Journal of Eating Disorders*, *1*(1), 1-11. http://www.jeatdisord.com/content/1/1/10

Berg, R. C., Landreth, G. L., & Fall, K. A. (2017). *Group counseling: Concepts and procedures*. Routledge.

Bergeron, D., & Tylka, T. L. (2007). Support for the uniqueness of body dissatisfaction from drive for muscularity among men. *Body Image*, *4*(3), 288-295.

Bleidorn, W., Arslan, R. C., Denissen, J. J., Rentfrow, P. J., Gebauer, J. E., Potter, J., & Gosling, S. D. (2016). Age and gender differences in self-esteem—A cross-cultural window. *Journal of personality and social psychology*, *111*(3), 396. http://dx.doi.org/10.1037/pspp0000078

Brabender, V. M., Smolar, A. I., & Fallon, A. E. (2004). Essentials of group therapy. John Wiley & Sons.

Buerger, A., Ernst, V., Wolter, V., Huss, M., Kaess, M., & Hammerle, F. (2019). Treating eating disorders in the real world—MaiStep: A skill-based universal prevention for schools. *Preventive medicine*, *123*, 324-332.

Burnett, B., Kwitowsk, M., Trujillo. M., & Perrin, P. (2019). Body appreciation in lesbian, bisexual, and queer women: Examining a model of social support, resilience, and self-esteem. *Health Equity*. https://doi.org/10.1089/heq.2019.0003

Burnette, C. B., & Mazzeo, S. E. (2020). An uncontrolled pilot feasibility trial of an intuitive eating intervention for college women with disordered eating delivered through group and guided self-help modalities. *International Journal of Eating Disorders*, *53*(9), 1405–1417. https://doi.org/10.1002/eat.23319

Cast, A. D., & Burke, P. J. (2002). A theory of self-esteem. *Social Forces, 80*(3), 1041-1068. https://doi.org/10.1353/sof.2002.0003

Chen, Kakkad, D., & Balzano, J. (2008). Multicultural competence and evidence-based practice in group therapy. *Journal of Clinical Psychology*, *64*(11), 1261–1278. https://doi.org/10.1002/jclp.20533

Clay, D., Vignoles, V. L., & Dittmar, H. (2005). Body image and self-esteem among adolescent girls: Testing the influence of sociocultural factors. *Journal of research on adolescence*, *15*(4), 451-477. https://doi.org/10.1111/j.1532-7795.2005.00107.x

Corenblum, B. Relationships Between Racial–Ethnic Identity, Self-esteem and In-group Attitudes Among First Nation Children. *J Youth Adolescence* **43**, 387–404 (2014). https://doi.org/10.1007/s10964-013-0081-8

Craig, S. L., Eaton, A. D., Leung, V. W. Y., Iacono, G., Pang, N., Dillon, F., Austin, A., Pascoe, R., & Dobinson, C. (2021). Efficacy of affirmative cognitive behavioural group therapy for sexual and gender minority adolescents and young adults in community settings in ontario, canada. BMC Psychology, 9(1), 1-94. https://doi.org/10.1186/s40359-021-00595-6

Dockendorff, S. A., Petrie, T. A., Greenleaf, C. A., & Martin, S. (2012). Intuitive eating scale: An examination among early adolescents. *Journal of Counseling Psychology*, *59*(4), 604–611. https://doi.org/10.1037/a0029962

Dor-Haim, M., Yaroslavsy, A., Lev Azolay, T., Dascal, T., Toledano, A., Latzer, Y., & Stein, D. (2019). A dyadic group-movement therapy with adolescent girls with eating disorders. *Journal of Clinical Psychology*, *75*(8), 1429-1443. https://doi.org/10.1002/jclp.22785

Du, H., King, R. B., & Chi, P. (2017). Self-esteem and subjective well-being revisited: The roles of personal, relational, and collective self-esteem. *PloS one*, *12*(8), e0183958. https://doi.org/10.1371/journal.pone.0183958

Duffy, F., Sharpe, H., Beveridge, E., Osborne, K., & Richards, C. (2021). Mixed methods pilot evaluation of interpersonal psychotherapy for body image for adolescents. *Clinical Child Psychology and Psychiatry*, *26*(1), 167-177. https://doi.org/10.1177/1359104520963371

Epel, N., Zohar, A. A., Artom, A., Novak, A. M., & Lev-Ari, S. (2021). The effect of cognitive behavioral group therapy on children's self-esteem. *Children*, *8*(11), 958. https://doi.org/10.3390/children8110958

Fehr, S. (2013). *Introduction to group therapy : a practical guide* (Second edition.). Routledge. https://doi.org/10.4324/9781315808918

Ferris, D. L., Brown, D. J., Lian, H., & Keeping, L. M. (2009). When does self-esteem relate to deviant behavior? The role of contingencies of self-worth. *Journal of Applied Psychology, 94*(5), 1345-1353. https://doi.org/10.1037/a0016115

First Session. (2021, July 12). *Indigenous Counselling Modality + Western Psychotherapy | Robert Simms | First Session Resources* [Video]. YouTube. https://www.youtube.com/watch?v=WW1qK3JsBBk

Friedman, W. H. (1976). Referring patients for group psychotherapy: Some guidelines. Hospital & Community Psychiatry, 27, 121-123.

Garland. (2018). *The groups book : psychoanalytic group therapy: principles and practice*. Routledge, an imprint of Taylor and Francis.

Golan, M., Hagay, N., & Tamir, S. (2013). The effect of "In Favor of Myself": Preventive program to enhance positive self and body image among adolescents. *PLoS One*, *8*(11), e78223. https://doi.org/10.1371/journal.pone.0078223

Grimes, J. L., & Kivlighan, D. M. (2022). Whose multicultural orientation matters most? Examining additive and compensatory effects of the group's and leader's multicultural orientation in group therapy. *Group Dynamics: Theory, Research, and Practice, 26*(1), 58-70. https://doi.org/10.1037/gdn0000153

Hazzard, V. M., Telke, S. E., Simone, M., Anderson, L. M., Larson, N. I., & Neumark-Sztainer, D. (2021). Intuitive eating longitudinally predicts better psychological health and lower use of disordered eating behaviors: findings from EAT 2010–2018. *Eating and Weight Disorders*, *26*(1), 287–294. https://doi.org/10.1007/s40519-020-00852-4

Healy, N., Joram, E., Matvienko, O., Woolf, S., & Knesting, K. (2015). Impact of an intuitive eating education program on high school students' eating attitudes. *Health Education*, *115*(2), 214–228. https://doi.org/10.1108/HE-03-2014-0043

Hook, J. N., Davis, D. E., Owen, J., Worthington Jr, E. L., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of counseling psychology*, *60*(3), 353. https://doi.org/10.1037/a0032595

Jordan, L. (2017) The Evolution of Gay Group Therapy. In S.S. Fehr (Ed.), *101 interventions in group therapy* (2nd ed.) (pp.160-162). Routledge.

Kilpela, L. S., Blomquist, K., Verzijl, C., Wilfred, S., Beyl, R., & Becker, C. B. (2016). The body project 4 all: A pilot randomized controlled trial of a mixed-gender dissonance-based body image program. *International Journal of Eating Disorders*, *49*(6), 591-602. https://doi.org/10.1002/eat.22562

Koller, K. A., Thompson, K. A., Miller, A. J., Walsh, E. C., & Bardone-Cone, A. M. (2020). Body appreciation and intuitive eating in eating disorder recovery. *International Journal of Eating Disorders*, *53*(8), 1261–1269. https://doi.org/10.1002/eat.23238

Lamb, S., & Plocha, A. (2015). Pride and sexiness: Girls of color discuss race, body image, and sexualization. *Girlhood Studies*, *8*(2), 86-102. https://doi.org/10.3167/ghs.2015.080207

Leary, M. R. (1999). Making sense of self-esteem. *Current directions in psychological science*, *8*(1), 32-35. https://doi.org/10.1111/1467-8721.00008

Lieshout, R.,J. (2018). Early developmental influences on self-esteem trajectories from adolescence through adulthood: Impact of birth weight and motor skills. *Development and Psychopathology, 30*(1), 113-123. https://doi.org/10.1017/S0954579417000505maddiem

Linardon, J., Tylka, T. L., & Fuller-Tyszkiewicz, M. (2021). Intuitive eating and its psychological correlates: A meta-analysis. In *International Journal of Eating Disorders* (Vol. 54, Issue 7, pp. 1073–1098). John Wiley and Sons Inc. https://doi.org/10.1002/eat.23509

Marrone, Mario. *Attachment and Interaction : From Bowlby to Current Clinical Theory and Practice Second Edition*, Jessica Kingsley Publishers, 1998.

Moretti, M. M., & Higgins, E. T. (1990). Relating self-discrepancy to self-esteem: The contribution of discrepancy beyond actual-self ratings. *Journal of Experimental Social Psychology*, *26*(2), 108-123. https://doi.org/10.1016/0022-1031(90)90071-S

McArdle, P., Moseley, D., Quibell, T., Johnson, R., Allen, A., Hammal, D., & LeCouteur, A. (2002). School-based indicated prevention: a randomised trial of group therapy. *Journal*

of Child Psychology and Psychiatry, *43*(6), 705-712. https://doi.org/10.1111/1469-7610.00091

McEvoy, P. M., & Nathan, P. (2007). Effectiveness of cognitive behavior therapy for diagnostically heterogeneous groups: A benchmarking study. *Journal of Consulting and Clinical Psychology, 75*(2), 344-350. https://doi.org/10.1037/0022-006X.75.2.344

Mruk, C. J. (2006). *Self-esteem research, theory, and practice: Toward a positive psychology of self-esteem*. Springer Publishing Company.

Newsome, W. S. (2004). Solution-focused brief therapy groupwork with at-risk junior high school students: Enhancing the bottom line. *Research on Social Work Practice*, *14*(5), 336-343. https://doi.org/10.1177/1049731503262134

Orth, U., & Robins, R. W. (2014). The development of self-esteem. *Current directions in psychological science*, *23*(5), 381-387. https://doi.org/10.1177/0963721414547414

Park, L. E., Crocker, J., & Mickelson, K. D. (2004). Attachment styles and contingencies of self-worth. *Personality and Social Psychology Bulletin*, *30*(10), 1243-1254. https://doi.org/10.1177/0146167204264000

Paone, T. R., Packman, J., Maddux, C., & Rothman, T. (2008). A school-based group activity therapy intervention with at-risk high school students as it relates to their moral reasoning. *International Journal of Play Therapy*, *17*(2), 122. https://doi.org/10.1037/a0012582

Poole, K. L., Schmidt, L. A., Ferro, M. A., Missiuna, C., Saigal, S., Boyle, M. H., & Van Lieshout, R. J. (2018). Early developmental influences on self-esteem trajectories from adolescence through adulthood: Impact of birth weight and motor skills. *Development and Psychopathology*, *30*(1), 113-123. DOI: 10.1017/s0954579417000505

Pop, L. M., Iorga, M., & Iurcov, R. (2022). Body-esteem, self-esteem and loneliness among social media young users. *International journal of environmental research and public health*, *19*(9), 5064.

Purkey, W. W. (1988). An Overview of Self-Concept Theory for Counselors. Highlights: An ERIC/CAPS Digest.

Ritschel, L. A. (2011). School-based group psychotherapy for at-risk adolescents. *International Journal of Group Psychotherapy*, *61*(2), 311-317. https://doi.org/10.1521/ijgp.2011.61.2.311

Rogers, C. R. (1947). Some observations on the organization of personality. *American Psychologist, 2*(9), 358-368. https://doi.org/10.1037/h0060883

Rosen H. (2014). Is Obesity A Disease or A Behavior Abnormality? Did the AMA Get It Right?. *Missouri medicine*, *111*(2), 104–108. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6179496/

Rutan, J. S. (2014). Things I Have Learned: 45+ Years of Group Psychotherapy. *International Journal of Group Psychotherapy, 64*(4), 555-66. https://doi.org/10.1521/ijgp.2014.64.4.555

Samuels, K. L., Maine, M. M., & Tantillo, M. (2019). Disordered eating, eating disorders, and body image in midlife and older women. *Current psychiatry reports*, *21*(8), 1-9. DOI:10.1007/s11920-019-1057-5

Schivinski, B., Brzozowska-Woś, M., Stansbury, E., Satel, J., Montag, C., & Pontes, H. M. (2020). Exploring the role of social media use motives, psychological well-being, self-esteem, and affect in problematic social media use. *Frontiers in Psychology*, *11*, 617140. DOI: 10.3389/fpsyg.2020.617140

Shaw, H., Stice, E., & Becker, C. B. (2009). Preventing Eating Disorders. *Child and adolescent psychiatric clinics of North America*, *18*(1), 199. DOI: 10.1016/j.chc.2008.07.012.

Sprecher, S., Brooks, J. E., & Avogo, W. (2013). Self-esteem among young adults: Differences and similarities based on gender, race, and cohort (1990–2012). *Sex roles*, *69*(5), 264-275. DOI 10.1007/s11199-013-0295-y

Stratton, P. (2011). The evidence base of systemic family and couples therapies. *United Kingdom: Association for Family Therapy*. http://www.stevemarriott.com.au/uploads/5/2/9/4/52948285/evidence-base_of_ft_1.pdf

Stice, E., & Presnell, K. (2007). *The body project: Promoting body acceptance and preventing eating disorders*. Oxford University Press.

Stice, E., Yokum, S., Rohde, P., Shaw, H., Gau, J. M., Johnson, S., & Johns, A. (2019). Randomized trial of a dissonance-based transdiagnostic group treatment for eating disorders: An evaluation of target engagement. *Journal of consulting and clinical psychology*, *87*(9), 772. https://doi.org/10.1037/ccp0000430

Stice, E., Rohde, P., Durant, S., & Shaw, H. (2012). A preliminary trial of a prototype Internet dissonance-based eating disorder prevention program for young women with body image concerns. *Journal of Consulting and Clinical Psychology*, *80*(5), 907. https://doi.org/10.1037/a0028016

Stichter, J. P., Herzog, M. J., Malugen, E., & Schoemann, A. M. (2019). Influence of homogeneity of student characteristics in a group-based social competence intervention. *School Psychology, 34*(1), 64-75. https://doi.org/10.1037/spq0000261

Strings, S. (2018). *Fearing the black body: The racial origins of fat phobia.* NYU Press

Taylor, S. R. (2021). *The body is not an apology: The power of radical self-love*. Berrett-Koehler Publishers.

Tribole, E., & Resch, E. (2020). *Intuitive eating, 4th edition: A revolutionary anti-diet approach*. St. Martin's Press.

Tylka, T.L., Kroon Van Diest, A.M. (2013).Supplemental Material for The Intuitive Eating Scale–2: Item Refinement and Psychometric Evaluation With College Women and Men. *Journal of Counseling Psychology*. https://doi.org/10.1037/a0030893.supp

van Hoeken, D., & Hoek, H. W. (2020). Review of the burden of eating disorders: mortality, disability, costs, quality of life, and family burden. *Current Opinion in Psychiatry*, *33*(6), 521.

von Sydow, K., Beher, S., Schweitzer, J., & Retzlaff, R. (2010). The efficacy of systemic therapy with adult patients: A meta-content analysis of 38 randomized controlled trials. *Family process*, *49*(4), 457-485.

Warren, J. M., Smith, N., & Ashwell, M. (2017). A structured literature review on the role of mindfulness, mindful eating and intuitive eating in changing eating behaviours: Effectiveness and associated potential mechanisms. In *Nutrition Research Reviews* (Vol. 30, Issue 2, pp. 272–283). Cambridge University Press. https://doi.org/10.1017/S0954422417000154

Westfall. (2020). Self-esteem, Theory of. In *The Wiley Encyclopedia of Personality and Individual Differences, Set /* (pp. 381–385). John Wiley & Sons, Incorporated,. https://doi.org/10.1002/9781119547143.ch63

Wolter, Hammerle, F., Buerger, A., & Ernst, V. (2021). Prevention of eating disorders-Efficacy and cost-benefit of a school-based program ("MaiStep") in a randomized controlled trial

(RCT). *The International Journal of Eating Disorders.*, *54*(10), 1855–1864. https://doi.org/10.1002/eat.23599

Yalom, I. D., & Leszcz, M. (2020). *The theory and practice of group psychotherapy*. Basic books.

Zapolski, T. C., & Smith, G. T. (2017). Pilot study: Implementing a brief DBT skills program in schools to reduce health risk behaviors among early adolescents. *The Journal of School Nursing*, *33*(3), 198-204. https://doi.org/10.1177/1059840516673188

Appendix A

SIS: SELF IMAGE AND SUSTENANCE GROUP PLAN PACKAGE

By Jillian M. Whitely

SIS: Self Image and Sustenance Group
Session 1: Introduction

Objective: The goal of the session is to get to know the group and discuss the objective and expectations of the group.
Materials: Whiteboard or chart paper, paper and pens
Activities:
1. Introduction: The WHY of the group (improve self-concept and discover alternatives to maladaptive practices)
2. Icebreaker: Get to know and introduce the person next to them, must include something they are proud of/ a strength
3.Anonymous questionnaire on their phones about body image and disordered eating behaviour but share results with group
4.Expectations: Review and collaborate, make a commitment to themselves and the group.

-Consistent attendance
-Not a place to discuss pro-diet, pro-thin attitudes, or strategies
-Talk nicely to yourself and others
-Ensure you are participating but also allowing others space to talk as well
-Remind that this is not intensive one-to-one therapy, but if desired facilitators can support this outside of group
-Safety plan for if particularly triggered from discussion or homework activities and contact info for resources and facilitators.

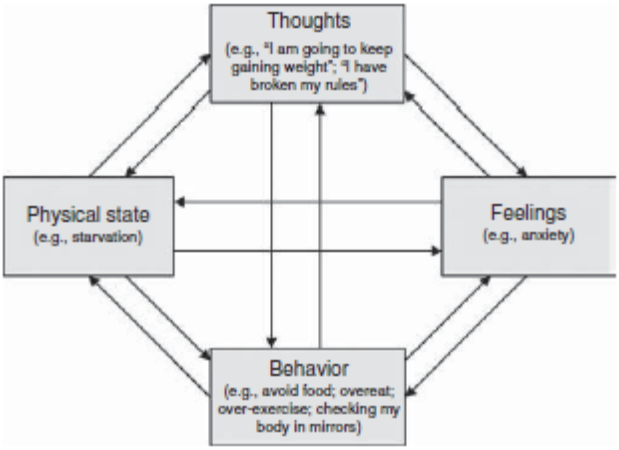
5.Home Exercise: Explain what they are, how they work. Considering Positive and Negative Influences (including themselves) on their body image.

Summary: At the end of this session members should know each other and their facilitators. The icebreaker should help to create a fun and welcoming environment they want to return to next week. The discussion item should have eased them into some group discussion practice. They will be fully briefed on what the expectations, procedures and schedule is for the group.

Considerations:
Though there should be a pre-screening for group suitability, facilitators should be looking for any indication that group members have already begun to engage in eating disorder behaviour as this would mean they are not a good fit for the group and will need support connecting with a suitable resource/intervention. Additionally, the pre- and post- group time should be utilized by facilitators to answer questions, offer additional support to members and gauge any distress.

SIS: Self Image and Sustenance Group
Session 2: Influences

Objective: Group members will begin to examine different Influences on their body image and overall self-concept
Materials: Whiteboard or chart paper, paper and pens
Activities:
1.Icebreaker: Two Truths and a Lie
2. Debrief: Review group processes, commitments, and expectations. Discuss some body image/self concept influences they considered throughout the week. List together on chart paper
3.Analyze subtle and not so subtle influences and messaging found in media (criticism must be from the members for dissonance)
4.Comparison-The Thief of Joy: Examine and discuss the cycle of thoughts, feelings, and behaviours around the distorted thinking of comparison with others.



Waller et al., (2010). *Beating your eating disorder: A cognitive-behavioral self-help guide for adult sufferers and their carers*. Cambridge University Press

5. Flip the script: Create some self affirmations and commit to using them throughout the week for homework.
Summary: This will give the group an opportunity to examine and challenge some of the influences in their lives. They will be able to examine the impact of comparing themselves to others on their thoughts, feelings and behaviour and then write a different script to begin to speak to themselves more kindly and begin to develop some self-compassion.

Considerations: Discussing the influences on one's self concept and body image can bring up unexpected feelings as there is a lot of guilt and shame entrenched in these feelings and they are often rooted in relationships with primary caregivers and important people in the individual's life. It is important to offer opportunities to debrief one-on-one and connect with members who may be struggling with this topic. Reviewing the process for stepping away or

seeking additional supports is therefore crucial at the beginning of each session.

SIS: Self Image and Sustenance Group
Session 3: Boundaries

Objective: Establishing boundaries with those around us
Materials: Whiteboard or chart paper, paper and pens
Activities:
1.Icebreaker: Put a finger down (Some questions around body image, some fun)

2.Brainstorm negative comments from friends and family about food and body image.

Ex: *Just a small slice of cake for you*

3.Roleplay possible responses to shift the conversation away or establish boundaries. Group share.

Ex: *Actually, I can decide my own fullness factor and I think I'd like a large corner piece, with extra icing*

Plan a statement that we can share with our loved ones that asserts our boundaries around body and food that we can use while we are doing this work.

4. Social media clean up: examining influences and what can we let go of or what we need more of.

-Examining our thought cycle when we engage with different media, finding what fills our bucket (if social media fills our bucket at all).

5.Homework: Practice some boundaries, share our statement with a loved one or someone who weighs on our progress. Continue to clean up our influences.

Summary: Group members will leave this session with an idea of how to establish boundaries with those around them to protect their space while they do the work of connecting with themselves. They will also feel cognizant and empowered to remove that which doesn't serve them in their interactions with social media.

Considerations: Some group members may have cultural differences in establishing boundaries with those around them and relationships with food, body and eating practices, it is important to invite those conversations to the forefront and strategize together or offer one to one support if that is what's needed.

SIS: Self Image and Sustenance Group
Session 4: Reject Diet Mentality

Objective: Examining diet history and pressures to adopt dieting practices.
Materials: White board or chart paper, something to show PowerPoint, paper and pens
Activities:
1.Icebreaker: Survey group with disordered eating questions, use the line activity to get group moving. (10 min)

- I try to avoid certain foods high in fat, carbs, sugar, or kcals
- I have forbidden foods that I don't let myself eat
- I get mad at myself for eating something unhealthy
- If I crave a certain food, I don't allow myself to have it
- I follow rules that dictate what/when/how much to eat

I eat when I'm feeling:

- Emotional (anxious, depressed, sad . . .)
- Lonely
- Bored
- Stressed out . . . even though I'm not physically hungry
- I use food to help me soothe negative emotions

Reliance on hunger and satiety cues

- I don't trust my body to tell me when to eat
- I don't trust my body to tell me what to eat
- I don't trust my body to tell me how much to eat
- I don't trust my body to tell me when to stop eating
- I can't tell when I'm slightly hungry
- I can't tell when I'm slightly full

Body–food choice congruence

- Most of the time, I don't want to eat nutritious foods
- I don't often eat foods that make my body perform well
- I don't often eat foods that give my body energy and stamina"

* From *Just Eat It* by Laura Thomas

2. Informative Share: Facts & Diet Consequences (ideally on Powerpoint)
3. Homework: Consider the costs of dieting (monetary, psychological, health)
Summary: When members leave this session, they should have some concepts of their own potential disordered eating practices. They should be aware of the impacts, outcomes and consequences of dieting.
Considerations: This session can be heavy. It is important to prepare members that things may come up for them and they may feel tempted to consider that "one last diet". The activities are minimal to allow for more time to debrief.

SIS: Self Image and Sustenance Group
Session 5: Make Peace with Food

Objective: To begin to counter the diet culture mentality and discover fullness and satiety cues
Materials: White board or chart paper, something to show PowerPoint, paper and pens
Activities:
1.Icebreaker: Deserted Island
2.Introduce Intuitive Eating Powerpoint
Discussion of 10 Principles and what that means/looks like:
1.Reject the diet mentality
2.Honor your hunger
3.Challenge the food police
4.Make peace with food
5.Discover the satisfaction factor
6.Respect your fullness
7.Honour your feelings without using food
8.Respect your body
9.Exercise-Feel the Difference
10.Honor your health with gentle nutrition

3.CBT around thoughts about food, record one and share with group
Ex.

Unreasonable thought—a cognitive distortion:
I should never eat carbohydrates during the day, even if I crave them
Questions to ask:
-Should I really never eat carbohydrates?
-Aren't there times of the day when I do, in fact, eat a lot of carbs?
-How do I feel when I don't eat any carbohydrates during the day?
-Thought reframed, based on past experiences:
-My past experience demonstrates that when I haven't eaten carbohydrates during the day, I end up having little energy and often binge on carbs at night.
Reflection upon the result of acting on your reframed thought:
Since I've added carbs to my meals throughout the day, I've stopped binging on cookies and chips at night, and I feel so much better all day.

4. Homework: Hunger, Satiety and Fullness Cues
Give yourself unconditional permission to eat, be mindful about it but as you eat consider (and/or log) your hunger and fullness cues before and after you eat. Notice and challenge any food police thoughts that may come up.

Hunger and fullness scale:

1	2	3	4	5	6	7	8	9	10
Extremely hungry, weak, irritable		Starting to get hungry, stomach growling		Satisfied, comfortable		Starting to get very full, uncomfortable			Extremely full, stuffed, sick

Summary: When members leave this session, they should have some concepts of their own potential disordered eating practices and an idea of how intuitive eating practice can offer relief. They should have some ideas of how to counter the cognitive distortions that can impact their relationship with food.

Considerations: There may be cultural differences in adopting these practices and members should be encouraged to share as they arise or seek one to one time if needed. Logging anything pertaining to eating or food can bring up past dieting tendencies and members should be urged to practice in a way that feels supportive and safe to them.

SIS: Self Image and Sustenance Group
Session 6: Connect with Your Body

Objective: To encourage group members to consider a more mindful, connected and compassionate relationship to their bodies and movement
Materials: White board or chart paper, paper and pens
Activities:

1.Icebreaker: Movement Memory

Together with a partner, share about a favourite movement memory. This could be running across a field, stretching, swimming, dance, drawing, acting etc. What made it feel good?

2.Somatic Practice: Body Scan

Have members spread out and lay or sit comfortably. They can close their eyes or not, dim the lighting

Bring Your Attention to Your Head, And thank . . .

- *Your ears for listening*
- *Your eyes for taking in the world*
- *Your tongue for speaking your truth*
- *Your mouth for eating nourishing food*
- *Your mind for its insight and ability to focus*

Move down into your chest, and thank

- *your lungs for breathing in fresh air*
- *your heart for beating*

Bring awareness to your arms, and thank

- *your hands for writing, holding books, creating,*
- *your fingers for their sense of touch*
- *your arms for giving and receiving hugs*

Tune into your torso, and thank

- *your belly for digesting and nourishing food*
- *your organs for all your body's functions*

Feel your lower body, and thank

- *your legs and feet for carrying you around*

Put your hands on an area you struggle with, maybe your tummy or your butt

- *send it some love*

Connect with your whole body, and thank

- *your body for being your vessel in the world, your vehicle for experiencing each day fully*

Debrief: How did this feel? What came up for you? Do you think this practice could be incorporated into your life?

3.Write a letter to yourself: tell yourself what you need to hear, some love or acceptance, make a commitment to yourself.

4.Do something you normally wouldn't because of Body Image concerns, perhaps some movement that feels good

Summary: Group members should have some ideas of how they can connect with their body in short mindfulness practices but also long term through discovering movement that feels good to them and supports their overall wellbeing.

Considerations: Bodies hold trauma and somatic practices can bring up unexpected reactions. Members should be briefed that this can occur, they can excuse themselves, to engage in a way that feels safe to them and that supports are available outside of the group.

SIS: Self Image and Sustenance Group
Session 7: Connect with Yourself

Objective: To discover our emotional habits and alternative coping strategies.
Materials: White board or chart paper, paper and pens
Activities:

1. Icebreaker:
2. Brainstorm a list of times we eat because of our feelings rather than our hunger.
   Ex.
   -anxiety: using food to calm yourself
   -boredom: eating as something to do
   -bribery: "finish your homework, and you can have a treat"
   -celebration: food accompanies most events
   -emptiness: eating from a lack of spiritual meaning
   -excitement: using food as something fun
   -feeling lonely or unloved: using food as a friend
   -frustration, anger, rage: eating as a release
   -loosening the reins: eating as an outlet from a overly controlled life
   -mild depression: carbohydrates can increase serotonin—the "feel better" neuro- transmitter
   -self-soothing when upset: eating as a comforting or consoling -activity procrastination: "I'll do that task after I eat something"
   -reward: "I just closed that deal—now I deserve that big piece of chocolate cake"
   -stress: food for relief
   Discuss alternative behaviours or activities to food for each of the examples be sure to include some mindfulness and movement options as per our previous sessions.
3. Inform about self-affirmations, have group members individually brainstorm 3 or 4 they can tell themselves in different moments from the example below and share as a group.
4. Homework: Take some time to set some intentions about activities and affirmations to use throughout the week.

Summary: Members will have an idea of some of their personal triggers and signs of overwhelm and a plan to move through those feelings without resorting to food.

Considerations: It is important to remind members that using food as coping is OK, the crucial piece is being mindful and empowered in the choice to do that rather than being at the whim of our feelings.

SIS: Self Image and Sustenance Group
Session 8: Concluding Session

Objective: To come together and celebrate the work that group members have done.
Materials: Potluck food items
Activities:
Ice Breaker: List 3 great qualities about yourself.
In this session we will listen to music and eat some good food.
Members will be encouraged to consider their satisfaction and be mindful when they eat to fully appreciate our shared meal.
Facilitators will take time to thank and recognize each member with mention of in a circle with group contributions. They will then give each member a self-love club enamel keychain as a physical symbol of their hard work and help them remember self-compassion.
Facilitator's will close with an optional future reconnect date for the group and a reminder of local resources and future groups.

* from oldenglishprints.com

Summary: Members should leave feeling nourished and celebrated. They should have resources to support them with any future concerns.

Considerations: Members should be encouraged to connect with facilitators in the future if they wish to review the strategies or materials. Members should also be reminded that healing is not linear and setbacks should be anticipated but that they have resources to support themselves moving forward.