

EMBRACING EMBODIMENT

**Embracing Embodiment: A Counsellor's Guide to Self-Discovery and Client Support in
Body Image Exploration**

by

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A Capstone Research Project submitted in partial fulfillment of the requirements for the degree

of

Master of Counselling (MC)

City University of Seattle (Canada) Victoria, BC, Canada

May 31, 2023

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Abstract

This capstone paper delves into the intricate dynamics of body image and its profound impact on individuals within the therapeutic context. As a new counsellor navigating the complexities of mental health and therapy, the exploration of body image-related shame and societal biases has emerged as a pivotal area of interest. The research sheds light on the challenges faced by individuals grappling with shame, self-devaluation, and disordered eating behaviors linked to body image issues. Furthermore, the study highlights the importance of self-reflection and self-care for counsellors, particularly in instances where personal triggers arise from shared stories and challenges with clients. The paper emphasizes the significance of addressing one's own issues while supporting clients in their therapeutic journey. By engaging in self-reflection, seeking supervision, and prioritizing mental well-being, counsellors can create a safe and empathetic space for clients to explore their struggles. Through modeling vulnerability, empathy, and self-awareness, counsellors aim to foster a collaborative and non-judgmental environment conducive to healing and self-acceptance.

Keywords: Body image, embodiment, self-reflection, therapeutic relationship

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Embracing Embodiment: A Counsellor's Guide to Self-Discovery and Client Support in Body Image Exploration

Chapter One: Introduction

Background Information

This paper explores the intricate interplay between body image, counselling practices, and the concept of embodiment within therapeutic relationships. The research seeks to illuminate the complex dynamics within the counselling process by examining how counsellors' relationships with their own embodiments shape client support and self-discovery in addressing body image challenges. Through this exploration, the research aims to uncover nuanced understandings of the interplay between counsellors' own embodied experiences and the support they provide to clients as they both grapple with body image issues. The paper delves into the multifaceted aspects of body image, counselling skills, and embodiment within therapeutic relationships.

Body image concerns have garnered significant attention due to their impact on individuals' mental well-being and self-perception (Hosseini & Padhy, 2024; Levine & Piran, 2004; McBride, 2021; Pienaar & Bekker, 2007; Shilling, 2016). Historically, the study of body image has primarily focused on pathology, with considerable research dedicated to evaluating how individuals assume a negative view of their bodies (Cash, 2004). However, numerous scholars assert that body image is a complex and multifaceted concept that includes "self-perceptions and attitudes involving thoughts, feelings, and behaviors related to the body" (Cash, 2004; Piran, 2016; Tylka, 2012). The examination of body image is often understood through neurological, sociocultural, and psychological perspectives. Over time, the field of counselling has incorporated the study of body image, exploring it from social, developmental, and clinical

viewpoints (Tylka, 2012). Building on insights from Cash (2012), Gennaro et al. (2019), and Levine & Piran (2004), they ask the counselling field to explore positive body image in body attitudes research. Investigating the specific qualities that foster positive body image not only aids practitioners in their work with clients but also adds to emerging research and theory. Body image ideals, include size and shape, and are complex constructs influenced by our experiences related to gender, ethnicity, ability, and personal relationships. As therapists, we can serve as examples of positive body image and assist our clients in dismantling detrimental beliefs about their bodies (Bechtel et al., 2020).

Counselling can play a pivotal role in supporting individuals grappling with body image concerns, with a particular focus on the embodiment of counsellors in shaping therapeutic interactions (McBride, 2021; McBride & Kwee, 2018; Moya, 2014; Ressler & Kleinman, 2012). Several research studies have been conducted on the themes of body image, embodiment, and the therapeutic relationship within counselling and psychology. These studies have explored the impact of body image concerns on individuals' well-being and mental health, the role of embodiment in shaping self-perception and experiences (Alberga et al., 2016; Bechtel et al., 2020; Braun et al., 2016; Cash, 2004; Hosseini & Padhy, 2024; Koenig, 2008; Levine & Piran, 2004), and the significance of the therapeutic relationship in facilitating healing and growth (Caldwell, 2018; Cook-Cottone, 2020; Levine, 2008; Malles, 2023; McBride & Kwee, 2018; Ressler & Kleinman, 2012). Additionally, research has delved into how counsellors' embodiment practices influence client support and outcomes in addressing body image challenges (Dana, 2018; Levine, 2008; McBride & Kwee, 2018).

This paper also examines the counsellor's journey of self-awareness regarding their own biases and similar experiences, particularly for novice counsellors. As a new counsellor, I am

curious about understanding elements that could positively contribute to or potentially harm the client-counsellor relationship, such as client self-discovery and support in the context of body image issues. For instance, I am exploring how my own biases and preconceptions influence the therapeutic dynamic and impact the effectiveness of the support provided to clients navigating body image challenges. This highlights the importance of understanding how these dynamics in counselling practices may harm or help clients we work with.

The exploration of body image, embodiment, the therapeutic relationship, and embodiment practices is highly relevant and warranted in the field of counselling and psychology due to their profound impact on individuals' mental health and well-being (Alberga et al., 2016; Cash, 2012; Cook-Cottone, 2020; Grogan, 2016; McBride & Kwee, 2018). Body image concerns have become increasingly prevalent in modern society, influencing individuals' self-perception and emotional well-being (Cash, 2004, 2012). Understanding the intricacies of body image and its connection to embodiment is crucial for providing practical support to clients as they navigate these challenges. It allows counsellors to tailor interventions considering clients intersecting (Crenshaw, 2017) influences, fostering a more empathetic and comprehensive approach to their well-being (McBride & Kwee, 2018). Moreover, the therapeutic relationship is pivotal in facilitating healing and growth, with counsellors' embodiment influencing the quality of care and client outcomes (Cook-Cottone, 2020). This paper will explore how counsellors' embodiment practices shape the therapeutic relationship and client experiences, discovering the effectiveness of counselling interventions and cultural sensitivity for individuals struggling with body image issues. By examining these interconnected themes, researcher's purpose is to enhance our understanding of the complexities surrounding body image issues and the importance of embodiment in counselling practices. This capstone project aims to contribute valuable insights

that can inform and enrich the effectiveness of therapeutic approaches in addressing these complexities.

Research Problem Statement

In the realm of counselling, the role of counsellors' embodiment in shaping the therapeutic relationship and the support offered to clients facing body image challenges remains a nuanced and critical area of exploration. This research delves into how counsellors' embodiment influences the counselling process, aiming to unravel the complexities and contribute to a deeper understanding of effective therapeutic practices in the context of body image concerns.

Despite separate research emphasizing the significance of body image, embodiment, and therapeutic interaction, motivated by a desire for a more comprehensive understanding, I aim to connect and explore the interrelatedness of these themes. I aspire for this research to empower counsellors grappling with body image challenges as it delves into how their individual embodiment and struggles with body image shape the therapeutic process. The study aims to shed light on how counsellors' experiences with their own bodies impact client support and contribute to self-discovery in addressing body image concerns. Through this investigation, the study seeks to provide valuable insights to enhance the effectiveness of counsellors facing similar challenges, fostering a more empathetic and informed therapeutic approach. Moreover, by illuminating the role of embodiment in counselling interventions for body image issues, this research seeks to inform future studies and enhance the development of culturally sensitive and impactful therapeutic approaches in this area.

Failure to address the complex relationship between body image, embodiment, and the therapeutic relationship in counselling practices could lead to several negative consequences.

The stigma and societal biases surrounding body size and appearance contribute to internalized weight bias and negative attitudes towards individuals with larger bodies (Alberga et al., 2016; Gennaro et al., 2019; Koenig, 2008). These biases can exacerbate feelings of shame and self-criticism, making it challenging for individuals to navigate their body image concerns and seek support (Puhl & Heuer, 2010). The lack of awareness and understanding of the complex interplay of factors influencing body image, such as cultural, social, and individual influences, poses a significant challenge in addressing body image issues effectively. Without proper recognition and exploration of these factors, individuals may struggle to overcome their body image-related challenges and experience lasting improvements in their self-perception and well-being (McBride & Kwee, 2018; Pienaar & Bekker, 2007). Overall, the general problem faced by individuals concerning body image research and therapy is the pervasive presence of shame, societal biases, and a lack of comprehensive understanding of the multifaceted nature of body image issues (Gale et al., 2014; Malles, 2023). Addressing these challenges through self-reflection, empathy, and therapeutic support promotes healing, self-acceptance, and positive body image development for both the client and counsellor (Cook-Cottone, 2020).

Rationale

As a new counsellor embarking on a new career, I have been deeply inspired by my own experiences and interactions with clients as I delve into the topic of self-awareness, embodiment, and countertransference in counseling. One client interaction served as a catalyst for my interest in exploring these complex dynamics within the therapeutic relationship. During a session with a client struggling with body image issues, I found myself unexpectedly triggered by their story. Despite my best efforts to remain objective, I noticed a wave of emotion surfacing within me, clouding my ability to fully engage with the client's experience

and to separate what my story from theirs. This moment of vulnerability and self-awareness highlighted the apparent influence of my unresolved or ongoing body image issues, prompting me to wonder how these beliefs might impact the work I do with clients. The central question I am curious about is how counsellors can guide someone toward resolving their own struggles while we do the same. How can we effectively support a client when the prevailing assumption is that we must first resolve our own issues to be impactful in this role? According to (Cook-Cottone, 2020), contrary to this assumption, as a therapist, having a fully resolved self isn't a prerequisite for helping those who struggle with similar issues. This raises questions about the implications of bringing more of our authentic selves and experiences into the counselling practice. How will this impact the therapeutic relationship, and what considerations must be anticipated? Furthermore, I am intrigued by the potential limitations that arise when a counsellor's biases and self-reflection are not addressed within the therapeutic setting. These limitations may stem from the counsellor's unresolved issues, worldview, or lack of proficiency in certain therapeutic skills. When these factors are left unaddressed, and the necessary support is not sought, it begs the question: Are we, as therapists, truly supporting the client and stirring change? I am keen to delve deeper into how continual professional development, self-reflection, and personal growth can enhance counsellors' effectiveness in navigating this intricate dynamic to serve their clients better.

Driven by a desire to enhance my skills, deepen my understanding of the therapeutic process, and create a more impactful and authentic connection with my clients, I feel compelled to research the nuances of self-reflection, embodiment, and countertransference in counseling practice. I was inspired to uncover strategies and insights that would not only benefit my clients but also contribute to my growth as a counselor and my own personal

healing. This paper aims to explore strategies for therapists who grapple with their own body image concerns to enhance their self-awareness, integrate embodiment practices, and effectively manage countertransference. By examining these approaches, this paper seeks to provide guidance on how therapists can create a supportive and empathetic therapeutic environment for clients facing body image issues. The research aims to empower therapists to navigate their personal struggles while effectively supporting clients in their journey to healing body image and fostering self-acceptance. Additionally, this paper is to explore the importance of therapists enhancing their self-awareness, incorporating embodiment practices, and managing countertransference effectively to offer a supportive environment for clients navigating body image issues. By examining the role of these factors in therapy, the paper aims to provide insights into how therapists can foster a safe and empathetic environment for clients to begin understanding their body image concerns. Additionally, this paper seeks to highlight the significance of ongoing professional development and training in equipping therapists with the necessary skills to effectively support individuals in developing a positive relationship with their bodies.

Overall, this capstone explores the intricacies of body image, emphasising the central role of the counsellors' self-awareness, biases, and unresolved issues in providing support to clients grappling with body image concerns. The conversation emphasizes how societal norms, weight bias, and internalized stigma significantly affect individuals dealing with body image issues. It underscores the crucial need for counselors to undertake self-examination to address their own body image concerns, ultimately enabling them to better support their clients facing similar. Furthermore, the paper delves into the concepts of positive body image, body dissatisfaction, and the healing potential of embodiment in relationships, highlighting

the importance of attunement, empathy, and emotional regulation in counselling interventions for individuals navigating body image challenges. The rationale for exploring these aspects is rooted in the aim to offer a widespread understanding of the complexities involved and to foster more effective and empathetic therapeutic practices related to body image.

Research Question

How do the interconnections between body image, embodiment, and the therapeutic relationship influence the effectiveness of counselling interventions for individuals struggling with body image concerns when the counsellor themselves grapples with body image issues? How can counsellors in this situation enhance their self-awareness and integrate embodiment practices to provide more empathetic and culturally sensitive support?

Contribution to the Field of Counselling

Studying body image, embodiment, and therapy can enrich the existing literature in counselling psychology by deepening our understanding of the complex interplay between body image concerns, embodiment practices, therapeutic interventions, cultural influences, and diverse identities. By addressing these interconnected factors, the study can offer valuable insights that advance the field's knowledge and inform more effective and inclusive approaches to supporting individuals' mental health and well-being. Investigating how body image, embodiment, and counseling intersect, especially concerning novice mental health counselors, can significantly enrich the existing literature in the field of counseling psychology in multiple ways. The following examination of themes below may influence the quality of interactions with clients and their own self-care practice.

Firstly, exploring the nexus between body image, embodiment, and mental health offers a meaningful contribution by shedding light on factors influencing individuals'

psychological well-being. The study can provide crucial insights into the psychological ramifications of body dissatisfaction. By navigating the complexities of emotions, behaviours, and thought patterns associated with an embodiment, counsellors can enhance their ability to address mental health challenges linked to body image and contribute to more comprehensive therapeutic interventions. Furthermore, this research can contribute to counsellors' understanding of client experiences by exploring the impact of shame, body dissatisfaction, and weight stigma on mental health. This insight enables counsellors to provide more empathetic and practical support tailored to specific challenges. Moreover, a holistic approach to addressing body image factors that impact the client and counsellor involves considering psychological, emotional, and social aspects. Counsellors who are proficient in these areas can offer unique and specific care that focuses on addressing underlying issues contributing to disordered eating behaviours and negative body image perceptions instead of perpetuating negative social constructs.

This research contributes to the counselling field by integrating a deeper understanding of how body image impacts embodiment. By exploring the relationship between body image concerns and embodiment, the study can enrich the knowledge of the complex relationship between individuals' perceptions of their bodies and lived experiences. The research can shed light on how body image issues manifest not just in thoughts and emotions but also in physical sensations and behaviours. Understanding how counsellors' embodiment influences client outcomes can also lead to more effective therapeutic interventions. By exploring the role of counsellors' self-awareness, biases, and unresolved issues in addressing body image concerns, counsellors can understand where they need support to better or learn to tailor their approaches to better support clients. Investigating how new counsellors can incorporate

embodied practices into their therapeutic work contributes to the existing literature on innovative counselling approaches. This research helps new counsellors expand their repertoire of therapeutic interventions, offering more holistic and client-centred care by assisting clients to connect with their bodies, regulate emotions, and cultivate self-compassion through embodied techniques.

Examining how body image, embodiment, and the therapeutic relationship intersect with diverse identities and experiences can contribute to the literature on intersectionality in counselling. By considering how cultural factors influence body image views and embodiment practices in therapy, the study can add to a more nuanced understanding of how diverse cultural frameworks influence individuals' relationships with their bodies and the therapeutic process. The research can contribute to cumulative cultural sensitivity by recognizing the influence of weight bias, societal norms, and internalized stigma on body image issues, allowing counsellors to offer more culturally sensitive and inclusive care. By addressing these factors within the therapeutic relationship, counsellors can create a safe (enough) space for clients from diverse backgrounds to begin healing their body image concerns. Additionally, counsellors informed about weight stigma and societal pressures connected to body image can advocate for social change and validate body positivity. By spreading awareness about the impact of body image and embodiment and championing acceptance and inclusivity, counsellors can help build a more supportive and compassionate society that embraces individuals wherever they are.

Overall, the field of counselling psychology could benefit significantly from this topic because it could deepen our understanding of the dynamics of the therapeutic relationship in the context of body image issues. It also fosters cultural sensitivity, advances the self-

reflection and professional development of counsellors, and allows for findings from research to be added to clinical practice to improve client outcomes. Counselling interventions regarding body image and embodiment may become more meaningful and evidence-based if a gap is closed between research findings and clinical practice. Counsellors can support clients with body image issues by applying knowledge gained from research to their therapeutic work.

Theoretical Framework

Embodiment Theory

Embodiment theory emphasizes the interconnectedness of mind, body, and environment, highlighting the significance of understanding how individuals' experiences of their bodies influence their mental health and well-being (McBride & Kwee, 2018). When looking at body image and the therapeutic relationship, we can use embodiment practices to learn skills to implement coregulation and self-regulation when triggers come to the surface rather than subtly withdrawing into disembodiment and dissociation (Cook-Cottone, 2020). The practice of developing an embodied consciousness begins with the practitioner. When using embodiment theory, the hope is that with patience and coregulation, a counsellor can help clients slowly experience their own sense of embodiment as they heal from complex trauma (McBride & Kwee, 2018).

Feminist Theory of Embodiment

A feminist analysis of the stories women receive about themselves and their bodies reveals that embodiment theory could be an essential perspective for understanding and addressing body image issues (McBride & Kwee, 2018). Women's dissatisfaction with their bodies should be understood within a societal framework that oppresses and silences them,

urging them to control their bodies for the pleasure and consumption of others (Gattario et al., 2020; Shilling, 2016). A feminist perspective highlights the importance of understanding embodiment not only for its inherent value but also as a means of resisting patriarchal oppression (McBride & Kwee, 2018). Since body image concerns and eating disorders are rooted in a patriarchal society that objectifies women, this emphasizes the necessity of integrating the mind-body connections that have historically been minimized, rejected, or taught as separate. This integration of embodiment can serve as both a guide for personal healing and an act of political resistance (McBride & Kwee, 2018; Pearl et al., 2014).

Using this theoretical framework can provide a critical lens through which to analyze how race, culture, gender, and identity might have on the development of eating disorders and body image issues, offering insights into the complexities surrounding embodiment in counselling practice. In essence, applying feminist embodiment theory in examining the interplay of societal norms, gender expectations, and power dynamics with body image concerns and mental health offers a crucial perspective for scrutinizing the complexities within counselling practice (McBride & Kwee, 2018). Furthermore, this theoretical framework can enhance the understanding of client experiences by revealing how their bodies are influenced by wider social structures and cultural narratives, providing insights into the role of gender in the development of eating disorders.

Attachment Theory

The research will touch upon attachment theory to examine how early attachment experiences may influence individuals' relationships with their bodies and emotional well-being, highlighting the connection between attachment patterns, body image development, and mental health outcomes (McBride, 2021; Mortimore, 2023). This theoretical framework

can help inform the exploration of the emotional landscape that lay hidden beneath clients' struggles with body image and embodiment, which can provide insights into the role of attachment and how it shapes client experiences.

Reflectivity and Positionality Statement

I have white privilege, and am a cisgender, heterosexual woman of European and Métis heritage. I have personal experience with eating disorders and have been affected by societies dominant rhetoric regarding body image and my perception of the world. It important to acknowledge that the researcher's personal experiences and values may influence the chosen study topic. Recognizing and addressing these potential biases will promote objectivity. In addition to my personal encounters with body image issues and societal expectations to conform, the population I have worked with during my internship has primarily focused on eating disorders. As I aspire to pursue counseling work with individuals grappling with eating disorders, disordered eating, recovery, and their supportive networks, it's important to acknowledge that my personal interest and experiences might shape how I understand the outcomes of this study. Recognizing the presence of these pre-existing beliefs is fundamental in understanding that I have biases that impact my work and study.

In researching body image and embodiment, it is imperative to acknowledge the intricate interplay between my personal background, ongoing therapeutic journey, and professional experiences, which inevitably shape my positionality within this study. Firstly, my own embodiment as an individual living in a larger body profoundly influences my perspective on body image. This lived experience gives me a nuanced understanding of societal norms, challenges, and biases related to larger bodies and inevitably shapes my approach to researching the intricacies of body image. Furthermore, my active engagement in personal therapy introduces

another layer to my positionality. As I navigate my own struggles with body image, this ongoing process of self-discovery fosters a more profound empathy and understanding that permeates my role as a researcher. The recognition that I am still in the midst of this journey introduces an element of vulnerability, yet it also underscores the authenticity and sincerity of my exploration.

A significant aspect of my professional journey has been through my internship placement, where I work with clients navigating body image concerns and eating disorders. This experience has been a profound learning, helping me understand the complexities my clients face and their willingness to turn toward their bodies for healing. The shared narratives within this therapeutic space have been pivotal in shaping my awareness and informing the direction of this research. As I embark on this academic endeavour, I am acutely aware of the potential biases and subjectivities that may arise from my personal experiences. Recognizing this, I commit to being reflexive throughout the research process. This involves ongoing assumptions, acknowledging the potential impact these may have on the research, and ensuring that my findings are rooted in current research and exploration of body image and embodiment. I can contribute to the broader discourse on body image through self-reflection, enriching the field with insights drawn from my lived experiences and ongoing therapeutic exploration.

Definition of Terms

The following key terms highlighted in this paper will guide and support the reader in further understanding the present research and topic.

Beauty Ideals

These are culturally accepted and endorsed physical features that encompass different facets of an individual's face and body, establishing the norms for what is deemed physically attractive within a specific culture (Corsetti, 2021).

Body Dissatisfaction

The adverse thoughts and emotions that an individual harbors regarding their physical appearance (Quittkat et al., 2019).

Body Image

The subjective perception or mental image one has towards their own body, regardless of how one's body actually looks (McBride, 2021).

Countertransference

Countertransference pertains to the therapist's emotional responses, prejudices, and unresolved personal matters that may surface in reaction to the client during therapy sessions. Managing countertransference is crucial for therapists to maintain a professional and supportive therapeutic relationship (Sandu, 2019; Verbeek, 2017).

Disembodied

Being disembodied refers to a disconnection or alienation from one's own body and bodily experiences. It involves feeling detached from physical sensations, emotions, and the overall awareness of one's body. This disconnection can contribute to negative body image perceptions, emotional distress, and mental health issues (McBride, 2021).

Disordered Eating

Various harmful and irregular eating behaviors, while not meeting the diagnostic criteria for a specific eating disorder, can still adversely affect an individual's physical and emotional health. These behaviors may encompass severe dieting, a binge eating, emotional eating, or obsessive exercise or adhering strictly to clean or healthy foods, (Hosseini & Padhy, 2024).

Embodiment

Embodiment involves the lived experience of existing in a body, not simply owning a body, but inhabiting it, and how this experience is shaped by our interactions within the surrounding social environment (Moya, 2014).

Intersectionality

Intersectionality is a concept acknowledging the intertwining of different social identities, including race, gender, sexuality, and ability, and how they intersect to shape individuals' experiences and perspectives (Crenshaw, 2017).

Somatic Approaches

Somatic approaches acknowledge the link between the mind and body, aiming to address psychological issues through bodily experiences. It utilizes techniques like body awareness, breathwork, and occasional movement to help individuals process emotions and trauma stored in the body. These approaches promote self-awareness, emotional regulation, and healing by connecting with our bodies (Dana, 2018; Porges, 2017).

Overview of the Paper

Chapter Two

The literature review in chapter two delves into the multi-layered realm of body image, exploring both positive and negative aspects impacting an individual's well-being. It examines body dissatisfaction and disturbance, shedding light on the psychological implications of these experiences. Additionally, the review addresses the influence of eating disorders on individuals' lives, highlighting the importance of understanding their primary causes and effects. Central to this discussion is the concept of the disembodied self, which emphasizes the societal context and patriarchal impacts contributing to individuals' struggles with body image and eating disorders. Chapter two's research also delves into the marginalization of the body and the intersectionality

of factors such as race, gender, and ability and how these factors can shape body image perceptions. This literature review explores the concept of the embodied self, offering insights into what embodiment entails and how it intersects with the therapeutic relationship. It discusses theories of embodiment and their implications for counselling practices and future directions of study in the field. The review resolves this by examining therapeutic approaches targeting embodiment theory in counselling interventions, including self-reflection, bias checking, self-disclosure, countertransference management, and body-based somatic approaches. Generally, this review provides learning and insight for understanding the complex dynamics between body image, embodiment, and the therapeutic relationship, laying a foundation for the following chapters' analysis and exploration.

Chapter Three

The discussion examines critical themes related to body image, shame, and the therapeutic relationship, exploring their connection and practice implications for counselling. It examines the impact of body image on individuals' experiences of shame and explores how embodiment affects the therapeutic relationship. Furthermore, the chapter discusses the role of countertransference, self-disclosure, and bias checking in counselling interventions aimed at addressing body image concerns. The limitations of existing research in this field are highlighted, and recommendations for overcoming these limitations are provided. This chapter concludes with practical recommendations for counsellors, including reflection questions to enrich self-awareness and effectiveness when working with body image issues in counselling. Furthermore, this chapter summarizes recommendations for future research to advance our understanding of body image, embodiment, and the therapeutic process. Finally, chapter three provides valuable guidance and insights for counsellors seeking to address body image concerns

in their practice, furthering a greater understanding of the complexities and recommends strategies for more effective and culturally sensitive interventions in our counselling practice.

Chapter 2: Literature Review

This paper delves into the intricate dynamics of embodiment, self-reflection, and countertransference in the therapeutic context, specifically focusing on how these factors influence the counselling process for individuals struggling with body image concerns. This paper aims to shed light on the significance of embodiment, self-reflection, and countertransference in counselling individuals with body image concerns through a comprehensive exploration of these themes. By studying the impact of these factors on the therapeutic relationship and client outcomes, counsellors can enhance their practice, promote client well-being, and contribute to the evolution of the counselling field.

In the following sections, we will delve into the complexities of embodiment, self-reflection, and countertransference in the context of body image issues, highlighting the importance of these factors in fostering a supportive and empowering therapeutic environment for clients seeking guidance and healing.

Body Image

In the early 20th century, Schilder (1935) describes body image as "the picture of our own body which we form in our mind, that is to say, how the body appears to ourselves" (p. 11). This definition underscores individuals' mental representation of their own bodies, emphasizing the subjective perception of one's physical self. Initially described as an individual's view of their physical and psychological traits, it also involves their feelings and opinions about their bodily features (Grogan, 2016). Furthermore, theories on body image vary in their perspectives, with no consensus on a singular definition (Gleeson & Frith, 2006). Nonetheless, it is valuable to

consider how individuals, particularly women, conceptualize, perceive, and evaluate their external appearance or body image. Over time, the concept of body image has developed into a multifaceted construct involving perception, sensation, emotion, cognition, and personal experience, which are shaped by historical, social, cultural, biological, and individual influences (Grogan, 2016). Moreover, it is closely connected to an individual's interactions with other constructs, such as ethnicity, gender, ability, and personal relationships (Bechtel, 2020). The interplay of these elements contributes to the intricate nature of how people perceive and experience their own bodies in the broader context of society (Corsetti, 2021). When forming their body image, individuals are frequently impacted by external assessments. However, body image is subjective, shifting from external evaluations to individual behaviors, and it also encompasses emotional assessment (Tylka, 2012). For example, an individual's body image is influenced by external evaluations such as societal standards, media representations, and cultural norms. However, the subjective nature of body image becomes evident as individuals internalize these external influences, leading to individual actions like engaging in restrictive eating to conform to perceived norms. Emotional evaluation can be understood by the satisfaction or dissatisfaction with one's body, which can further shape the evolving construct of body image.

Chinese scholar Hong Chen defines body image as a psychological representation of an individual's body, encompassing their cognitive perception, attitudes toward physical and psychological functions, and the influence on their behavior (Wang et al., 2023). Body image goes beyond just physical body shape; it's a complex concept involving emotion, perception, awareness, and behavior (Corsetti, 2021). Recognizing the multidimensional nature of body image is essential because it acknowledges that individuals' perceptions, emotions, thoughts, and behaviours related to their bodies are interconnected and influence each other. From a

counselling perspective, understanding body image can allow for a more effective, nuanced approach, and interventions can be personalized to support individuals in fostering healthier relationships with their bodies.

Positive and Negative Body Image

According to Hillary McBride, a therapist, speaker researcher, and feminist writer based in Vancouver, body image shapes an individual's positive or negative life experiences (McBride, 2021). Conscious or unconscious narratives can reinforce a negative body image and the continuous quest of an 'ideal body' can be seen as a type of trauma, promoting an amplified societal disconnection between individuals and their own bodies (McBride & Kwee, 2018). This occurs when individuals persistently strive for a body type or shape that differs from their own, preventing them from genuinely embodying and connecting with themselves (McBride, 2021). Research has characterized positive body image as a prevailing sense of admiration and regard for the body (Tylka, 2012). It is recognized as a distinct, intricate, and multifaceted concept, not simply positioned at one end of a spectrum, opposite to negative body image (Alleva & Tylka, 2021). In other words, having a positive body image does not necessarily mean a person has low body dissatisfaction or preoccupation (Tylka, 2011). From a young age, both direct and indirect societal teachings emphasized the significance of our bodies based on a specific appearance (Malles, 2023). The mentality, even promoted by the positive body image movement, traps us in a recurring pattern of self-objectification, placing disproportionate importance on the appearance of our bodies rather than recognizing them as essential elements of our existence (Malles, 2023). Piran (2016) discusses early reflection of the erosion of body and self-experience and where negative body image became associated with body size. The research delves into how societal norms, cultural expectations, and gender roles shape their perceptions of their bodies and their

interactions with the world. Some themes are body dissatisfaction, objectification, or disconnection from their bodies.

Body Dissatisfaction

In the context of the demanding yet elusive standards set for women's bodies, negative body image has become prevalent (McBride, 2021). Research suggests that the majority of women are discontent with their appearance and body weight (Cash, 2004). The prevalence of body dissatisfaction is notable, with over 70% of adolescent girls experiencing it, reaching as high as 80% amongst women in post secondary settings (McBride & Kwee, 2018). The high prevalence of this issue is partly because, when centring our bodies, we mainly concentrate on our physical appearance (McBride, 2021). Unsurprisingly, such widespread body dissatisfaction has become so familiar that it is now considered a normative experience (Cash, 2002).

Body dissatisfaction refers to the adverse thoughts and emotions an individual experiences regarding their body (Dunkley et al., 2010). It involves negative assessments of body size, shape, and weight, typically indicating a perceived difference between one's body evaluation and the ideal body (Hardit & Hannum, 2012). Studies have demonstrated that body dissatisfaction correlates with stress related to body image and is viewed as a predictor for the onset of eating disorders (Quittkat et al., 2019). Also, body dissatisfaction is linked to lower self-esteem, which can lead to depression, anxiety, change in physical activity or increased engagement in diet culture (Calzo et al., 2012; Dunkley et al., 2010). All these elements further distort one's body image. When we consider body dissatisfaction, it can catalyze and cultivate a more connective and embodied perspective toward one's body image and mental well-being (McBride, 2021). When we solely focus on the negative cognitive assessment of our bodies, we lose sight of experiencing ourselves and our bodies in all their dimensions. This underscores the

importance of a holistic view of an embodied approach to better understanding the body and selfhood and improving protective mental health factors (McBride, 2021; Quittkat et al., 2019). In summary, societal pressures have led to widespread negative body image, especially among women. This dissatisfaction, common and considered normal, stems from an excessive focus on physical appearance. It goes beyond just disliking body size; it increases stress, raises the risk of eating disorders, and affects mental health. Recognizing the broader impact of body dissatisfaction emphasizes the importance of an approach that appreciates the various dimensions of the body.

Body Disturbance

While there might not be a universally agreed-upon definition of body image, there is consensus on its centrality in eating disorder treatment. Psychoanalyst Hilde Bruch (1965) first emphasized that disturbances in body image involve difficulties in perception, recognizing bodily signals, and delusional-like distortions of one's body size. An example of disturbed body image could be evident in individuals with anorexia nervosa. Despite being underweight, a person could perceive themselves as overweight and engage in restrictive dieting. The distortion likely would go beyond self-perception, leading to a delusional belief in the size of their body. Bruch's emphasis on perception difficulties and distorted recognition of bodily signals, such as hunger, helps give an example of the psychological intricacies in disorders like anorexia nervosa, where the mind's view of the body diverges from reality.

Moreover, the present understanding of body image disturbance encompasses the idea that body image identity involves differentiating "who I am" from "how I look" (McBride & Kwee, 2018 p. 303). This implies a separation between one's self-identity and physical appearance. In essence, a healthy body image could involve recognizing oneself beyond external

features and acknowledging that one's worth and identity are not determined by how one looks externally.

Impact of Eating Disorders

Eating disorders are innately influenced by gender and culture. Statistics show that about 90%–95% of all eating disorder diagnoses are assigned to girls and women (Levine & Piran, 2004). Moreover, the risk of developing an eating disorder tends to rise with increased exposure to Westernized influences (McBride & Kwee, 2018). Considering the gendered aspect of eating disorders and their prevalence in patriarchal and Western cultures, it is crucial to apply a feminist lens when assessing disordered eating (McBride & Kwee, 2018). This approach helps to understand the context in which these disorders most commonly originate and evolve.

Eating disorders typically manifest during puberty, a period marked by notable physical and social transformations (Young, 2005). Studies indicate that women in their later adolescent years, particularly in college or university settings, are at increased risk of developing eating disorders due to amplified societal pressures regarding thinness and exposure to disordered eating behaviors (McBride & Kwee, 2018). As women age, they continue to be susceptible to appearance pressures, increasing the risk for eating disorders, with developmental transitions contributing to heightened body shame and destructive eating behaviours (Hosseini & Padhy, 2024; Pienaar & Bekker, 2007).

Since 1980, there has been a significant surge in body image research. Brownell (2012) note that the field has reached a critical mass of inquiry, fostering multidisciplinary work and meaningful advancements in exploring body image problems. The expanded understanding of factors contributing to body dissatisfaction now encompasses cultural definitions of attractiveness, anxiety, perfectionism, dieting, and the compartmentalization of the body into

separate, unrelated parts (Brownell, 2012). Individuals diagnosed with eating disorders frequently possess a deep dislike for their bodies and experiences related to their bodies (Beyer, 2016). To cope, many resort to dissociation, resulting in emotional numbness and an inner sense of ambivalence, influencing their relationships with self, others, and their overall experience of life (McBride & Kwee, 2018).

The Disembodied Self

Why we Struggle with Body Image

First memories of body shame likely involve experiences from your youth triggered by unexpected bodily changes and the awareness of differences. These feelings are often connected to societal expectations about your body and influenced by familial, social, cultural, and political factors (Piran, 2016). In "The Body Is Not an Apology: The Power of Radical Self-Love," Sonya Renne Taylor (2018) presents her vision of radical self-love. They contend that everyone begins their journey on this Earth with a natural state of self-love, only later to internalize messages of shame and injustice from oppressive systems. Taylor indicates that these experiences become interwoven with narratives and beliefs about one's value and worth in society. Many of us are initiated into body shame during our pre-teen years, with the first memories often forming before entering adolescence. Taylor adds that early onset of these shame experiences is unsurprising, given the impressionable nature of childhood when we internalize external messages about our identity.

Shame plays an essential role in our social functioning yet is also strongly linked to psychopathological suffering and symptomatology (Striegel-Moore & Cachelin, 1999). Body image-related shame is associated with various indicators of poor psychological adjustment and eating psychopathology, especially binge eating (Melo et al., 2020). Recognizing the connection

between body image-related shame, psychological challenges, and associations with eating issues such as binge eating is vital. This understanding can be necessary for creating interventions, providing care, and offering support to address mental health concerns and improve overall well-being. Several studies affirm the pivotal role that shame plays in disordered eating, observed in both clinical and non-clinical samples (McBride & Kwee, 2018; Melo et al., 2020; Taylor, 2018). While it's widely acknowledged that shame plays a substantial role in the emergence and endurance of weight issues, body image concerns, and disordered eating, there has been insufficient research exploring a comprehensive understanding of this connection. Experiences of shame related to body image are linked to the perception that one's appearance may be subject to criticism, potentially leading to self-devaluation or rejection (Melo et al., 2020). In response, individuals may adopt defensive behaviours like hiding their bodies and avoiding social situations (Duarte et al., 2015). For example, engaging in defensive behaviours like hiding one's body and avoiding social situations as a response to body image-related shame can have harmful consequences, exacerbating feelings of isolation and hindering personal growth. A way forward could look like nurturing self-compassion, rejecting negative self-perceptions, and providing supportive environments that uplift acceptance of all bodies.

Patriarchal Context of Disembodiment and Eating Disorders

In the individualistic medical model, which often labels individuals as "sick" based on diagnosed conditions or symptoms, body image issues might be viewed primarily as personal problems or dysfunctions within the individual. This perspective often focuses on diagnosing and treating the individual rather than considering broader societal or environmental factors contributing to body image concerns. From this viewpoint, body dissatisfaction or disordered eating behaviours may be seen as symptoms of individual pathology or psychological disorders

rather than as reflections of societal pressures, cultural norms, or systemic issues (McBride & Kwee, 2018). The extensive societal emphasis on appearance, combined with prevalent prejudice against larger body sizes, is so burdensome that some women turn to disordered eating as a means to protect themselves from potential harm associated with being viewed as overweight, and consequently, unattractive (Gale et al., 2014). A feminist perspective suggests that a person with an eating disorder often conforms to societal expectations, fulfilling the culturally imposed norms regarding body control (Melo et al., 2020; Piran, 2016). It is critical to perceive eating disorders not as individual failures but as reflections of societal discourse and sociocultural norms (McBride & Kwee, 2018). An example of a feminist perspective on eating disorders reflecting societal discourse is the societal pressure for women to attain an unrealistically thin body. In conforming to this expectation, individuals may develop disordered eating patterns to meet the culturally imposed norm of body control. Instead of viewing this as a personal failure, a feminist perspective encourages understanding it as a response to external pressures and the influence of sociocultural norms that perpetuate narrow beauty standards.

Marginalization of the Body

The focus on the body within psychology and social thought has evolved significantly over the last few decades, with a distinct "turn to the body" (Shilling, 2016, p. 9) within academic research and writing. This shift aims to advance the explanatory power of social, cultural, and historical analysis and develop new perspectives within these fields (Avalos et al., 2005; Shilling, 2016). The historical and cross-cultural marginalization of the body has persisted to such an extent that the constant, subtle, and potentially severe oppression of our physical selves often goes unnoticed or disregarded (Berman, 1989). Caldwell (2014) describes this as "both the historical use of physical difference as a weapon in the oppression and persecution of

individuals and devaluing of the body itself as a source of identity and authoritative knowledge about our direct, lived experience of the world” (p. 87). Sadly, individuals who are marginalized in this sense are facing growing marginalization and a sense of being devalued physically, described as "mis-embodied" or being made physically "less than" (Shilling, 2016). Caldwell (2014) highlights that in various cultures, women's bodies are often marginalized and rendered invisible, revealing contemporary societal issues such as racism, ableism classism, and sexism through the lens of bodily dynamics. In various cultures, the marginalization and invisibility of women's bodies, as highlighted by Caldwell (2014), are evident in contemporary societal challenges such as racism, classism, ableism, and sexism. An example of this could be the disproportionate focus on specific beauty standards that perpetuate Eurocentric ideals, excluding and marginalizing women from diverse racial and ethnic backgrounds. This dynamic could reinforce societal norms that prioritize a limited definition of beauty that contributes to the marginalization of women's bodies based on race and perpetuating systemic inequities.

Intersectionality

The intersections of one's identities intricately influence the experience of body shame, and individuals diverging from societal norms often encounter heightened challenges in this regard (Hosseini & Padhy, 2024). These matters encompassing politics, economics, and society are fundamentally linked to our physical selves. They intersect with factors such as race, age, gender, ability, sexual orientation, and various other dimensions of bodily existence. Kimberlé Crenshaw, a Columbia law professor and scholar, articulated this concept in 1989, terming it intersectionality. She described it as "the study of overlapping or intersecting social identities and related systems of oppression, domination, or discrimination" (p. 23). Crenshaw (2017) argues that it's vital to investigate and comprehend the simultaneous interaction of various

biological, social, and cultural factors, such as ability race, gender, class, class, sexual orientation, religion, age, and other facets of identity. The theory recommends considering each aspect or trait of an individual as interconnected, providing a comprehensive view of one's identity. It serves as a lens to discern the dynamics of power—where it originates, converges, interlocks, and intersects (Crenshaw, 2017). For example, a Black woman who navigates intersecting factors shaping her identity, such as being a woman, belonging to the Black community, and inhabiting a large body. In this situation, the intersectionality framework proposed by Crenshaw (2017) encourages us to identify how these intersecting factors, being a woman, being part of the Black community, and having a larger body overlap and influence her experiences. She may face challenges related to race, gender, and body size simultaneously, encountering biases in various aspects of life. This approach offers a nuanced understanding of the complexities she navigates, illuminating how societal structures can perpetuate inequalities at the intersection of race, gender, and body size.

Individuals are not homogeneous entities; rather, they embody a dynamic amalgamation of intersecting social locations, giving rise to simultaneous states of tension and connection within their lives (Estephan & Roughley, 2018). These intersecting identities are pivotal in shaping individuals' experiential landscapes and self-perceptions within their cultural milieu (Estephan & Roughley, 2018; Tilsen, 2021). In counselling, it's essential to consider the cultural and social context of..., acknowledging that societal norms impact diverse identities differently. For example, Individuals facing intersecting marginalized identities may also experience discrimination affecting their body image, requiring counsellors to create a safe space for exploring this dynamic. Using the lens of intersectionality can support using personalized therapeutic approaches to meet the client where they are at. Considering diverse experiences, it

becomes crucial to empower individuals to advocate for themselves. Overall, intersectionality guides counsellors in understanding the nuanced relationship between social identities and body image, fostering more effective and culturally sensitive support.

The Embodied Self

What is Embodiment?

The term embodiment has been relatively new in the field of psychology, in contrast to its long-standing usage in disciplines such as philosophy, sociology, and women's studies. Research has concentrated on exploring how embodiment impacts the emergence of issues such as body image concerns, eating disorders, and positive aging. (Piran, 2016; Piran & Teall, 2012). These applications align with understanding the role of the body in shaping the self. The term embodiment finds its roots in the philosophical contributions of Merleau-Ponty (1962), a prominent figure in phenomenology, emphasizing the inseparable connection between the body and human experience. His work describes “the lived body as a social agent”, saying that "all of our experience of the world is embodied" and that "we cannot understand the world we live in, nor can we interact with each other or act on the environment around us, without our bodies" (Moya, 2014, p.1). Embodiment in action can be centred within the study of body image concerns, where researchers explore how individuals' perceptions of their bodies, and their experiences are deeply intertwined. For instance, somebody may apply an embodiment perspective to understand how societal beauty standards influence individuals' body image, shaping their self-perception and contributing to conditions like body dissatisfaction or eating disorders. As well, embodiment can provide a practical function to recognize the connection between the body, culture, societal influences, and psychological well-being.

Theory of Embodiment

The Developmental Theory of Embodiment, a feminist framework, begins with the recognition that gender serves as a risk factor in the onset of eating disorders. (Piran, 2010). Piran and Teall (2012) explain that an individual's "experience of embodiment" can be either positive and connected or disrupted (p. 185). They define positive or connected embodiment as:

Positive/connected embodiment is a complex construct that includes: feeling “at one” with the body, embodied power and agency, body functionality/ competence, a “subjective” experience of living in the body with limited external consciousness, the freedom to act/take space/move especially in private and public spheres, the freedom to challenge external standards, body-anchored joy/passion/comfort/other positive feelings, body care and protection, clarity of needs/rights/desires/internal states, connection to others regarding needs/desires/rights, the freedom to express individuality through the body, connection with the physical environment, and the openness to use the body as a source of knowledge in interacting with the world. (p. 185)

In essence, positive embodiment entails feeling a connection to and a sense of freedom within one's body and extends to actively adopting behaviours and choices that support safeguarding, nurturing, and utilizing the body in diverse ways. On the other hand, disrupted or negative embodiment implies feeling detached from one's own body. This could encompass perceiving one's body as disempowered or possessing low functionality or incompetence (Piran & Teall, 2012). Someone navigating disrupted embodiment might struggle to understand and advocate their needs, wants, or internal feelings, leading to further disconnection from others due to an inability to communicate these needs.

Piran and Teall (2012) share, developmental theory of embodiment asserts the influence of social experiences on individuals' embodiment, beginning in early childhood. Three social

factors influencing connected or disrupted embodiment encompass the protective and risk elements of physical freedom, mental freedom, and social power. Within the physical domain, opportunities arise for the development of the body's functionality, fostering a sense of competence. Simultaneously, this domain may expose individuals to experiences of interpersonal violence. For example, positive encounters in the physical realm contribute to a perception of physical freedom, such as fostering a sense of liberation and comfort within one's body. At the same time, negative experiences may result in what Piran (2016) terms "physical corseting" – a sensation of being compelled into an uncomfortable mode of existence and behaviour (p. 171). For instance, someone could feel compelled to conform to specific body standards that restrict their movements and behaviour to meet societal expectations. This could evolve into avoiding certain activities or spaces due to fear of judgment or discrimination, leading them to feel constrained, as Piran (2016) described. Within the realm of social power, this may refer to interactions influenced by identity traits such as gender size, class, race, sexual orientation, ability, and experiences with discrimination and marginalization (Piran, 2016). For example, a child with a larger body size may confront societal biases, including body shaming from family, peers, and community, leading to potential exclusion. These experiences could negatively impact the child's self-esteem and body image. This could lead to a lack of belonging and continual pressures to conform to prevailing beauty standards.

Five dimensions among girls and women identify Piran's (2016) Experience of embodiment: "connection and comfort with one's body, embodied agency, connection and expression of desires, attunement to self-care, and engagement in meaningful pursuits not focused on an objectified gaze upon one's appearance" (p. 54). These dimensions intersect with the three protective factors initially recognized by Piran and Teall (2012) conceptualizing

embodiment through these five perspectives and delving into the experiences of physical and mental freedom and social power for girls or women offers a more comprehensive insight into how individuals may change and evolve in their embodiment over time.

McBride & Kwee (2018) work on Embodiment theory emphasizes the interconnectedness of mind, body, and environment, acknowledging that human experience and cognition are deeply rooted in the physical body and how we engage with the world. Embodiment connects key themes, including mind-body connection, sensorimotor experience, body image, emotional expression, trauma and healing and gender and identity. McBride describes embodiment as “the felt sense of being in our bodies, not just evaluating them from the outside” (p. 131). Embracing embodiment means recognizing the inseparable connection between the self and the body, acknowledging that the integrated self is fundamentally embodied and reliant on the body's existence. Furthermore, as McBride (2019) points out, individuals grappling with eating disorders not only face challenges related to their bodies but also engage in existential struggles associated with the inherent limitations of being a person in a finite body. Reclaiming agency within and through the body becomes imperative for recovering and reintegrating oneself into the world (Malles, 2023). Embracing embodiment, as described by McBride, can be complex due to societal demands that emphasize external evaluations of the body. The pervasive influence of unrealistic beauty standards and cultural norms habitually leads individuals to view and judge their bodies from an external standpoint, furthering the disconnection and felt sense of being in their bodies. Additionally, the stigma surrounding mental health and body image issues may contribute to feelings of shame, which make it difficult for individuals to fully inhabit, engage, and appreciate their bodies as an integral part of their selves.

Our connections with our bodies can significantly shape how we relate to others (Taylor, 2018). When we carry the weight of body shame, we tend to perceive other bodies as objects to desire or criticize. It confines us to narrow judgments, categorizing bodies as either "good" or "bad," or as "better" or "worse" than our own (Taylor, 2018, p.7). Consequently, assumptions about our intersecting identities can influence our relationships with our bodies and will play a crucial role in shaping how we relate to others. Therefore, interactions with others will influence access to our embodiment and the relationship to self and others (Reagan, 2022). Following trauma, it's important to rediscover a sense of connection with our bodies and regain a feeling of safety within them. Reagan (2022) describes "becoming safely embodied" as the process of healing this disconnection and re-establishing a safe relationship with our bodies (p. 223).

Embodiment and the Therapeutic Relationship

According to Kleinman and Ressler (2017), the embodiment concept suggests that the body plays a vital role in therapy by connecting emotions, thoughts, and actions. For example, if a client shows signs of physical discomfort while discussing a past trauma, a therapist attuned to embodiment would help the client explore these bodily sensations by locating where in the body or by attending to the feelings arising. Ressler & Kleinman (2012) describe attunement and its connection with the therapeutic space, including a connection to oneself. They stress the significance of a counselor's embodiment, ability to access unconscious material, and their sense of presence within their own body in shaping and aligning with the therapeutic relationship. For instance, a strong therapeutic relationship should involve counsellors connecting with their own emotions, possessing intellectual understanding, and deeply empathizing with the client's emotional experiences. In these moments where the therapist is attuned to their own emotional responses, including triggers or countertransference, it can enhance their capacity to navigate the

therapeutic relationship with sensitivity and enhance the depth of the therapeutic work (Ressler and Kleinman, 2006). According to Ressler and Kleinman (2012), fostering an attuned therapeutic relationship encourages client trust, perception, validation, and a connection to their emotions, embodying fundamental qualities that are often found in a healing relationship. Beyond the benefits to the clients, the counsellor also mutually benefits from cultivating this therapeutic relationship since it establishes a mutually beneficial and healing environment that strengthens the counsellor's understanding, trust, and connection to the clients (Ressler and Kleinman, 2012).

According to Kolk (2015), when we work with the body, we also work with the client's histories of stress and trauma, even if not in the conscious mind. Eating disorders are deeply rooted in our client's relationship with their body. The success of working with clients with body image or eating disorders is to explore and likely rework how clients relate to their bodies and how they relate to their trauma history (Kolk, 2015). Individuals struggling with eating disorders or body image issues can find it challenging to endure and manage their feelings, often expressing a sense of detachment or estrangement within their own bodies, especially while relating with another (Kleinman & Hall, 2006). McBride and Kwee (2018) remind counsellors that "You can't lead someone somewhere you haven't gone yourself" (p. 321). This means that therapists must learn to regulate their own emotions when faced with triggers, countertransference, or moments of emotional dysregulation. By managing their own emotional responses effectively, counsellors can better navigate challenging therapeutic situations, providing a secure and supportive environment for clients to explore their own emotional struggles. McBride & Kwee (2018) explain, "To promote embodiment in others, clinicians must show up in their body-self unity, thus valuing and practicing themselves the embodiment they

desire to take root in others" (p. 366). To reveal the embodied aspect of the clinical relationship and grasp the reciprocal physiological impacts of clinical interventions and interactions, it is necessary to make embodiment observable during therapy sessions (Gennaro et al., 2019). This approach can support the gaining of clinical skills through embodied and felt learning, ultimately enhancing the therapist's ability to engage with clients effectively while maintaining the therapeutic relationship (Gennaro et al., 2019).

Future Directions in the Field of Embodiment

Although the relationship between embodied processes and clinical practice is presently being explored in psychotherapy research, the extensive potential implications for clinical training have yet to be thoroughly investigated. According to Gennaro et al. (2019), embodiment-based research highlights the significance of interpersonal processes, particularly synchronicity and attunement, in developing therapist skills. They add that these processes involve a deep connection between the therapist and the client, extending beyond verbal communication to include non-verbal cues and physiological responses. For example, synchronicity in therapy can refer to the tending to verbal and non-verbal elements between the therapist and the client. It involves being attuned to each other's cues and experiencing a harmonious interaction. In addition, attunement could involve the therapist's ability to tune into the client's emotional and psychological state. This means going beyond understanding the content of verbal communication and extending to recognizing the client's non-verbal cues, emotional expressions, and subtle shifts in energy. Gennaro et al. (2019) suggest that further research in this area has the potential to narrow the divide between research and practice by enhancing psychotherapy training programs and fostering the attunement and clinical abilities of future counselors' students.

Addressing body dissatisfaction and eating disorders within Westernized patriarchal cultures requires collaborative and holistic approaches. Efforts have been made to develop and evaluate treatments for severe instances of disordered eating, as well as to deepen our understanding of the origins of negative body image (Cash, 2004). Nevertheless, there is a significant requirement for research, policy, and clinical practice to prioritize the comprehension and advancement of positive body image (Avalos et al., 2005), along with the embodied sense of self. Initially, enabling an embodied sense of self could serve as a therapeutic intervention, offering an avenue to reconnect with the body and re-establish feelings of safety, worthiness, and enjoyment in one's physical form.

Incorporating Therapeutic Skills for Embodiment

Self-Reflection, Bias Checking, Countertransference

Phillips (2022) suggests that countertransference has been a subject of discussion and debate, often viewed as a taboo or personal barrier that could possibly disrupt the therapeutic relationship (para. 1). A more current perspective considers that counsellors must recognize that countertransference is unavoidable, and in our work with clients, our own unresolved issues, implicit beliefs, and a range of emotions will inevitably come up during sessions (Phillips, 2022). In various forms of talk therapy, contemporary literature acknowledges that the therapeutic process's transformative potential depends on the therapeutic relationship's quality (Lemma, 2016). A solid therapeutic relationship enables clients to freely delve into their needs and emotions within the therapeutic environment and aids in addressing and resolving any disruptions or conflicts that may occur within the therapeutic relationship. The therapeutic container can function as a space for interactions between the counsellor and client, and countertransference influences these dynamics (Sandu, 2019). While literature exists on the

correlation between countertransference and eating disorders, more research is needed to delve into the impacts of countertransference on new counsellors and therapists (Verbeek, 2017).

When working with topics surrounding body image counsellors should be attentive to their own beliefs about body image, self-worth, and weight bias to prevent potential overidentification with clients, as this impacts the therapeutic process (Sandu, 2019). When countertransference emerges in counselling, it could stem from prevailing cultural biases regarding weight and our own present or past challenges and experiences (Koenig, 2008). Above all, counsellors are human, and many will wrestle with their own body image challenges. Whether we have attempted to alter our bodies in the past or are presently working through recovery, we inevitably carry these experiences into our counselling sessions, often without even realizing it. Therefore, we must be mindful not to impose our personal body image experiences and concerns onto our clients (Verbeek, 2017). For example, if a counsellor has struggled with body dissatisfaction or attempted various diets in their personal life, these experiences may subconsciously influence their interactions with clients who are dealing with similar body image issues.

A counsellor's body size, beliefs, and bias will unavoidably impact our work with clients and are likely to play a part in the unconscious dynamics of the therapeutic process (Verbeek, 2017). For example, unconscious dynamics can show up as a larger-bodied counsellor harbouring internalized weight-related stigma or struggles with self-worth due to societal biases. The counsellor's unresolved issues may appear in the therapeutic relationship, potentially influencing their ability to provide unbiased support. The client may sense the counsellor's own struggles, leading to a less effective therapeutic dynamic and could hinder the client's progress in exploring their beliefs around body image. On the other hand, these unconscious dynamics of the therapeutic process can help the therapeutic

process. For example, a larger-bodied counsellor may have personal experiences with weight bias, enabling them to empathize with clients who face similar challenges. The counsellor's ability to relate to the client's experiences of discrimination or bias based on body size can enrich the therapeutic alliance, offering a safe space for open discussion and healing. Weight bias can manifest as harboring adverse attitudes, beliefs, assumptions, and judgments toward individuals who have larger bodies (Washington, 2011). Individuals with eating disorders commonly encounter elevated levels of internalized weight bias and often harbor fears about being overweight and the detrimental impact this may have on their lives (Pearl et al., 2014). Therapists engage in introspection, examining their own unresolved issues, such as body image struggles, to understand biases, triggers, and emotional responses. Self-awareness can be utilized to help counsellors identify how these issues may influence their approach and interactions with clients.

Ultimately, therapists who have been impacted by body image and who have explored their own embodied experiences and body image issues in personal therapy must ensure they feel 'recovered enough' to work safely and ethically with individuals who also face similar experiences (Verbeek, 2017). There is not one way to manage transference dynamics related to body image. Seeking consultation or ongoing supervision can support strong reactions from clients and our own countertransference feelings, and returning to therapy may help address and attend to these feelings (Koenig, 2008). Importantly, counsellors do not need to be healed or have resolved their problems to help clients resolve theirs. Instead, Verbeek (2017) shares that counsellors must stay in touch with their feelings, recognize their issues and use them to impact the therapeutic relationship further. Philips (2022) reminds counsellors, "When things from the unconscious show up — whether it's good, bad or ugly — there's room for that in the [clinical]

space... Counsellors don't need to feel scared or intimidated with the humanness that shows up in the profession" (para. 17). Countertransference can serve as a valuable reminder of our humanity, indicating that there will always be room for personal growth and development (Philips, 2022). This means that acknowledging and exploring countertransference can serve as a valuable reminder of the therapist's humanity and ongoing personal growth, which inherently creates a deeper understanding and connection within the therapeutic relationship.

Self-Disclosure

The challenge lies in how to support our clients as they navigate feelings of shame, fear, and distress about their bodies, especially when we ourselves grapple with similar emotions (Mortimore, 2017). According to Mortimore (2017), "shared traumas or shared traumatic reality may continue to shift the edges of what is considered appropriate in terms of self-disclosure in the therapeutic relationship... authentic yet regulated response is at times being asked for and needed" (para. 5). When clients express their body image concerns, the therapeutic response can extend beyond providing support, observing, and discussing (Mortimore, 2017, para. 7). For example, this may involve a shared experience of sorrow and honest disclosure of the counsellor's genuine reaction, such as showing their humanness and allowing tears to form. Research suggests that genuine communication occurs in the right brain of both the client and therapist, where our authentic responses live. This means that therapists should ensure that their verbal and non-verbal expressions are congruent. If incongruent, our "posture, facial expressions, gestures, and voice level convey reactions dissonant with their verbal communication" (Greene, 2005, p.197). This instance of nonverbal self-disclosure illustrates how self-disclosure can strengthen the bond between a client and therapist, while also bolstering positive emotions, self-regulation, and transforming the inner landscape.

Body Based Somatic Approaches

According to Porges (2021), an eating disorder may develop when eating behaviors take precedence over social interactions as the main regulator of the autonomic state. For instance, actions related to eating and drinking frequently serve to control the autonomic state in situations where one feels unsafe. Essentially, an eating disorder may represent an adaptive mechanism for regulating an underlying autonomic state and seeking a sense of safety (S. W. Porges, 2017, 2021). However, it is crucial to acknowledge that such coping strategies can lead to significant adverse effects on physical, mental, emotional, and social well-being. At the core of numerous mental illnesses and disorders lies chronic dysregulation of the nervous system (Dana, 2018; Porges, 2017, 2021). So, to improve our mental health and have impactful counselling sessions, we must start addressing our nervous systems.

Cook-Cottone (2020), in her study on embodiment and eating disorder treatment, offers a way forward to addressing working with clients who are navigating body image or eating disorder issues. She explains that individuals struggling with body image often perceive their bodies as adversaries or separate. Cook-Cottone (2020) discusses that our bodies are our primary source of “wisdom, connection, calming and self-soothing” (p. 153). She presents four fundamental aspects of engaging with the body by recognizing the present moment: the client's awareness of their arousal level, sensory input, bodily sensations, and emotions. These basic components can assist clients in realizing that their bodies possess the wisdom and capability to facilitate healing (Cook-Cottone, 2020). Due to trauma and stress, individuals may disconnect from their bodies as a coping mechanism, seeking distance from overwhelming sensations and emotions to navigate difficult experiences. An example of applying the four cornerstones in body-focused work could involve a client recognizing heightened arousal during a therapy

session and identifying bodily sensations such as tension or discomfort. Through this process, the client gains a deeper understanding of their present-moment experience, which supports fostering self-awareness and laying the groundwork for better recognizing when stress responses arise and how to stay with bodily sensations.

According to Porges (2017, 2021), stress and trauma act as contributing factors to the emergence of eating disorders and body image concerns. Cook-Cottone (2020) suggests that interventions promoting resilience assist clients by tapping into their inherent embodied resilience, incorporating valuable resources, and fostering a deeper path to healing. Together, polyvagal theory (Porges, 2018) and somatic experiencing techniques (P. Levine, 2008) provide a road map for understanding the role of stress and trauma on the nervous system and self-regulation. Significantly, these interventions aid clients in cultivating awareness and the ability to be present with their internal bodily states as they navigate stressors, memories, and uncomfortable feelings (Cook-Cottone, 2020). The polyvagal theory explains how the autonomic nervous system operates and responds to stress and trauma (Porges, 2018). Understanding the fundamentals of Polyvagal theory is essential because it offers a framework for understanding how stress and trauma affect the autonomic nervous system. It also sheds light on the often-complex relationships between the parasympathetic and sympathetic branches of the nervous system, which can guide effective interventions and offer support for overcoming eating disorders and body image problems.

Viewed through the perspective of Polyvagal Theory, we observe how the autonomic nervous system influences clients' sense of safety and impacts their capacity for connection. Dana (2021) explains, "Through co-regulation, a foundation of safety is created, and attachment follows" (p. 23). Clients with trauma backgrounds frequently encounter heightened autonomic

reactions, affecting their sense of safety and ability to regulate within relationships (Dana, 2019). Trauma undermines our capacity to interact with others by substituting connection patterns with protective ones. The absence of a protective relationship is culpable in developing stress disorders, such as eating disorders, and these struggle to create lasting healthy relationships (Shonkoff & Garner, 2012). When counselors engage in co-regulation with their clients by providing a calming presence, it stimulates the social engagement system. This encourages relaxation and connection within their clients' parasympathetic nervous system, gradually fostering a sense of safety and regulation in their relationship with themselves and others (De Wagner, 2015).

Chapter 3: Discussion and Applied Practices

Discussion

This research underscores the importance of counsellors' self-awareness and exploration of body image issues in creating a supportive and empathetic therapeutic environment that promotes trust, openness, and meaningful healing for clients navigating body image concerns. The summarized research findings and main themes below closely align with the provided research question and offer a deeper exploration of the study's results.

Body Image

Comprehending body image perception is essential in counselling as it unveils the complex interplay of cultural, societal, individual, and psychological factors that influence individuals' perspectives on their physical and psychological selves. As discussed in Chapter Two, positive body image is characterized by an appreciation and respect for one's body and stands in contrast to negative body image, which encompasses dissatisfaction and preoccupation with appearance. This is particularly prevalent among women due to societal pressures and

unrealistic beauty standards perpetuated by the media (Levine & Piran, 2004; McBride & Kwee, 2018; Quittkat et al., 2019). This pervasive body dissatisfaction can lead to stress, increased risk of eating disorders, lowered self-esteem, and decreased mental well-being. Furthermore, disturbances in body image, involving difficulties in perception and recognition of bodily signals, often contribute to the development of eating disorders, which are heavily influenced by societal pressures for thinness and exposure to Westernized influences (Pienaar & Bekker, 2007). This research also states that body shame stemming from societal expectations and oppressive systems exacerbates negative body image and eating psychopathology, necessitating interventions focused on self-compassion and acceptance (Taylor, 2018). Moreover, McBride and Kwee (2018) suggest that viewing body image through a feminist lens highlights the patriarchal context that perpetuates narrow beauty standards, emphasizing the importance of challenging societal discourse and norms to promote healthier relationships with the body and overall well-being. In counseling, this understanding serves as valuable tools, potentially fostering a more positive and genuine self-perception and embodiment for both the counselor and the client.

Shame

The literature review reveals that shame plays a significant role in the experience of disembodiment for both clients and counsellors in therapy. As discussed by Taylor (2018), disembodiment, characterized by a sense of disconnection from one's physical self, can be intensified by feelings of shame related to body image issues, past trauma, or societal expectations. Clients struggling with shame may find it challenging to fully inhabit and engage with their bodies, leading to a sense of detachment and discomfort. Similarly, counsellors who experience shame or judgment towards their own bodies may struggle to fully embody

themselves in the therapeutic relationship, impacting their ability to attune to clients' needs and emotions (Malles, 2023). For counsellors, addressing their own shame and body image concerns through self-reflection, supervision, and personal therapy can enhance their capacity to be fully present and embodied in the therapeutic relationship. McBride and Kwee (2018) state that when we acknowledge and work through their shame triggers, counsellors can model self-compassion and vulnerability, creating a more authentic and empathetic connection with clients. Counsellors can support clients in exploring and processing feelings of shame in a safe and non-judgmental space, helping them develop a more compassionate and accepting relationship with their bodies. Techniques such as mindfulness, body-centred interventions, and somatic experiencing can be effective in assisting clients to reconnect with their bodies and cultivate a sense of safety and acceptance.

Embodiment and the Therapeutic Relationship

The concept of embodiment has evolved, transitioning from its philosophical roots to a more prominent role in psychology and counselling. As discussed above, initially rooted in the work of philosopher Merleau-Ponty, embodiment emphasized the inextricable connection between the body and human experience, highlighting the significance of the lived body as a social agent (McBride & Kwee, 2018). This evolution has led to a deeper exploration of how embodiment shapes the self, with a growing emphasis on understanding the role of the body in shaping individuals' experiences and self-perceptions within their cultural and social contexts. Additionally, embodiment has expanded to include the interconnectedness of mind, body, and environment, acknowledging the profound impact of human experience and cognition on the physical body and how individuals engage with the world.

Integrating embodiment into therapy involves incorporating a holistic approach that recognizes the interconnectedness of the mind, body, and emotions in the therapeutic process. Integrating embodiment includes fostering the mind-body connection, utilizing somatic techniques, incorporating movement and expression, employing body-centred approaches, encouraging embodied self-exploration, cultivating presence, and grounding, and engaging in therapist self-reflection. As discussed in chapter two, both clients and counsellors benefit from integrating embodiment into therapy. Clients can experience increased self-awareness, emotional regulation, and stress reduction through a deeper connection with their bodies. Clients can work through and let go of pent-up emotions, cultivate a kinder relationship with themselves, and improve their overall state of well-being. Counsellors can benefit by fostering a more authentic and empathetic therapeutic relationship, modelling self-compassion and vulnerability, and deepening their understanding of how their own bodily experiences impact the therapeutic process. By integrating embodiment, both clients and therapists can work towards greater self-understanding, emotional healing, and connection in therapy.

Countertransference, Self-disclosure, and Bias Checking

Countertransference, self-disclosure, and bias-checking play a significant role in the therapeutic space. As examined in Chapter Two, countertransference can deepen empathy, improve understanding, and strengthen the therapeutic alliance when recognized and addressed appropriately (Sandu, 2019). However, we learn that unmanaged countertransference can potentially harm the therapeutic relationship by leading to projection, bias, or boundary violations (Verbeek, 2017). In addition, we learn that when used thoughtfully, self-disclosure can foster trust, empathy, and connection between the therapist and client and can help normalize experiences, validate emotions, and model vulnerability (Maroda, 2009; Mortimore, 2017). This

research finds that self-disclosure can enhance the therapeutic relationship and promote client growth when adequately managed. However, unnecessary or incorrect self-disclosure may shift the focus away from the client's needs, potentially harming the therapeutic process. Regularly checking biases helps therapists maintain cultural competence, awareness, and sensitivity. By acknowledging and addressing biases, therapists can provide more inclusive and affirming care to clients from diverse backgrounds while enhancing the therapeutic relationship, promoting trust, and creating a safe space for clients to explore their concerns. Lastly, counsellors must navigate these aspects with awareness, sensitivity, and ethical consideration to ensure they contribute positively to the therapeutic process.

Limitations of Research

This research reveals how important it is for counsellors to understand the complex dynamics of therapy when dealing with clients' body image issues. It emphasizes the importance of counsellors' awareness of their own feelings, body image perceptions, and biases to create a supportive environment in the therapeutic space. However, akin to any study, it possesses specific constraints that warrant consideration.

One limitation of this capstone research is the possibility of overgeneralization. The studies analyzed primarily focus on the experiences of cisgender women within predominantly Western societies. While this perspective is respected, it may not fully capture the experiences of people from non-binary identities and various gender identities. Moreover, the research predominantly revolves around the interaction of body image, and eating disorders. While the concept of intersectionality, which entails exploring the interaction of different social identities like race, sexuality, and disability, was acknowledged, it could be further explored. A more

comprehensive investigation would delve into how these intersecting identities shape individuals' experiences of embodiment and their manifestation within the therapeutic setting.

While this capstone paper offers a comprehensive exploration of body image, embodiment, and therapeutic practices, it relies exclusively on current research and literature without integrating original research. While synthesizing material from different researchers provides valued insights and perspectives, a noteworthy drawback is the need for firsthand data collection, inquiry, and reflection. Original research could offer a more nuanced understanding of the relationship between body image, counselling practices, and embodiment, possibly uncovering innovative insights or validating current theories through empirical evidence. Also, conducting original research could provide an opportunity to tailor the study to specific research questions or populations of interest, thereby enriching the significance and applicability of the findings. Additionally, engaging in original research could foster more understanding of the research process, including ethical considerations, study design, and data collection methods, thus elevating the researcher's skill and expertise in the field. Overall, while the synthesis of existing research contributes valuable knowledge to the field, incorporating original research would further enhance the impact and depth of the study.

Lastly, the research has a significant Western bias, which can limit its applicability to cultural contexts and identities. This study focuses on societal norms and attitudes regarding body image and eating disorders primarily from a Western standpoint, acknowledging potential variations across different cultures. This limitation underscores the need for a more inclusive and culturally sensitive methodology to studying body image, considering the diverse viewpoints and experiences of people from various cultural backgrounds. Nevertheless, despite these limitations,

the study provides valuable insights into how societal norms influence body image and eating disorders.

Recommendations for Practice

The research provides valuable insights into the intricate dynamics of the therapeutic relationship when working with clients on body image issues. It sheds light on the significance of counsellors' self-awareness, embodiment, and management of countertransference in creating a supportive and effective therapeutic environment.

As counsellors engaging in body image work, it is vital to promote self-compassion among clients, urging them to cultivate nurturing attitudes toward themselves and reject negative self-perceptions. Creating supportive environments that embrace all body types is essential for fostering acceptance and positive body image. Encouraging clients to reconnect with their bodies and feel safe within them is a crucial aspect of therapy, helping them undergo the process of "becoming safely embodied" (Piran & Teall, 2012). It's critical to address the impact of stress and trauma on the development of eating disorders and body image issues. Incorporating interventions that promote resilience and self-regulation can aid clients in managing these challenges effectively.

Moreover, understanding and addressing clients' body image concerns requires us to delve into their body-related histories and trauma backgrounds. Building a strong therapeutic relationship is fundamental, necessitating us to be attuned to clients' emotions, demonstrate empathy, and foster trust and validation throughout the therapeutic process. Managing our own countertransference reactions and biases related to body image, self-worth, and weight is crucial. Regular self-reflection is a powerful tool to prevent overidentification with clients and maintain professional boundaries. Enhancing therapeutic skills involves incorporating embodiment-based

approaches into therapy sessions to deepen client insight, trust, and emotional connection. This strengthens the therapeutic relationship and promotes healing. Recognizing how intersecting identities influence clients' relationships with their bodies is essential. Tailoring interventions to address these complex dynamics ensures counselling is inclusive and affirming.

The research urges counsellors to understand the crucial role and impact in challenging unrealistic beauty standards and cultural norms that contribute to body shame and disconnection. Our efforts can help clients develop healthier relationships with their bodies. Continuous education, training, and staying updated with current research are essential. Participating in body image issues training and engaging in ongoing self-reflection can enhance our competency and effectiveness in working with clients on body image and embodiment concerns. By implementing these recommendations, we can provide comprehensive and effective support, fostering healing, self-acceptance, and empowerment in the therapeutic process.

Reflection Questions for Counsellors

Reflecting on these questions can help counsellors deepen their self-awareness, improve their therapeutic approach, and provide more meaningful support to clients navigating body image concerns. When working with body image and embodiment in a therapeutic setting, counsellors should consider the following reflective questions:

1. Self-awareness: How does my own body image and embodiment influence my interactions with clients? Am I aware of any biases or judgments I may hold regarding body image?
2. Cultural Sensitivity: Am I culturally competent in understanding how cultural norms and values influence clients' body image perceptions? How can I ensure that my interventions are inclusive and respectful of diverse cultural backgrounds?

3. Countertransference: How do I navigate and address countertransference that may arise when working with clients on body image issues, and how can I use these feelings to deepen the therapeutic relationship?
4. Intersectionality: How do clients' intersecting identities, such as race, gender, sexuality, and ability, shape their experiences of body image and embodiment? Am I considering the complexity of these identities in my therapeutic approach?
5. Empowerment: How can I empower clients to develop a more positive and authentic relationship with their bodies? What strengths and resources can I help clients identify to support
6. Body-Centred Interventions: What body-centred interventions or techniques can I incorporate into therapy to help clients reconnect with their bodies and cultivate self-awareness? How can I tailor these interventions to meet each client's unique needs and preferences?
7. Collaboration: How can I collaborate with other healthcare professionals, such as dietitians, physicians, or bodywork practitioners, to provide comprehensive support for clients' body image concerns? How can I advocate for multidisciplinary care to address clients' holistic well-being?
8. Ethical Considerations: Am I upholding ethical guidelines and standards in my work with clients' body image and embodiment? How can I ensure that I prioritize clients' autonomy, confidentiality, and well-being throughout the therapeutic process?
9. Personal Growth: What opportunities for personal growth and reflection does working with clients' body image and embodiment present for me as a counsellor? How can I

continue to enhance my own self-awareness and skills in this area to better support my clients?

10. Supervision and Mentorship: How can I seek supervision from experienced therapists specializing in body image and embodiment therapy to deepen my understanding and refine my therapeutic skills?

11. Continuing Education: How can I stay updated on current research, theories, and best practices in the field of body image and embodiment therapy by attending webinars and training and sourcing relative literature?

Reflective questions are instrumental tools for counsellors working with clients on body image and embodiment issues, guiding them to deepen their self-awareness, enhance their therapeutic approach, and provide more meaningful support. By employing self-reflection and considering these thought-provoking questions, counsellors can gain insights into their biases, cultural competence, and ethical considerations, ultimately informing their practice and fostering a more supportive and effective therapeutic environment. Through continuous reflection and learning, counsellors can better understand and address the complex dynamics of body image concerns, empowering clients to embark on a journey of healing, self-acceptance, and empowerment in the therapeutic process.

Recommendations for Future Research

In considering recommendations for future research, several key areas emerge as focal points for advancing understanding and therapeutic practices related to body image and embodiment. A particular area deserving more study is the efficacy of somatic interventions in addressing body image concerns. Longitudinal studies could track individuals' experiences over time, shedding light on how perceptions of body image and embodiment evolve with age, life

events, and societal influences. Moreover, exploring cultural perspectives is essential for understanding how diverse beliefs and norms shape individuals' views of their bodies, necessitating the development of culturally sensitive interventions. Evaluating the efficacy of therapeutic interventions, such as mindfulness-based practices and expressive arts therapies, can provide valuable insights into practical approaches for improving body image and promoting embodiment. Additionally, investigating the impact of training programs on counsellors' competence in addressing body image concerns and integrating body image education into counselling curricula can enhance the quality of care provided to clients. Understanding the role of technology and social media and how it informs body image perceptions is crucial, as is studying body image concerns in special populations, including individuals with disabilities or chronic illnesses. Exploring the benefits of embodiment practices in group therapy settings and amplifying client perspectives through qualitative research are also avenues for advancing knowledge and improving outcomes in the field. By prioritizing research in these areas, the counselling profession can deepen its understanding of body image and embodiment issues, refine therapeutic practices, and ultimately better support clients' journeys toward self-acceptance and well-being.

Conclusion

In conclusion, the intricate interplay between body image, embodiment, and the therapeutic relationship significantly influences the effectiveness of counselling interventions, particularly when the counsellor themselves grapple with body image issues. By enhancing their self-awareness and integrating embodiment practices, counsellors can offer more empathetic and culturally sensitive support, fostering a therapeutic environment conducive to healing and positive transformation for individuals navigating body image concerns. By delving into the

interplay between counsellors' embodiment, client support, and self-discovery, this research sheds light on the pivotal role of self-awareness, cultural sensitivity, and professional development in enhancing therapeutic interventions. Through the lens of embodiment theory, feminist theory of embodiment, and attachment theory, this study underscores the importance of understanding the mind-body connection, societal influences, and early attachment experiences in shaping individuals' perceptions of their bodies and emotional landscapes. By acknowledging the influence of societal norms, weight bias, and internalized stigma on body image issues, counselors can establish a supportive and understanding environment for clients to address and recover from them. Thus, this research contributes to the ongoing evolution of counselling psychology, enriching our understanding of the human experience, and guiding more effective and compassionate therapeutic approaches.

This study explores the complexities of body image concerns through an embodied lens, aiming to equip new counsellors with the knowledge and skills necessary to support clients facing challenges related to body image and embodiment. Its significance lies in its potential to enhance counselors' cultural sensitivity, empathy, and therapeutic effectiveness in addressing clients' diverse experiences of their bodies. Ultimately, this research underscores the importance of recognizing the interconnectedness of mind, body, and environment in counselling practice. It emphasizes the need for counsellors to embody empathy, self-reflection, and a deep understanding of the complexities surrounding body image and mental health. By integrating theoretical perspectives and promoting embodied practices, this study contributes to the ongoing dialogue on promoting holistic well-being and empowering individuals to cultivate positive relationships with their bodies.

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