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A Qualitative Inquiry of the Body Project on College Campuses in Illinois

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A QUALITATIVE INQUIRY OF THE BODY PROJECT ON COLLEGE CAMPUSES IN

ILLINOIS

MARIA CHRISTINE ROSS

64 Pages

Negative body image is a social and psychological concern that plagues many young women in the United States and has a strong relationship to the onset of eating disorders. One outcome of past research done on body dissatisfaction and eating concerns has been the implementation of peer-led prevention programs such as The Body Project and More Than Muscles that address negative body image and disordered eating. These programs target the sociocultural factors that contribute to eating and body image issues on college campuses. This study uses interviews supplemented by ethnographic fieldnotes and content analysis to describe and evaluate the implementation of The Body Project (and to a lesser extent More Than Muscles) on college campuses in Illinois. It aims to explain, through a sociological lens, similarities and divergences between various programs and how inclusive of social differences the Body Project is and/or appears to be. This research shows that many of the facilitators who execute the Body Project on their campuses in Illinois believe the program to be effective and well suited for their students but are aware of the lack of diversity among the participants and peer facilitators. Interview data in conjunction with my field notes while facilitating the program indicate a disconnect between student experiences and the script text. More specifically, students who are systemically marginalized with respect to ability, body shape/size, race/ethnicity, gender, and sexuality in various communities are neither represented among those who execute

the program nor in the program's material. This research will determine whether

implementations of the program lack examples of more current interactions with the appearance

ideal on social media, cosmetic surgery, Photoshop apps, etc. that students today experience.

A QUALITATIVE INQUIRY OF THE BODY PROJECT ON COLLEGE CAMPUSES IN

ILLINOIS

MARIA CHRISTINE ROSS

A Thesis Submitted in Partial
Fulfillment of the Requirements
for the Degree of

MASTER OF SCIENCE

Department of Sociology and Anthropology

ILLINOIS STATE UNIVERSITY

2022

A QUALITATIVE INQUIRY OF THE BODY PROJECT ON COLLEGE CAMPUSES IN

ILLINOIS

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CONTENTS

CHAPTER I: INTRODUCTION

Eating disorders are biopsychosocial conditions that affect people of different backgrounds in various ways. By age 20, 13% of American women will experience an eating disorder (Shaw, Rohde & Stice, 2016). This percentage only includes those who are "officially" diagnosed with eating disorders. The numbers are probably much higher in the case of women who experience eating disorder symptoms that go undetected by clinicians, conditions that are not classified in the DSM-5, or those who are not formally diagnosed. In order to gain insight into how to treat eating disorders, researchers have been investigating their causes and the risk factors that contribute to their onset.

The National Eating Disorder Association (2018a) states that eating disorders stem from biological, psychological, and social factors that contribute to the risk of developing these serious conditions. One of the risk factors for eating disorders that arises from social and psychological factors is distorted body image (Stice & Whitenton, 2002). Dr. Eric Stice and Dr. Carolyn Becker created a preventative program that targets the internalization of ideal body types for women in American society. This program, The Body Project, had positive results in lowering college-age women's negative body image, body dissatisfaction, and thin idealization (Becker & Stice, 2017). Since its creation, The Body Project has been implemented at various universities around the world. There have been spinoff versions of the program to target body image issues in specific populations such as More Than Muscles, with its goal of helping male students overcome the pressures to conform to the ideal body for men.

I proposed conducting a qualitative study to investigate these two programs, The Body Project and More Than Muscles, through a sociological lens focusing on how they are each implemented, how they are different, and their inclusiveness of their intended participants.

Eating disorder prevention has been a topic studied in psychology but considering the two programs' focus on socially constructed ideas of attractive body types, an evaluation through a sociological lens might offer insight as to how to improve the program or point out areas that could be enhanced.

My research project promises to make many contributions. Above all, it can contribute to awareness of body image and eating disorders amongst college students, especially in underrepresented groups. It can provide insight into how the program pitches itself to certain populations while potentially leaving out others. This project can direct attention to eating disorders as a research topic in sociology and psychology. Overall, this study can provide feedback on the implementation of these two programs (The Body Project, More Than Muscles) in order to pinpoint any areas that could be changed to provide a better experience for all students.

This introduction chapter is divided into several parts. First, I state my "Research Questions" followed by the purpose of my study and the rationale for conducting this research. I further discuss my motivation for undertaking this study in the "Problem Statement" and then provide some "Background" on the Body Project.

In the chapters that follow the introduction, I chronicle the extant literature and theory surrounding eating disorders and body image, and I identify the methods and procedures I used to answer my research questions, summarize the characteristics of the research sample, and outline the analysis process for the data collected. I also reflect on my position as a researcher and how my social identities contribute to being both an insider and outsider in relation to the participants I expected to encounter during my research. Finally, I discuss my findings and

conclusions. The appendix section includes my recruitment materials, consent form, and interview guide.

Research Questions

The primary research questions for this study include: How is The Body Project implemented on college and university campuses in Illinois? As the program is currently implemented on these campuses, how does it (equally) pitch itself to all types of students who might want to be involved with The Body Project? How does the program's curriculum appear to cater to specific subgroups while overlooking others?

The results of this study yield new information about how the Body Project operates on different college campuses around Illinois. The data points to areas within the program that are no longer the best fit for the target population or may leave out populations with similar issues of feeling pressured to obtain an ideal body outside the "thin" or feminine ideal body type. Optimally, the results of this study will lead to more conversations and potentially new implementations of variation programs that better suit students who do not identify as feminine and may feel pressured to strive for a different body ideal.

Problem Statement

The Body Project was a program designed to help those with negative body image and facilitate eating disorder prevention for women on college campuses. As research on eating disorders and body image has evolved, it is clear that these issues are not unique to women, alone; college students across the gender spectrum struggle with negative body image. The Body Project gave rise to a few spinoff programs specifically targeted to vulnerable populations associated with body distress and eating disorders like female athletes, gay men, and high school girls, but the problem is that there are still populations that may feel excluded from the

opportunity to participate in a program well suited for their specific body image and eating struggles. An evaluation of how these programs such as the Body Project operate on college campuses will allow for better insight into how to be more inclusive of all students who wish to feel better about their bodies.

Background

While eating disorders and body image have such a strong connection to societal issues, little research has been done regarding prevention and treatment from a sociological perspective. The Body Project is a peer-led cognitive dissonance program intended "to help adolescent girls and young women resist sociocultural pressures to conform to the thin-ideal and reduce their pursuit of thinness" (The Body Project, 2021, pull quote). According to its website, the Body Project has been found to reduce the risk of eating disorders and "future onset of obesity" (*ibid*., para. 2).[1] Ultimately, this program was the outcome of years of research related to eating disorder issues with no proven strategies for eating disorder prevention.

Researchers determined that an effective way of pursuing eating disorder prevention was to target risk factors that amplified other risk factors. In other words, Becker and Stice (2017:769) found a chain reaction from *thin idealization* leading to *body dissatisfaction* which led to *unhealthy weight control behaviors*, ultimately resulting in developing increased risk for *eating disorders*. Consequently, focusing on reducing thin idealization help to reduce risk in every part of the chain reaction. A summary of the findings from several different implementations of an eating disorder prevention program showed that across all programs, *dissonance*-based programs resulted in the largest reductions of eating disorder symptoms. The

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[1] "Obesity" is a culturally loaded term among body-positive/fat-activists. While "obese" and "overweight" are both medical terms, "fat" is the cultural term reclaimed and embraced by the fat acceptance movement and Fat Studies. This movement and its companion area of academic study does not seek to erase fatness from the future, but rather to celebrate bodily diversity.

dissonance-based eating disorder prevention program created by Becker and Stice (2017) used methods of cognitive dissonance. Cognitive dissonance refers to generating ideas that are psychologically inconsistent, resulting in the individual trying to make those ideas more consistent (Festinger, 1962). In relation to eating disorders, young women participating in the research conducted by Body Project pioneers Becker and Stice (2017) engaged in different thought exercises that targeted negative outcomes of pursuing the thin-ideal. Many different trials and studies have been conducted showing the effectiveness of small variations made within the execution of the Body Project across different samples and have shown positive results (Butryn et al., 2014; Frederick et al., 2007).

Although women have the highest rates of eating disorders, there are other populations of people who are diagnosed and treated but may have different contributing risk factors based on their social identities. For example, while women are subjected to the ideal thin body, men are subjected to an ideal "masculine" body that highlights muscularity and leanness (Olivardia et al., 2004; Ridgeway & Tylka, 2005). Men are also less likely to receive medical or psychological treatment for body image or eating-related issues (Strother et al., 2012). More than Muscles is a rarer variation of the Body Project that targets the prevention of negative body image in those who identify as male. Brown et al. (2017) found that participants in this program showed a decreased drive for: muscularity, dietary restraint, and bulimic symptoms. However, this is a relatively recent program and very little research to date has been published on its effectiveness.

The National Eating Disorder Association (2012) suggests that research done within LGBT populations has shown that members of this community experience different risk factors and different barriers to treatment and prevention. Another variation of the Body Project is the PRIDE body project at San Diego State University which is working on eating disorders and

negative body image prevention in sexual minority men (Blashill, n.d.). Female athletes are another population who are at a higher risk of exhibiting eating disorder symptoms. Sports that give lean or thin athletes with low body weight an advantage (like swimming, cross country, and diving) and aesthetic sports (like dance, cheerleading, and ballet) increase the athletes' vulnerability to eating disorders (NCAA, 2013; Gorrell et al., 2019). The Female Athlete Body (FAB) project was created to target this population. Stewart et al. (2019) found that, after completing the FAB project, a random controlled trial of 481 female collegiate athletes overall showed fewer binge eating episodes and lower thin-ideal internalization. Additionally, Gorrell et al. (2019) found the program to lower the rate of body dissatisfaction and dietary restraint for dancers at elite ballet companies. A variation of the Body Project has also been implemented at the high school level with similar findings to the original program. Vanderkruik et al. (2020) also found fewer eating disorder symptoms, improvements in participants' moods, reduction in fat talk,[2] and reduced concern about weight.

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[2] "Fat talk" as defined by Nichter and Vuckovic (1994) is "a ritualized form of speech that serves to communicate mood and feelings, define status and role, call for support, or affirm group membership" (p. 106).

CHAPTER II: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

Body image is a concept that involves how a person sees oneself in the mirror, and in one's mind, i.e., the "looking-glass body" similar to Charles Cooley's (1902) "looking-glass self," in that people imagine seeing their own bodies as others see their bodies (Gailey 2015, p. 53). In this way, body image becomes social. It is more than looking into the mirror and seeing oneself or having a mental picture of oneself; instead, we imagine how others might interpret our body, playing into how we imagine our body looks to others. Thus, negative body image is something that can stem from the societal pressures to conform to ideal body types. According to Brennan, Lalonde, and Bain (2010), America places a premium on physical appearance.

Much of the extant literature regarding body image conveys that women, more often than men, are preoccupied with their bodies and the stigma surrounding different body types. Specifically, the stigma surrounding different body types for women revolved around different areas of the body that retain fat. Women with more belly fat face greater stigmatization than those with fat hips, buttocks, and thighs (Arizona State University, 2021). Research suggests that body image dissatisfaction in women can stem from internalizing societal body standards, comparing oneself to others, and physical appearance pressures from the people with whom women surround themselves, like their peers, family members, and dating partners (Brennan, Lalonde, & Bain, 2010; Stice & Whitenton, 2002). Other studies have added that the objectification of women in society contributes to how women view their bodies and makes them more observant of their own physical appearance (Gillen & Lefkowits, 2012; Adams et al., 2016).

Embodying Racial-Ethnic Inequalities: Food as Currency of Communication for Women

When one envisions the ideal body in the United States, the body-image stereotype of white European features emerges, which in turn devalues and rejects the features and characteristics of other racial-ethnic groups' bodies (Awad et. al., 2014).

Historically and today, the bodies of Black women become dehumanized, objectified, and exoticized (Beauboeuf-Lafontant, 2003). Beauboeuf-Lafontant (2003) suggests that the pressures to be strong and emotionally available for other people, yet not to openly talk about one's feelings, connect to problematic eating behaviors in Black women. Beauboeuf-Lafontant (2003) puts forward that "compulsive eating may be a culturally acceptable way for these women to speak the unspeakable" and that Black women's eating problems communicate a lack of recognition "within a society that systematically ignores, belittles, and violates them" (p. 118). Additionally, Black women's bodies may become a battleground for trying to gain control over the tenacity of oppressive forces, i.e., women's race-gender nexus is tied to experiences of food and body, with the corporeality of Black women being a physical manifestation of the social problems they experience.

Thompson (1992) also notes how eating patterns may embody survival tactics for women of color experiencing manifold sexism, racism, and/or homophobia, specifically, referring to women using eating habits and food consumption "to numb pain and cope with violations to their bodies" (Thompson, 1992, p. 547). Furthermore, Hesee-Biber (2004) conducted a qualitative study exploring experiences and reactions of Black women in relation to how they see their own bodies. The Black women in her study expressed a desire to be thin (similar to white women), but their overall body dissatisfaction was lower. Instead, Black women expressed greater concern with other aspects of their bodies like their hair and skin color (Hesee-Biber,

2014, p. 54). Finally, Strings (2019) argues that our more recent body ideal of being "thin" is not simply a medicalized effect, but a racialized issue. The idea that white European physical characteristics were depicted as the most beautiful and attractive while portraying a "non-white" person as "ugly" represents a message sent from powerful institutions, such as the media, perpetuating body image standards born of white supremacy (Strings, 2019, pp. 154–56)—a message idealizing whiteness as beautiful that many still internalize today.

Minority health researchers consider cultural differences regarding what types of bodies are deemed "acceptable." Across racial and ethnic groups in the U.S., there may be different pressures to conform to different ideals. How individuals of various races and ethnicities view their own bodies has led to more recent research on the effects of immigration on body image for Latinas wanting to fit into American beauty norms. Viladrich et al. (2008) found similar results to Black women's experiences with body image among Latina women. Latinas in the study shared desires to be thinner than they currently were, yet they espoused more acceptance of, and even a preference for, curvier bodies (pp. 25-26). Overall, it is not only a woman's racial or ethnic background that influences the way she sees her racialized body, but also dominant white beauty ideals for women that compel within-group or out-group comparisons for Latinas and other racially minoritized groups.

Body, Gender & Sexuality: Interrelationships with Health/ism and Binary Sexuality

Similar patterns of connections between oppressive social forces and body image can be seen within other intersecting social identities. When considering the intersection of sexuality and gender with body shape/size, fat-gay men face being doubly stigmatized. As Whitesel (2019) writes of big-gay men, "They not only encounter exclusion that all queer people experience, but also within-group prejudice due to their ample size" (p. 129). Similar to men's objectification of

women, gay men are expected to fit an ideal body standard that is deemed "attractive" by other men. The oppressive systems of sizeism, healthism, and lookism are all at play when considering how fat individuals may view their own bodies. As a society, we have created a hierarchy based on what is considered "healthy" by medicalized (and racialized) standards. *Healthism*, according to Whitesel (2017), is a moralizing discourse that allows the concept of health to become the standard from which we determine if a person is good or bad (p. 432). People are then considered better people if they are more physically fit, and a bad person if they are fat. Counter to notions of healthism and fatphobia, fat activists promote movements like "health at every size" to encourage critical analysis of the research done on "obesity" that neglects the effect of factors beyond biology that might contribute to one's health, such as the shame of fat stigma eroding one's well-being (Whitesel, 2019).

Living in a binary society that has created rigid ideals of what men and women should, or should not, look like also deeply affects transgender and nonbinary individuals. For transgender individuals, this may mean that conforming to the ideal body standard becomes workable through gender-affirmation treatments. A qualitative study of trans men found that gender-affirming treatment in the form of a mastectomy (removal of breast tissue) resulted in higher body satisfaction as being able to "pass" was correlated with higher self-esteem (Van de Grift et. al., 2016). However, being able to "pass" as the gender one identifies with is not always the goal for transgender people or nonbinary people. In a study highlighting the experiences of trans and nonbinary people, body modification behaviors similar to cisgender individuals were used such as manipulating clothes, hair, make-up, muscularity, body hair, and weight to pursue an *androgynous* body ideal instead of the gendered masculine or feminine body ideals (Paz Galupo, Cusack, and Morris, 2021). Furthermore, social stigmatization for one's sexuality and/or gender

identity, as mentioned with regard to gay men, is listed as a risk factor for disordered eating by the National Eating Disorder Association (NEDA). NEDA also mentions barriers to support and treatment for LGBTQ+ individuals with eating and body-image issues, which "may include a lack of culturally competent treatment, which addresses the complexity of unique sexuality and gender identity issues" (NEDA, 2021b, para. 5). For example, many interventions for body-image disturbance are based on research done from a cisgender / gender-binary perspective wherein trans and nonbinary experiences often remain overlooked.

Gender, Class, Beauty Propaganda, and Cosmetic Surgery

When considering social class in the U.S., several different factors contribute to one's social standing such as educational attainment, income & wealth, occupational prestige, and political power. While social class and socioeconomic status (SES being objective income / education level plus subjective ratings of where one puts oneself on the socioeconomic spectrum) can be influential factors for many different elements of one's life, they also impact how one sees oneself and one's body. Kraus and Park (2014) studied how social class standing plays into self-evaluation and perceptions of the self. They found that individuals of lower social-class standings continuously recognize that they are lower in social-class position than others and that contributes to an undervaluation of their self, compared to those of a higher social-class position (Kraus and Park, 2014, p. 7), which is consistent with the ideas of social comparison theory presented by Morrison, Kalin, and Morrison (2004).

Morrison, Kalin, and Morrison (2004, pp. 572, 575) suggest two theoretical frameworks – sociocultural theory and social comparison theory – that can be used to facilitate understanding body image. Sociocultural theory argues that negative body image comes from the societal thin body ideal, women internalizing their bodies as objects, and the "thin is good assumption."

Social comparison theory suggests individuals desire to evaluate their abilities and bodies, to compare their abilities, bodies, and opinions to those of others, and that social comparisons are made with individuals similar to oneself, otherwise known as "relative comparisons." Sociocultural theory helps explain that there are standards of attractiveness that individuals are aware of and when combined with upward social comparison (i.e., comparison to someone who is "better off," or more attractive), these dynamics lead to a negative body image. Exposure to mass media and celebrities who represent unrealistic body standards can result in negative body image and practices of manipulating one's body to fit those ideals. Manipulating the body to fit social standards of attractiveness can often include a variety of exercise regimens and restrictive eating habits.

Class position and social status are, therefore, other social identities that can affect how one sees oneself and one's body within society. Qi and Cui (2018) studied women's body satisfaction and eating habits when exposed to thin images of bodies on social media from people with perceived similar socioeconomic status (SES) as the participant and images from people with perceived higher SES. Findings indicated that participants exposed to the images from perceived higher SES ate healthier foods than those exposed to images from similar SES, indicating that exposure to one's "betters" made people less satisfied with their bodies and when presented with upward social class status comparison, they modified their diet (Qi and Cui, 2018, p. 6). Likewise, Bojorquez (2011) contended that adolescent women from higher socioeconomic statuses felt a greater desire to be slimmer. These findings are relevant to the pressures induced by social media and "influencers" on various platforms like Instagram, Tik-Tok, and Twitter. Consistent with themes engaged in the Body Project's curriculum, seeing elites or famous people who are celebrated for being thin and having "the perfect body" instills a message that if one

looked like that, then her life would be "better off." Although we live in a society that privileges those who are attractive, higher social class status also plays an important role in being able to live life with ease and appearing "successful."

Cosmetic surgery is a procedure rising in popularity today that ties social class to body image. It makes the "perfect body" attainable, but only for those who can afford it or those who are willing to finance beyond what they can afford. Common procedures becoming available and rising in popularity include slimmer and smaller noses, reduction in stomach fat (known as a "tummy tuck"), enhancements to the buttocks (known as a "Brazilian butt lift" or "BBL"), lip fillers/lip injections, and breast augmentations. Data indicates that 15.6 million cosmetic procedures took place in 2020, and females account for 92% of those procedures (American Society of Plastic Surgeons, 2020). Some studies suggest that being able to afford and undergo aesthetic surgery increased women's body satisfaction (Asimakopoulou, Zavrides, & Askitis, 2020 ; Soest, Kvalem, Roald, & Skolleborg, 2009). While surgery can be a positive life-changing experience for many people, specifically transgender individuals who undergo gender-affirming procedures (El-Hadi, Stone, Temple-Oberle, 2018; Van de Grift et. al., 2016), the cosmetic-surgery industry can also be categorized as another institution that profits off the body dissatisfaction of those who can afford these procedures (Nejadsarvari, Ebrahimi, Ebrahimi, and Hashem-Zade, 2016) much like the multi-billion-dollar diet industry.

The Intersectional Experience of the Looking-Glass Self

Depending on which social identities a person possesses, there will be a difference in the way one sees one's own body in a society that highlights Eurocentric, able-bodied physical features as the ideal body. As mentioned in the Body Project script, the appearance ideal in our society is built off features like being thin (or muscular); having tan, but not dark, skin; straight

white teeth, etc. If one considers body image as a social phenomenon built off Charles Cooley's (1902) conception of the "looking glass-self" and Gailey's (2015) the "looking glass body," it becomes clear that one's different social identities indeed influence the way their body would be judged by others and by oneself mentally. Beverly Daniel Tatum writes:

> This 'looking glass self' is not a flat one-dimensional reflection, but multidimensional. How one's racial identity is experienced will be mediated by other dimensions of oneself: male or female; young or old; wealthy, middle-class, or poor; gay, lesbian, bisexual, transgender, or heterosexual; able-bodied or with disabilities; Christian, Muslim, Jewish, Buddhist, Hindu, or atheist…. (Tatum, 2000, p. 1)

It is not enough to consider gender alone, race alone, or social class alone to understand how bodies are judged and conceptualized as attractive or unattractive in society; there must be a simultaneous combination of myriad social identities to grasp a full understanding of body image as a social issue. While individuals have multiple intersecting identities that correspond to positions of privilege or disadvantage in society, these multiple, overlapping identities also affect how groups see their own bodies in consequence of how others see them.

By taking interlocking identities into account, social and oppressive forces become clear factors in how one views one's own body within society. As expectations are formed around how someone should appear physically in terms of one's race, gender, social class, ability, sexuality, age, etc., pressures to meet those simultaneous expectations are also formed. While these pressures may take on different contours and look different, depending on which social identities come to the forefront of one's perception, all are important to consider when developing strategies to combat negative body image. An intersectional approach to body image includes being aware of how people's social identities mesh with the dominating Eurocentric, heterosexual, cisgender, elite, and able-bodied ideal in the U.S. Accounting for body image in

this way recognizes and appreciates the fact that the ideal body is diverse and different for different populations, as are the pressures felt or not felt to meet that standard.

Psychology Gained Definitional Control Over Eating Concerns

Eating disorders are primarily conceptualized and researched in the field of psychology, medicalized and pathologized as "mental *illness*." This means that "the stakes in matters of definitional control are extremely high" (Sedgwick, 1990, p. 54) when it comes to the power of the psychiatric industry. The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) currently holds diagnostic criteria for Anorexia Nervosa, Bulimia Nervosa, and mentions Binge Eating Disorder, although there is no specific category for the latter. There are also diagnostic criteria for Other Specified and Unspecified Eating Disorders in the DSM-5 (APA, 2013). In addition to these official psychiatric "disorders," the National Eating Disorder Association (NEDA) has recognized several different categories of eating disorders not specified in the DSM-5, including orthorexia (obsession with healthy eating), pica (eating items that are not considered food), compulsive exercise and more, with warning signs and symptoms included on their website (NEDA, 2018b).

CHAPTER III: METHODS AND PROCEDURES

To explore the Body Project's "canned" curriculum, its implementation, development, and improvement, and how the program operates and varies across different universities in Illinois, I draw on data collected through multiple qualitative research methods. In writing this thesis, I relied mostly on fieldnotes, which I supplemented with in-depth interviews. As a participant observer, I kept a field diary while working as a graduate assistant for the Body Project and More than Muscles at Illinois State University where I was involved with the planning, training, and execution of these interventions. I also collected in-depth interviews from those involved in the operation of the Body Project at various Illinois universities and colleges. Finally, I conducted qualitative content analysis of the outreach and promotional materials for these programs on the various Illinois colleges and universities' websites, including social media posts, news articles, and fliers posted.

Convenience Sample for Key Informant Interviews

In June 2021, I piloted exploratory research to gauge interest from those involved with Body Project programs in Illinois from which I developed a spreadsheet of those interested in interviewing with me. From my initial list of twelve potential research participants, six agreed to be interviewed. Qualitative research can be successfully conducted with the limited resources one has at one's disposal as long as the investigator remains aware of the scope for developing generalities from small samples. Oliver Robinson (2014) said it best:

> Recruiting interviewees within organizations present… challenges. [Scholars conducting interview-based qualitative research] typically locate a nearby source of potential participants who are convenient in their proximity and willingness to participate. …This is called convenience sampling. …It proceeds by way of locating any convenient cases who meet the required criteria and then selecting those who respond on a first-come-first-

served basis…, defining the sample universe as demographically and geographically local and thus restricting generalization to that local level. (pp. 32, 36)

Indeed, my interviewee pool is small, but research samples in qualitative research tend to be such in order to support the depth of rich analysis. Importantly, all respondents had facilitated the implementation of the Body Project at their respective campuses. My interviewees enjoyed educational advantages. The background of the local interviewees included a licensed psychologist, a licensed social worker, an English professor, a former graduate assistant to Fraternity and Sorority Affairs, a former graduate assistant to Student Counseling Services, and an assistant director of Fraternity and Sorority Affairs.

Over Fall 2021, I conducted interviews with these six key informants involved with The Body Project on college and university campuses around Illinois. According to Lokot (2021), "key informants are perceived as providing important knowledge—more knowledge than might be contributed by interviews with 'ordinary' people," which is to say the participants in my sample knew more about how the program's history has shaped and guided the current curriculum guidelines compared to short-term peer facilitators or one-time student participants in the program.

I let my sample describe themselves based on social identities they thought were relevant to their work with the Body Project. All informants were assigned pseudonyms to protect their identities and assure confidentiality. Linda, who held a clinical degree in psychology, described herself as a cisgender, white, female in her late 50s who had been a mental health counselor at her university for over a decade with previous experience working at various eating disorder treatment programs and now serves as an advisor to the Body Project on her campus. Nate described himself as a white male employed as the associate director for Fraternity & Sorority Affairs at his university. Elise did not mention her race but appeared to be white and disclosed

information about her personal experience with an eating disorder that had some influence on why she wanted to be a part of the Body Project, serving as the program's coordinator on her campus while working on her master's degree. Mariah, who identified as a white, cisgender female in her early 30s, is a licensed social worker at her university and described herself as an advisor to the Body Project on her campus. Lucia, an academic advisor in her mid-twenties who works as a graduate assistant through student counseling services for the Body Project, identified as a white female who is petite in stature. She also mentioned some social class measures that potentially made her more or less similar to the participants of the program (e.g., financial and food security, college-level educational attainment, and growing up in the area around the university she worked for).

Lastly, Dana at first stated that she was unsure if "there's anything that is relevant to [her] participation" in the Body Project with regard to her social identities. Dana asked me why I think social identity might be relevant, and I gave examples of some characteristics that people might use to describe themselves such as race/ethnicity, age, varying levels of experience with body dissatisfaction, and/or educational credentials or professional titles. Dana responded by saying she had no experience with eating disorders or body image issues and that she is an English professor at her university. While Dana reported having no credentials relevant to working with the Body Project, she did mention that she studied trauma within literature and that "representations of disordered eating are a common thread in narratives that are informed by trauma." None of my interviewees self-identified as any race other than white and only one participant identified as male. The lack of racial diversity among my research participants parallels the lack of diversity they reported in the Body Project participants at their respective universities.

Procedures

I conducted the interviews in my home office via the teleconferencing software program Zoom. I took handwritten notes during the video call and recorded the interview session. Zoom provided an alternative to in-person interviews while still allowing the opportunity for both the participant and I as the interviewer to see each other. Zoom also allowed our meetings to be recorded and provided an audio transcription that I could easily "clean up" afterwards.

The interviews I conducted were semi-structured, meaning I asked all participants approximately the same open-ended questions. The questions focused on the implementation of these programs, the interviewee's position within the program, and their experiences as key stakeholders in the Body Project. Semi-structured interviews allow for better comparison between research participant responses, while the interview schedule still flows somewhat like a conversation and reflects the interviewees' voice, giving them more freedom in forming their responses.

I also had the opportunity to be a part of a Body Project program as a graduate assistant at a medium-sized university in Illinois and collected fieldnotes of my observations. I participated as a part of the team that coordinates the Body Project and was also a peer facilitator for the program. As the Graduate Research Assistant for my university's Body Project and More Than Muscles programs, I had the opportunity to become an insider to the implementation of these programs on campus at a university in Illinois. I was involved in the outreach for the program, the training of peer facilitators, the coordination of implementing these programs, and was a peer facilitator myself. Throughout the Fall 2021 semester, I collected field notes of my experiences from the initial planning to the execution of the program. Since I wanted to focus my energy on helping plan and execute the program and best assist those who struggle with body image issues,

I refrained from recording my fieldnotes during work hours. During Spring 2022, I drew back from regular fieldnote taking and started to focus on the thesis writing more, yet I still kept notes to clarify ideas in the passages I was trying to write.

A final method involved in this research project is a qualitative content analysis of the materials used in the outreach, promotion, and implementation of the program at the university where I worked. These materials in the past have included social media posts, fliers, and news articles along with the Body Project facilitator script. Analysis of the materials used to promote these programs and carry them out on campuses around Illinois allowed me to see any themes with regard to the groups of people they are reaching out to, and which populations might be overlooked from the outreach or would find themselves underrepresented in the marketing materials or the interactive Body Project program script.

Analysis

In the pages that follow, I unpack the results of my analysis of the interview transcripts I have collected as data along with drawing from my field notes to enhance the interview data and provide rich context for the thesis analysis. As mentioned, each of the interviews were automatically transcribed through Zoom, reviewed by me, and then edited accordingly. In all, my interviews produced more than 224 pages of transcript. In the initial steps of data analysis, I strove to get a sense of the general ideas and tone of what the participants said by open coding and sorting the interview data into separate themes, all the while keeping an eye out for repeated themes, plus anything unexpected or surprising, then writing analytic memos. Per Glaser (1978: 83), memos involve "the theorizing write-up of ideas about codes and their relationships as they strike the analyst while coding," drawing connections between codes, often referred to as "axial coding." Taking one interview at a time, I moved from open and axial coding to focused coding,

and finally to creating refined memos of the underlying meanings of potential codes I created from pouring over each interview. By simplifying the underlying meanings and topics within each interview, I was able to cluster themes together based on similar topics. Finally, I did a round of selective coding of the data. Creswell and Creswell (2018:193) note that such coding involves arranging the data into categories and labeling those categories to capture the essence of overarching themes from the interview data with a word or phrase to represent a major category data. With the coded data, I generated descriptions and themes under each of the overriding categories in the interviews, ultimately linking together shared or different experiences of the participants. Most importantly, my field notes remained the first—and most necessary—step toward developing this analysis, representing my insider record that affirmed what I observed during my work at the Body Project and More than Muscles. Between mid-August 2021 and mid-March 2022, I clocked in over 560 hours working for my university's body-image program and took over 50 pages of fieldnotes.

CHAPTER IV: RESULTS AND DISCUSSION

The Outdated Script

Encouraged to view my placement setting as a site of culture (Olson, 2014), I kept field notes of my ethnographic experience as a graduate assistant coordinating the Body Project at a medium-sized university in Illinois. Throughout this chapter, I will discuss my recorded reflections alongside interview excerpts.

When the job offer came, I gleefully accepted, excited to facilitate discussions around body image and eating disorders with college students. Admittedly, I knew little about how to organize, plan, and execute the program's stated goals & objectives or what the facilitator script might look like, but I felt an immediate connection to the overall job description of working closely with a team providing eating disorder outreach services to students. Now having worked seven months in the project office and, having applied The Body Project facilitator's guide and intervention script multiple times to implement this prevention program, I do have documented concerns and reservations surrounding the Body Project script, which to some degree coincide with issues my interviewees raised.

Through my work as a facilitator, I learned that The Body Project originates from a former eating disorder prevention program called *Reflections: Body Image Program*. One of my interviewees recalled starting Reflections on campus and switching to the Body Project when the program rebranded itself. Reflections ran through Tri Delta sorority on a national level backed by Dr. Carolyn Becker, the lead inventor of the Body Project program.

The intervention script used at my university indicates that the Body Project was developed over 20 years ago. Though unclear as to when the program first became widely implemented on university campuses, my research suggests it took off in the early 2010s. After I

was trained to facilitate the program and ran a few implementations myself, it became clear to me that the script read like it was somewhat outdated, and that it may not resonate with many of the current struggles that college students face today with body image.

Situations I experienced while working from an outdated script, which I wrote about in my fieldnotes, include participants bringing up plastic surgery and the normalization, or accessibility of, easy-to-use photo editing apps to "perfect" their own photos. The script prompts facilitators to ask participants whether they are aware of how much fashion magazines photoshop the models, and whether the people in these edited photos personally look like the models do post-editing.

In the implementations I facilitated, the participants quickly took the conversation on airbrushed magazine photos in a slightly different direction. In the early 2000s when the Body Project script gained success, ordinary people could not do much to edit their own photos, other than reducing red-eye. Today, on the other hand, students I interacted with talked about knowing full well that the bodies they see in advertising are not "real"; they also discussed the bodies they see on social media. Participants confessed to using an array of smartphone filters and editing tools (e.g., Facetune) to retouch selfies and apply any number of edits to their own images on social media to whiten their teeth, remove acne from their faces, make themselves appear thinner, or make their behinds larger through recent photo filters that allow women to enhance their butts.

Today, versus when the Body Project's script was pioneered, it has become common knowledge that magazines and advertising outlets heavily alter the images they produce. From my encounters with students during various program implementations, it is also clear that from their perspective, this issue of altering images is no longer just some unknown person editing

pictures of models and celebrities they don't know; rather, ordinary people like themselves have the means to alter personal photos to make their bodies fit idealized standards of beauty.

In the words of feminist philosopher, Sandra Bartky (1988), "The disciplinary power that inscribes femininity in the female body is everywhere and it is nowhere; the disciplinarian is everyone and yet no one in particular" (p. 13). The modern inability to pinpoint one disciplinarian "serves the interest of domination" (ibid.). In other words, my participants understand the disciplinary power of altering photos in magazines and advertising but find themselves more personally impacted by fellow "women themselves who practice this discipline on and against their own bodies" by using photo filters to edit their own selfies (Bartky, 1988, p. 15). Like the panopticon discussed by Michel Foucault and extended by Bartky, this self-conscious setup registers as a metaphor for modern surveillance society subjugated to the power of the disciplinary gaze that enforces self-policing of one's body image due to the ever-present possibility of being critiqued by acquaintances and strangers on social media.

In the implementations that I facilitated, either the participants or facilitators also brought up plastic surgery. Cosmetic procedures and plastic surgery, glamorized by celebrities, trends on many social media platforms today. The Body Project script does not mention anything about plastic surgery, which fails to interject an important aspect of pursuing the appearance ideal into the conversation unless participants or facilitators mention the topic. The existing script was written before the rise of social media over the last 10-plus years, which undoubtedly changed the way that students think about their bodies. For example, when students take photos of themselves on a device with the capability to alter their appearance, they are confronted daily by a potentially distorted body image. Adding photo filters to one's selfie may cause them to overanalyze their bodies while pondering how to achieve an unrealistic appearance through

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invasive procedures. In effect, a disassociation occurs between the "reality" of what "real" people look like and what students aspire to look like based on filtered photos. If "The Body Project is a cognitive-dissonance-based body acceptance intervention… designed to help… young women resist sociocultural pressures to conform to the thin-ideal and reduce their pursuit of thinness" (The Body Project, 2021, pull quote), then mediating a conversation on the topic of cosmetic procedures would seem highly relevant to the program's mission.

Another example facilitators gave involved stretching the outdated script to make it relevant on the campuses they came from. One of my interviewees, Nate, shared how at his university, program organizers try to train the facilitators to make the script more relatable. At Nate's university, the Body Project organizers only implement the program with Greek life, in which he mentioned an off-campus event called "Barn Dance" that most of the sororities on campus become involved with in October. Similar to college students feeling pressured to look good for Spring Break (as mentioned in the script), the fall Barn Dance is an experience specific to the participants at this particular university to which they can all relate as a staple for most Greek life students and registered student organizations (RSOs) on college campuses.

For example, when I content analyzed an online student publication for women on Nate's campus about "What to Wear to Barn Dance," the young woman writer shared her struggle to come up with the "perfect outfit" for the event. She knew that everyone else would look "amazing" and she felt worried and "stressed out" about standing out due to her appearance. She then offered advice on how to pick the right flannel shirt, denim jeans, and fashionable boots and hat to wear to the dance. Thus, revising the Body Project script to refer to specific experiences at a given university (in addition to addressing smartphone photo filtering and cosmetic surgery)

would help to make the script less general and passé and more relatable for both event organizers and student who attend those events.

The Unequal Execution of the Program across Illinois Campuses

The five universities in this study have some similarities and differences in the way(s) that the program operates on their campuses. Four of the five schools make the Body Project accessible to all students on campus regardless of gender. One school also runs a companion program called *More than Muscles* but allows students, regardless of gender identity, to join the program they see most fit (i.e., either the Body Project or More than Muscles). Although the Body Project was originally made for female-identifying college students, two of the schools reported having at least one male participant over the years. One school, however, kept the Body Project within Greek Life at their university. This particular program was headed by the office of Fraternity and Sorority Affairs and was only made available to Panhellenic Sororities who opted into the program.

A few universities stopped, paused, or moved to online implementations because of COVID-19. The Body Project program was originally intended to be carried out in person, but as college campuses moved online for the 2020–2021 school year, many events, programs, and workshops were either cancelled or modified to fit an online, virtual platform. The university that had been implementing the program strictly within Panhellenic Sororities, for example, has paused their Body Project workshops for the time being. Other schools have made modifications to the script and still run the program virtually with students over Zoom. One school also divided up sections of the script to fit multi-day, one-hour increments to combat Zoom fatigue while students were completely online. Only one school was still currently collecting data from the

programs by having the participants participate in pre- and post- tests before the implementations. The rest were not running the program as a research project.

A few interviewees did mention anecdotal or unofficial qualitative data collected from their interns, graduate assistants, or peer facilitators indicating that they believed the program to be effective. There was also variation in which offices on campus supported and helped run the Body Project. Consistently, the university's counseling center is involved in the project, but the participants sponsoring the program varied in professional roles from an English professor to a social worker, to the assistant director for Fraternity and Sorority Affairs, to a clinical psychologist, and even two graduate assistants underwriting the program.

One finding that surprised me was the consensus in answers when asked the interviewees, "Who benefits from the Body Project?". Overwhelmingly, the answer was that the peer facilitators benefited from their interactions with the student participants. As the program is dedicated to serving its participants and ample literature on the Body Project is about how effective the program is for its participants, the positive effects of the program on the peer facilitators may be overlooked. Some of the interviewees also acknowledged that women on their campus (who participate) are the ones who benefit the most from the program. This finding begs for more research on the outcomes of the program for the peer facilitators versus the student participants. Perhaps the key informants whom I interviewed spend more time with the peer facilitators and hear their experiences, making it less likely for them to know about the student participants' experiences with this intervention delivered by their peers.

"Adequately" Addressing Fat-Talk/Fatphobia as Intrapersonal, Interpersonal, Intersectional, and Institutional

Not all research participants were equally articulate or perceptive; my interview with Linda stood out above the others. One question I posed in my interview probes the respondent's knowledge regarding various social movements that involve the body. All of the interviewees reported knowing, or at least having heard of, the Body Positivity Movement and the Fat Acceptance Movement. Not all of them had heard of the Health at Every Size approach. Additionally, when asked how these movements are similar to, or different from, the Body Project, most agreed that the Body Project script aligns with body positivity. Some suggested the Body Project aligns well with all three movements.

However, Linda was rather passionate about the inconsistencies within the Body Project's messaging. She talked at great length about the efforts her Body Project team has done outside actual implementations to continue efforts towards increasing positive body image and reducing fat stigma across her campus. When asked about what frameworks or methods the Body Project uses, Linda briefly talked about cognitive dissonance, but then shared her hopes that the program could be modified to account for some of the social injustices involved within the body-image realm. She recollected that the program's script has examples of negative body talk whereby the facilitators role-play complaining about how fat they are. Linda critiqued this scenario, explaining that many people neglect to understand the implications of how a fat person might feel hearing a thin person complain, pretending that they are "fat." Furthermore, Linda suggested that of the three movements, the Fat Acceptance Movement was the one body liberation campaign that the Body Project was the *worst* at supporting.

As for methods of reducing self-deprecating fat-talk among students, there was consensus among the interview respondents that participating in the program does help reduce fat-talk, which seems to be supported by published research (e.g., *see* Vanderkruik et al., "Fat Talk Frequency in High School Women: Changes Associated with Participation in the Body Project," *Body Image*, Vol. 34, 2020, pp. 196–200). Some interviewees, however, suggested additional avenues for addressing this issue beyond the program implementations.

Given the well-established link between fat-talk and body dissatisfaction, Elise suggested that fat-talk is a serious problem on a systemic level (i.e., systemic weight stigma), which is oftentimes supported or amplified within Greek organizations; but reducing _body_-talk in general might be a better solution. Whitesel (2014) defines body talk as "engaging in petty remarks about others' bodies," i.e., in the context of lookism or discrimination based on height, weight, facial appearance, and so on (p. 162). However, there are "multiple conditions in which folks… engage in body talk" (ibid.), both positive and negative, with positive body talk thought to promote self-esteem. Yet, from Elise's perspective, instead of commenting on someone's bodily appearance under any circumstances, giving them a compliment on their accomplishments or intellectual ability would help reduce fat-talk (though this approach, from my perspective, could encourage people to accentuate and praise ability, which might make matters worse for some disabled people).

On the other hand, some interviewees suggested the opposite of Elise's opinion, i.e., that more practice contesting fat-talk would lead to less of it. Dana, for example, explained that the more times someone facilitates the Body Project program, the more empowered and confident they feel as a facilitator with encouraging participants to dispute examples of fat-talk. She also shared that, outside of the Body Project, her campus also hosted an event called "Donut Body

Shame & Trash Your Insecurities." At this event, random students passing by "do an anti-fat-talk exchange and [they] earn a donut" which was an enjoyable experience for the facilitators and students. While content analyzing a webpage dedicated to "Body Acceptance Week" at Dana's university, I came to better understand this Donut Body Shame event in which participants jot down a negative thought about their bodies, throw the paper slip on which they wrote it in the trash, and then grab a donut for each harmful body talk that they trashed. Dana went on to explain that fat-talk is a "learned behavior," so having multiple ways to practice disengaging from it can be helpful in reducing overall fat-talk among students.

Similarly, Linda and Nate explained that fat-talk is a product of how women are socialized; it is something they learn before they get to college. In particular, Linda expressed that there is a difference in the way that men and women are socialized that may lead to more fat-talk among women. She underscored how the Body Project enlightens students on the experience of growing up in a culture that sexually objectifies women's bodies. Linda raises the question:

> Have you thought about how you grew up? …seeing yourself as an object, you know, to be gazed upon and to be evaluated, and how different that experience might be for some males… where they're not told "oh you're so cute" [or] "you're so pretty"… [The program is] helping [women] see how objectified they have been.

Linda is explaining that the gendered ways people are socialized directly contribute to how men see their own bodies as the observing subjects while women experience their bodies as the objects of others' observations.

Nate, being the only male-identifying participant also alluded to a gendered difference in body image when he shared that before working with the Body Project, he had never thought about the degree of fat-talk women engage in on a regular basis. He communicated that as a man

he has "been given a little bit of an insight into the pressures that have been put on women [which is] sometimes…shocking… [the] pressures put on the women by their own … mothers and fathers…." As a male, Nate was not socialized by his parents to think of his body in the same way women do; neither had he developed much knowledge of how women coped with body dissatisfaction. Experience working with the Body Project has given Nate a sense of responsibility to help not only the women who go through the program, but also his own daughter, navigate situations of negative body-talk.

Continuing with the theme of accepting fat bodies, when asked if there were certain students who may feel left out or too uncomfortable to participate in the Body Project, Linda responded with "what's missing, to me, are, you know, Black and Brown bodies…and just larger bodies, you know, fat people." When asked what changes could be made to the Body Project to make those who are left out (i.e., fat people of color) comfortable enough to participate, Linda suggested "making 'fat' okay…it's not a four-letter word"—a simple fat-acceptance sentiment popularized in the 1980s and 90s, but Linda's response skirted the question that needs a real head-on response. For example, Da'Shaun Harrison (2021), a fat/Black/disabled/queer activist, discusses the very real consequences of fat for people of color who get left out of the conversation. He contends that merely linguistically reclaiming "fat" will not liberate fat-Black people from job discrimination at the intersection of weight-race bias; neither from being sexually assaulted more frequently while simultaneously being deemed undesirable; nor from experiencing medical negligence or harm at the hands of the police.

Linda made several remarks about how weight stigma and fat phobia are not adequately addressed within the Body Project program. She comments, "I think you also can't really work on preventing eating disorders without dealing with weight stigma and fat phobia…it's like

you're leaving out a big part of the system here." Citing a 2006 study, "Some People Would Give Life or Limb Not to be Fat," Linda talked in detail about how normalized it is to fear or despise being or becoming fat. As she put it, "we know the studies have shown that people think being fat is like one of the worst states you could be in… that they'd rather lose a finger than … be fat." Indeed, Yale researchers found that . . .

> . . . nearly half of the people responding to an online survey about "obesity" said they would give up a year of their life rather than be fat . . The 4,000 respondents in varying numbers between 15% and 30% also said they would rather walk away from their marriage, give up the possibility of having children, be depressed, or become alcoholic rather than be "obese." Five percent and four percent, respectively, said they would rather lose a limb or be blind than be "overweight." (Schwartz, 2006, par. 1 – 2)

It is also interesting to note here how assessing anti-fat attitudes interact with ableism, meaning fat is the *least* desirable trait while still holding in place stigma against those with a physical disability or depression, or perpetuating alcohol-related stigma.

The research from Yale on anti-fat bias that Linda refers to was evident in some of the implementations I participated in at my home university, as well. Sometimes the participants would dispute body-talk statements like "this dress makes me look fat" by saying "No, you're not fat!" which could be an example of internalized fatphobia or how smaller bodies misdirect the conversation towards fat erasure.

Linda was the only respondent to point out and acknowledge the inconsistency of an eating disorder program to also claim to "prevent obesity," which is stated on the Body Project website and in the original script for the program (The Body Project, 2021). What Linda has essentially pointed out is some of the healthist or fatphobic messages that are promoted through the Body Project script.

Gender and Sexuality: Body Image Beyond Simply "Women's" Unhappiness with Their Appearance

My interview guide includes a series of questions asking interviewees their thoughts on how race/ethnicity, gender, sexuality, ability, and age might intersect with pursuing an ideal body standard. I included these questions because my literature review (*see* Ch. 2) identified a need for body image research that gives thorough consideration to historically marginalized and diverse social identity groups. What constitutes the "ideal" body type varies, depending on one's social background. Furthermore, prior research shows higher rates of body dissatisfaction and eating disorders among minoritized groups.

According to the National Eating Disorders Association (2012), transgender people and gay men experience higher rates of eating disorders and body image issues compared to cisgender or heterosexual people. Despite these unfortunate facts, none of my interviewees mentioned how experiences with body image might be different for gay or transgender students. Linda, Nate, Mariah, Elise, and Lucia agreed that body image concerns would vary across race, ability, and age but without much elaboration on how or why. Mariah talked about how she thought college students today actually might feel more comfortable in gender-neutral spaces, which the Body Project does not typically support. While interviewees reported very few (i.e., two) male-identified students participating in the Body Project, it is easy to see why, given that the program is mostly marketed to female-identified students.

At the university where I work, we revised the promotional materials (webpages, posters, postcards, and emails) to reflect gender-neutral language. Lucia also mentioned that her campus worked on making their program more gender neutral, as well. Since my university offered both the Body Project and More than Muscles programs, the language focused on which appearance

ideal the program targeted (i.e., the thin-yet-curvy ideal *vs.* the hyper-muscular ideal). Students were then allowed to choose which body ideal they felt more beholden to, or most identified with, regardless of gender identity. At schools where the Body Project is the only program offered, it may be difficult to amend the script to be gender neutral as it targets the body ideal typically promoted to women and uses she/her pronouns throughout. Institutionalized thinking, i.e., reading from a canned script, can give rise to potential discomfort for any student who does not identify as female or with she/her pronouns.

Additionally, a student organization from my campus requested to participate in our workshops as a group. When learning that their association had student members who do not identify along the gender binary, we rushed to modify the script into a gender-neutral version of the Body Project to make the experience more inclusive. For the section of the script in which facilitators ask participants to name characteristics of the "perfect woman," we added in what makes the "perfect man," or what the "perfect nonbinary person" might look like. Throughout the script where statements use she/her pronouns, we added in statements that used he/him and they/them pronouns. While introducing ourselves as facilitators already included sharing our pronouns, we also asked participants to add their pronouns in parentheses after their Zoom names. The facilitators were required to meet and talk about all the script modifications with the program's administrators, so they were aware of the changes made and could ask any questions before implementing the revised script. This experience serves as an example of how the script, untouched, was not fit for some of the students wanting to participate in the Body Project.

More than Muscles and the Pride Body Project are programs that mirror the Body Project but target college men and gay men, respectively. When I asked the research participants if they knew about any of the variation programs, a few of them had heard about More than Muscles

and the Female Athlete Body Project. None of them had heard about the Pride Body Project. Lucia reported implementing More than Muscles, but no other school in Illinois besides mine was implementing any other programs than the original Body Project.

When asked why they had not pursued these alternative programs on their campuses, responses stemmed from lack of knowledge about the program but also conflicts or lack of resources within the internal structure of their universities. For example, Mariah stated that her team was interested in More than Muscles but was waiting until the initial data collection was done on the Body Project because their program did not have enough resources to run implementations and collect data. Elise expressed that there may be bureaucratic and coordination questions that inhibit the start of new programs at her university, like "Who's going to fund it?", "where is it [the money] coming from?", and "who's going to be in charge [of the program]?" since there were already several university departments involved with executing the Body Project. She also said it was likely that if there were conversations about new programming, then she would not have been a part of them because she was the graduate assistant, and therefore did not hold much authority. Mariah and Elise's answers expose potential barriers erected by their institutions that may ultimately hold back students from having much-needed conversations about body image within a more inclusive environment.

Insufficient Race-and-Body Image Support for College Students Attending Predominately White Institutions

In regard to race and ethnicity within the Body Project, there is no explicit mention of racial differences or neglected cultural/linguistic/national groups when considering the appearance ideal in the original script. As stated earlier, all of my interviewees self-identified or appeared to be white. Additionally, every interviewee stated that, for the most part, there was

little-to-no diversity within the Body Project's participants and peer facilitators. The majority were white, middle-class female-identified students.

From this small qualitative study, it appears that the Body Project on Illinois campuses is not reaching a racially diverse population of students. The universities where my interviewees work are considered Predominantly White Institutions (PWIs); however, to be clear, white college students are not the only ones who struggle with body image issues or eating concerns. Reflecting back on the cumulative data from the National Eating Disorders Association (2018b), Hispanic, African American, and Asian American populations show similar rates of eating disorders compared to white Americans. Additionally, Black and Latinx members of the LGBTQ+ population also show eating disorder rates similar to, or higher than, their white counterparts. Yet, despite similar rates across race, racially minoritized people are less likely to seek and receive help for body image or eating concerns (NEDA, 2018b).

The Body Project team that I worked with has tried to incorporate small additions to the script in an effort to bring attention to how a diverse array of students might experience negative body image such as microaggressions targeting Black and Brown bodies. However, when asked to present a workshop on body image and eating disorders to a specific group of culturally, racially, and sexually minoritized students on campus, there was an unspoken awareness that the Body Project, unaltered, is not sufficient in addressing the needs of minoritized students. Instead, the team worked on a new workshop specifically for this audience centered on alternative methods that involved fat acceptance, Health at Every Size, and the decolonization of food.

Lucia shared that her university also edited the Body Project script in an effort to make the program more inclusive. One example she recalls is adding some comments in the role-play "quick comebacks" section to highlight racially charged statements people might make about the

body. In the "quick comebacks" section, facilitators read negative body talk statements to the participants, and participants are instructed to express that they don't agree with the statement or share an example of how they would shift the conversation. The example Lucia shared was adding "Wow! She's really pretty for a dark-skinned girl…" as a statement read to students to open up conversations about racially charged language toward the body. Lucia explained that intentionally bringing up topics of race might make it more comfortable for students of color to participate, indicating "whenever we would use those [remarks,]…that was something that [students of color] heard pretty often and unfortunately was not out of the norm for them to hear."

Additionally, Lucia thought that white participants could also benefit from talking about racial differences during Body Project implementations. She said,

> . . . as a predominantly white institution, most of our participants are white. However,… you will still have to engage in those conversations sometimes, and you still need to be prepared to address statements like that. So, we wanted to make sure that students got some experience with those kinds of statements, that maybe white students don't experience in their everyday lives like our students of color did.

The modifications to the script served to not only make the program more relatable to students of color, but also served to expose white students to body talk statements related to race that they previously might not have considered. Still, further research would be needed to test whether social identity theory or the *mere-exposure effect* would have an impact on whites intervening when those around them exercise power through exerting control over racialized bodies. In fact, Lucia did not mention any specific instances of how the facilitators or participants reacted to these statements in the script meant to prompt discussions about institutionalized whiteness, racial microaggressions, and Black, Brown, and Asian Americans & Pacific Islanders' bodies made to feel out of place in institutions of higher education.

In an implementation I facilitated with two other white facilitators, we had a participant who felt triggered and uncomfortable after she shared a race-related characteristic of what the "perfect woman" looks like. One of the activities in the Body Project is to identify the "appearance ideal." We have participants list characteristics of what they have been told "the perfect woman" looks like; and at the end, we re-name "the perfect woman" with "appearance ideal." In this implementation, a student of color shared an example about hair texture and used terminology that as a white woman, neither I, nor the other facilitators, had heard of. One of my co-facilitators asked the participant what she meant and if she could explain the term she shared with the group. Recognizing her discomfort, another participant of color jumped in to explain the different categories of hair texture.

This experience of white students not being prepared to talk about race, gender, and the body with Black and Brown students is an example of how Body Project facilitators may not be equipped to handle conversations about racial differences related to body standards. While facilitators can recognize there are differences in the ideal body across multiple social identities, that does not necessarily mean they are ready to lead conversations with others about those differences. As Nate suggests, "if there's not language in there [in the script] to specifically mention or address differences within cultures, that would probably need to be added." Not only would that encourage participants to share unique experiences, but it would also allow facilitators the opportunity to initiate conversations that otherwise may not have happened.

Mediating Body Project implementations without cultural diversity competence results in a substandard body-image intervention that may do more harm than good, as evidenced in the scenario above regarding hair types and race differences. Moreover, I would recommend that part of the program's mission should include deeming it essential to find diverse facilitators who

mirror the multiplicity of student identities they work with in these campus interventions. For example, the "Our Team" webpage for the founders, trainers, and current postdocs of the national Body Project Collaborative has headshots of the thirteen team members who are all white appearing (*see* https://www.bodyprojectcollaborative.com/our-team.html). Likewise, in the data collected on participant experiences, researchers should be asking questions such as whether a participant would be more likely to participate in one of the Body Project programs in the future, if the training was (*select all that apply*) 1) Led by more diverse facilitators; 2) More culturally informed / sensitive; 3) Focused on how students can navigate institutional power structures that impinge on their body satisfaction… and so on.

Acknowledging Body Image Challenges Related to Disability

The Body Project script also does not explicitly mention disability. However, interviewees were quick to affirm that there may be unique challenges people with disabilities face concerning body image. While most of the interviewees had little to no experience with participants or facilitators with disabilities, there seemed to be a similar theme of how disabled bodies are underrepresented; and the stigmatization of disabled people continues because of this lack of representation. When asked "What difficulties do people with disabilities experience with body confidence?", Dana immediately made the connection to how on an institutional level, inaccessible buildings send an exclusionary message. She contended "there's nothing like… going into a building and finding out that you can't go up to the second floor. That says, 'your body doesn't belong here' right? and 'your body is not enough'."

Similarly, disabled people's worth in neoliberal settings relies on their being inspirational to able-bodied people, which is also a common portrayal of how bodies with disabilities are represented in the media. Elise mentioned the concept of "disability porn" and how society

gawks at people with disabilities in amazement and treats them as an inspiration when they are simply living their lives. As it is true for other social identities, the way society portrays and reacts to people with disabilities affects how disabled people view and feel about their own bodies.

As Linda states, "when most people are thinking about their selves they're thinking about how they look to other people" and the ideal body in our society is an *able* body, meaning a fair number of people have been told they can never be considered beautiful. Hence, Lucia noted,

> we talk about how the appearance ideal is… unrealistic / unattainable for most people and to some extent it can be even more so for individuals with disabilities…when you talk about somebody's weight… to a certain extent that is something you can change if you want to. Not saying that you should feel that pressure that you have to, but it is something that is an option. Whereas with a lot of disabilities, it's not an option to change anything, and I think that can be even more isolating for some of those students.

Again, similar to other identities, sociologically speaking, disability can be a *master status* that is unchangeable, but somehow it is more acceptable for people to attempt to change, or hide, their disabilities than is it to be welcoming and inclusive to diverse bodies. Fat, disabled bodies in this interview excerpt are understood as worth less than other bodies, while the interviewee veers into implying one is fat by choice, not by chance.

Modern eugenics prescribes changing or improving your "deviant" body in some significant way, and such comments about one's ability to change or not change one's body "fail to employ a critical approach to the study of fat bodies and disabled body/minds, including their use of eugenical logic and language" (Stoll & Egner, 2021, p. 1). Therefore, more attention must be given to fatphobia and ableism intersecting with other systems of oppression when it comes to those responsible for implementing the Body Project.

Overall, the interviewees and my experience with these body image programs illustrate that the people who run the Body Project are aware of racial and gendered differences connected to eating disorders and body image, which is consistent with the research done on populations across race and gender. However, when asked if they felt like the Body Project materials represented the students well, all respondents said "yes." This raises a serious concern: How aware are the interviewees of their university's demographic makeup? Do they think that the program's materials well-represent the white, middle-class women who overwhelmingly make up the Body Project participants at these universities? Are they not aware that the Body Project does not explicitly account for students who are not white middle-class women and therefore the program does not represent the student body well?

When the script leaves out important aspects of culture or social identity (i.e., race, nationality, class, gender, sexuality, ability, religion, etc.) that impact how someone views their body, it is left up to the participants and facilitators of that implementation to bring up uncharted topics and start tenuous conversations. If no one facilitating an implementation can make the connections between social identities and their body or has not experienced being stigmatized because of one or more of their identities, then they are likely to gloss over important conversations. Furthermore, if facilitators of the program are not aware of these multiple, intersecting factors that influence body image, then they may not be equipped to handle the conversations that arise if participants share personal experiences of how marginalization affects their body image.

When asking interviewees questions about the relationship between certain social identities and body image, the lack of explanation regarding how various characteristics might affect students' perspectives on their bodies indicates that more research about, or more

experience with, students navigating multiple marginalized identities is needed in order to

prepare student facilitators for potential complex conversations that occur within these

implementations. The antiquated script only offers so much help to facilitators whose

background knowledge and personal experience can be a game-changer for, or detriment to,

making participants feel seen, heard, and welcomed.

CHAPTER V: CONCLUSION

Eating "disorders" and negative body image are issues that trouble many young adults in American society. Past research done on eating disorders and body image has led to a number of eating disorder and negative body image prevention programs such as The Body Project. This peer-led program targets socially constructed elements of the ideal "thin" body standards for women that contribute to these self-esteem issues on college campuses. This study used a combination of interviews, complemented with ethnographic fieldnotes, and content analysis to evaluate and explore the implementation of The Body Project on college campuses around Illinois. It aimed to explain how these programs operate and how they serve some groups of students but might fail to fully serve others.

Now that I have had almost a year's worth of experience facilitating, coordinating, and getting a behind-the-scenes look at how the Body Project operates, there are some questions I am left wishing I had asked the participants. While I was limited by time for this research, I think having personal experience with the Body Project *before* conducting interviews would have led to better data collected. Prior experience as a facilitator (versus conducting interviews alongside "learning the ropes" as a Body Project facilitator) would have given me the opportunity to ask informed follow-up questions that pinpointed similarities and differences between the experience of my participants and my own prior experience.

Overall, there also seems to be a disconnect or gap between the staff / faculty members who are responsible for running the program and the students who actually participate in it. Four of the six interviewees were not regularly serving as peer facilitators to the project and therefore relied heavily on second-hand information from their peer facilitators to understand how well the implementations were going. The two grad students I interviewed were facilitators for the

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program and offered more direct insight into their interactions with the participants. I think interviewing peer facilitators or students who have participated in the program would have offered first-hand experience into the inclusiveness or lack thereof of the program *versus* my interview sample of key informants that heavily skewed toward administrators with less direct experience with the conditions on the "shop floor" of program implementations.

Part of what contributes to the reality gap between administrators and student participants, as well as to the less relatable parts of the script, might be the ritualistic commitment that institutions make to equity, diversity, inclusion, and accessibility (EDIA). However, a ritual can work like a shield against criticism. Instead of doing the hard work to create a program that specifically responds to the needs of marginalized students, only small additions or modifications are made to the existing curriculum, in the name of EDIA work. These tweaks to worn-out programs are not sufficient to remedy a campus culture of body shaming, especially when linked to systems of interlocking oppression.

To be fair, with the small sample size of my inquiry, it is also important to note the larger scale quantitative data that indicates the Body Project's effectiveness in several different settings. In a thesis study of how the Body Project works to reduce fat-talk among high-school women, the research found there was a "significant reduction in fat talk frequency, family fat talk frequency, and weight concern…" (Conte, 2019, p. 18). Furthermore, research has shown More than Muscles to be effective in decreasing "body-ideal internalization, dietary restraint, bulimic symptoms, drive for muscularity, and muscle dysmorphia symptoms" among university males (Brown, Forney, Pinner, and Keel, 2017, p. 873), but a mixed-gender implementation of the Body Project produced inconclusive results (Smith Kilpela, Blomquist, Verzijl, Wilfred, Beyl, and Becker, 2016).

A study examining the effectiveness of the program delivered virtually also found that the program proved to reduce future onset of eating disorders through multiyear follow-up assessments. Additionally, the virtual setting allowed the participants more flexibility. This same study also contended that the onset of eating disorder reduction has only been proven in implementations led by peer educators, and not clinicians (Ghaderi, Stice, Andersson, Persson, and Allzén, 2020, p. 652). Yet another study notes that variations within educational attainment, age, BMI, or sex of the peer facilitators were not significantly related to the effects of the program; that is to say, a variety of peer facilitators are able to implement the program (Butryn, Rohde, Marti, and Stice, 2014). All this is to say that repeated quantitative measures have shown that the program has proven to be effective in a variety of settings.

Nonetheless, after analyzing the experiences of my interviewees and my own experience with the program is that the Body Project has become *tautological*: having been accepted as "effective," the formula has been repeated over and over. While executing the program "as is" since its creation has affirmed its effectiveness, it prohibited any innovation.

As the "appearance ideal" has changed since the program was first created, there may be value in adjusting this scripted program so that it is more relatable to the new challenges and pressures students face today. One of the ways the university where I worked strived to modify the script was by listening to the voices of the student interns who were working with our team. Listening to what students think would be beneficial to programming that is purportedly dedicated to students, which might be a key in revamping the Body Project to better relate to students' experiences today. Collecting qualitative data that highlights the experiences of the students who participate in the program would also be a method for letting students' voices and understandings lead the innovation compared to the pre- and posttest data meant for researchers

to publish or support further funding. In other words, rather than simply collecting data to justify the program's existence, it would be beneficial to conduct research for the purpose of improving students' experiences with the program.

Accounting for student participants' experiences with the Body Project can also serve to close the gap between the administrators and participants. Among the key informants I interviewed, there seemed to be a lack of understanding or experience with students from marginalized communities. When I asked one respondent, Nate, about what difficulties people with disabilities might experience with body confidence, he agreed there may be a unique experience for those with disabilities tied to body image, but he was unable to communicate any specifics about those experiences. As he stated, "I bet that's a whole other complex layer, right?... I don't have the practical experience to talk about that…but I bet it's…really complex and interesting." While other interviewees offered slightly more insight into challenges across social identities and body image, the "hemming and hawing" or lack of response provides an answer in itself. Drawing from theoretical conclusions of body image being socially dictated from Cooley (1902), Gailey (2015), and Tatum (2000), it is imperative that individuals' social identities be addressed in conversations about body image. The inability of some of my respondents to consider how individuals from marginalized communities conceptualize their own bodies may suggest that my interviewees have not thought about these identity intersections before or have limited experience with a wider variety of students.

If those who run the Body Project had the opportunity to hear about participant's experiences firsthand, then maybe there would be a more detailed account for how some of the participants are navigating multiple identities in relation to their bodies and experienced varying pressures to fit the "appearance ideal." The shortfalls of the program itself appear to be latent

within these interviews, as evidenced by the informants' deficiency in conveying intersectional

experiences.

REFERENCES

Adams, David F., Erica Behrens, Lianne Gann, and Eva Schoen. 2016. "Gender Conformity,

Self-Objectification, and Body Image for Sorority and Non-Sorority Women: A Closer

Look." *Journal of American College Health,* 65(2), 139-147. Doi:

10.1080/07448481.2016.1264406

American Psychological Association. 2013. "Feeding and Eating Disorders." Retrieved April

2021, from

(https://psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM-5-Eating-

Disorders.pdf)

American Society of Plastic Surgeons. 2020. "2020 Plastic Surgery Statistics." Retrieved Dec. 3,

2021 (https://www.plasticsurgery.org/news/plastic-surgery-statistics)

Arizona State University. 2021. "Body Shape. Beyond Weight, Drives Fat Stigma for Women."

Retrieved June 2021, from (https://www.newswise.com/articles/body-shape-beyond-

weight-drives-fat-stigma-for-women)

Asimakopoulou, E. H. Zavrides, and T. Askitis. 2020. "Plastic Surgery on Body Image, Body

Satisfaction, and Self-Esteem." *Acta Chir Plast,* 61(1-4), 3-9.

Awad, Germine H. Carolette Norwood, Desire S. Taylor, Mercedes Martinez, Shannon McClain,

Bianca Jones, Andrea Holman, and Collette Chapman-Hillard . 2014. "Beauty and Body

Image Concerns Among African American College Women." *Journal of Black*

Psychology, 41(6), 540-564. doi: https://doi.org/10.1177/0095798414550864

Bartky, Sandra Lee. 1988. "Foucault, Femininity, and the Modernization of Patriarchal Power."

Pp. 10-16 in *Sociology of the Body,* edited by Claudia Malacrida and Jacqueline Low.

Oxford: Oxford University Press.

Beauboeuf-Ladontant, Tamara. 2003. "Strong Black Women? Exploring Relationship Between

    Deviant Womanhood and Weight." *Gender and Society,* 17(1), 111-121.

Becker, Carolyn B., and Eric Stice. 2017. "From Efficacy to Effectiveness to Broad

    Implementation: Evolution of the Body Project." *Journal of Consulting and Clinical*

    Psychology, 85(8), 767–782. https://doi.org/10.1037/ccp0000204

Blashill, Aaron. Forthcoming. "The Pride Body Project". Study record updated on

    Clinicaltrials.gov.

Bojorquez, Ietza and Claudia Unikel. 2012. "Body Image and Social Class." doi:

    10.1016/B9780-12-384925-0.00024-9

Brennan, David J., Kentra Asakura, Clemon George, Gerardo Betancourt, Peter A. Newman,

    Sulaimon Giwa, Trevor Adam Hart, and Rusty Souleymanov. 2013. "'Never Reflected

    Anywhere': Body Image Among Ethnoracialized Gay and Bisexual men." *Body Image*,

    10(3), 389-98. Doi: 10.1016/j.bodyim2013.03.006

Brennan, Maggie A., Christopher E. Lalonde, & Jody L. Bain. 2010. "Body Image Perceptions:

    Do Gender Differences Exist?" *Psi Chi Journal of Undergraduate Research,* 15(3), 130-

    138. Doi: 10.24839/1089-4136.JN15.3.130

Brown, Tiffany A., K. Jean Forney, Dennis Piner, and Pamela K. Keel. 2017. "A Randomized

    Controlled Trial of The Body Project: More Than Muscles for Men with Body

    Dissatisfaction." *The International journal of eating disorders*, 50(8), 873-883.

    https://doi.org/10.1002/eat.22724

Butryn, Meghan L., Paul Rohde, Nathan C. Marti, and Eric Stice. 2014. "Do Participant,

    Facilitator, or Group Factors Moderate Effectiveness of the Body Project? Implication for

    Dissemination." *Behaviour Research and Therapy,* 61, 142-149.

Butryn, Meghan L., Shawn N. Katterman, Stephanie P. Goldstein, Evan M. Forman, Michael R. Lowe. 2014. "Efficacy of an Acceptance-Based Behavioral Intervention for Weight Gain Prevention in Young Adult Women." *Journal of Contextual Behavioral Science,* 3(1), 45-50. https://doi.org/10.1016/j.jcbs.2013.10.003

Conte, Isabella F. 2019. "Targeting Fat Talk Frequency: Changes Associated with Participation in the Body Project." MA Thesis, Department of Psychology and Neuroscience, University of Colorado, Boulder.

Cooley, Charles H. 1902. Looking-Glass Self. *Human Nature and the Social Order.* New York: Scribner's, pp. 179-185.

Creswell, John W., and J. David Creswell. 2018. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches.* 5th ed. Los Angeles: Sage.

El-Haldi, Hadal, Jill Stone, Claire Temple-Oberle, and Alan Robertson Harrop. 2018. "Gender Affirming Surgery for Transgender Individuals: Perceived Satisfaction and Barriers to Care." *Plastic Surgery,* 26(4), 263-268. doi: https://doi.org/10.1177/2292550318767437

Festinger, Leon. 1962. "Cognitive Dissonance." *Scientific American*, 207(4), 93-106. Doi:10.1038/scientificamerican1062-93

Frederick, David A., Gordon B. Forbes, Kristina E. Grigorian, Johanna M. Jarcho. 2007. "The UCLA Body Project I: Gender and Ethnic Differences in Self-Objectification and Body Satisfaction Among 2,206 Undergraduates." *Sex Roles,* 57, 317-327. Retrieved July 2021 from https://link.springer.com/content/pdf/10.1007/s11199-007-9251-z.pdf

Gailey, Jennine A. 2015. "Transforming the Looking Glass: Fat Women's Sexual Empowerment Through Body Acceptance." Pp. 51-66 in *Fat Sex: New Directions in Theory and Activism,* edited by H. Hester, and C. Walters. United Kingdom: Ashgate Publishing.

Gerschick, Thomas J. and Adam S. Miller. 1994. "Gender Identity at the Crossroads of
   Masculinity and Physical Disability." *Masculinities*, 2(1), 34-55

Gerschick, Thomas J. 2000. "Toward a Theory of Disability and Gender." *Signs,* 25(4), 1263-
   1268.

Ghaderi, Ata, Eric Stice, Gerhard Andersson, Johanna Enö Presson, and Elin Allzén. 2020. "A
   Randomized Controlled Trial of the Effectiveness of Virtually Delivered Body Project
   (vBP) Groups to Prevent Eating Disorders." *Journal of Consulting and Clinical
   Psychology,* 88(7), 643-656.

Gillen, Meghan M., & Eva S. Lefkowitz. 2012. "Gender and Racial/Ethnic Differences in Body
   Image Development Among College Students." *Body Image,* 9(1), 126-130. Doi:
   10.1016/j.bodyim.2011.09.004

Glaser, Barney G. 1978. *Theoretical Sensitivity: Advances in the Methodology of Grounded
   Theory*. Mill Valley, CA: Sociology Press.

Gorrell, Sasha, Katherine Schaumberg, James F. Boswell, Julia M Hormes, & Drew A.
   Anderson. 2019. "Female Athlete Body Project Intervention with Professional Dancers:
   A Pilot Trial" *Eating Disorders,* 29(1), 56-73.
   https://doi.org/10.1080/10640266.2019.1632592

Harrison, Da'Shaun L. 2021. *Belly of The Beast.* Berkeley, CA: North Atlantic Books.

Hesse-Biber, Sharlene N., Lovejoy, Meg, and Patricia Leavy. 2004. "Racial Identity and the
   Development of Body Image Issues Among African-American Adolescent Girls." *The
   Qualitative Report,* 9(1), 49-79.

Kraus, Michael W. and Jun W. Park. 2014. "The Undervalued Self: Social Class and Self
   Evaluation." *Frontiers in Psychology,* 5. doi:10.3389/fpsyg.2014.01404

Morrison, Todd G., Rudolf Kalin, & Melanie A. Morrison. 2004. "Body Image Evaluation and

    Image Investment Among Adolescents: A Test of Sociocultural and Social Comparison

    Theories" *Adolescence*, 39(155), 571-592. Retrieved June 2021 from

    (https://www.researchgate.net/publication/8059139_Body-image_evaluation_and_body-

    image_investment_among_adolescents_A_test_of_sociocultural_and_social_comparison

    _theories)

National Collegiate Athletic Association. 2013. "Mind, Body, and Sport: Eating Disorders."

    Retrieved April 2021 from (https://www.ncaa.org/sport-science-institute/mind-body-and-

    sport-eating-disorders)

National Eating Disorder Association. 2012. "Eating Disorders in LGBT Populations." Retrieved

    April 2021, from

    (https://www.nationaleatingdisorders.org/sites/default/files/ResourceHandouts/LGBTQ.p

    df)

National Eating Disorder Association. 2018a. "Risk Factors." Retrieved April 2021, from

    (https://www.nationaleatingdisorders.org/risk-factors)

National Eating Disorder Association. 2018b. "Information by Eating Disorder." Retrieved April

    2021, from (https://www.nationaleatingdisorders.org/information-eating-disorder)

National Eating Disorder Association. 2021a. "Disability Community." Retrieved Dec. 7, 2021

    (https://www.nationaleatingdisorders.org/disability-community).

National Eating Disorder Association. 2021b. "Eating Disorders in LGBTQ+ Populations."

    Retrieved Dec. 7, 2021 (https://www.nationaleatingdisorders.org/learn/general-

    information/lgbtq)

Nejadsarvari, Nasrin, Ali Ebrahimi, Azin Ebrahimi, and Haleh Hashem-Zade. 2016. "Medical

    Ethics in Plastic Surgery: A Mini Review." *World Journal of Plastic Surgery,* 5(3), 207-

    212.

Nichter, Mimi and Vuckovic, Nancy. 1994. "Fat Talk: Body Image among Adolescent Girls."

    Pp. 109-120 in *Many Mirrors: Body Image and Social Relations,* edited by N. L. Sault.

    New Brunswick, NJ: Rutgers University Press.

Olivardia, Roberto, Harrison G. Pope Jr., John J. Borowiecki III, & Geoffrey H. Cohane. 2004.

    "Biceps and Body Image: The Relationship Between Muscularity and Self-Esteem,

    Depression, and Eating Disorder Symptoms." *Psychology of Men & Masculinity*, 5, 112-

    120. Doi: 10.1037/1524-9220.5.2.112.

Paz Galupo, M., Claire E. Cusack, and Ezra R. Morris. 2021. "'Having a non-normative body for

    me is about survival': Androgynous Body Ideal Among Trans and Nonbinary

    Individuals." *Body Image,* 39, 68-76. Doi: https://doi.org/10.1016/j.bodyim.2021.06.003

Qi, Wei and Lijuan Cui. 2018. "Being Successful and Being Thin: The Effects of Thin-Ideal

    Social Media Imaged with High Socioeconomic Status on Women's Body Image and

    Eating Behavior." *Journal of Pacific Rim Psychology* 12(E8). doi:

    https://doi.org/10.1017/prp.2017.16

Reel, Justin J., and Robert A. Bucciere. 2010. "Ableism and Body Image: Conceptualizing How

    Individuals are Marginalized." *Women in Sport and Physical Activity Journal* 19(1), 91-

    97. Doi: https://doi.org/10.1123/wspaj.19.1.91

Ridgeway, Rebekah & Tylka, Tracy. 2005. "College Men's Perceptions of Ideal Body

    Composition and Shape." *Psychology of Men & Masculinity*, 6, 209-220. Doi:

    10.1037/1524-9220.6.3.209

Robinson, Oliver G. 2014. "Sampling in Interview-Based Qualitative Research: A Theoretical and Practical Guide." *Qualitative Research in Psychology,* 11, 25-41. Doi: 10.1080/14780887.2013.801543

Schwartz, Marlene. 2006. "Yale News: Some People Would Give Life or Limb Not to be Fat." Retrieved Mar. 10, 2022 (https://news.yale.edu/2006/05/16/some-people-would-give-life-or-limb-not-be-fat)

Sedgwick, Eve K. 1990. *Epistemology of the Closet*. Berkley and Los Angeles, CA: University of California Press.

Shaw, Heather, Paul Rohde, and Eric Stice. 2016. "Participant Feedback from Peer-Led, Clinician-Led, and Internet-Delivered Eating Disorder Prevention Interventions." *The International Journal of Eating Disorders,* 49, 1087-1092.

Smith Kilpela, Lisa, Kerstin Blomquist, Christina Verzijl, Salomé Wilfred, Robbie Beyl, Carolyn Black Becker. 2016. "The Body Project 4 All: A Pilot Randomized Controlled Trial of a Mixed-Gender Dissonance-Based Body Image Program." *International Journal of Eating Disorders,* 49(6), 591-602

Soest, T., I. L. Kvalem, H. E. Roald, and K.C. Skolleborg. 2009. "The Effects of Cosmetic Surgery on Body Image, Self-Esteem, and Psychological Problems." *Journal of Plastic Reconstructive Aesthetic Surgery,* 62(10), 1238-44. doi: 10.1016/j.bjps.2007.12.093

Stewart, Tiffany M., Tarryn Pollard, Tom Hildebrandt, Nicole Y. Wesley, Lisa S. Kilpela, Carolyn B. Becker. 2019. "The Female Athlete Body Project Study: 18-month Outcomes in Eating Disorder Symptoms and Risk Factors." *The International Journal of Eating Disorders,* 52(11), 1291-1300. Doi: 10.10002/eat.23145

Stoll, Laurie C. and Justine Egner. 2021. "We Must Do Better: Ableism and Fatphobia in

        Sociology." *Sociology Compass,* 15(5). Doi: 10.1111/soc4.12869

Stice, Eric, & Kathryn Whitenton. 2002. "Risk Factors for Body Dissatisfaction in Adolescent

        Girls: A Longitudinal Investigation." Retrieved from American Psychological

        Association December 1, 2020. doi: 10.1037//0012-1649_38.5.669

Strings, Sabrina. 2019. *Fearing the Black Body: The Racial Origins of Fat Phobia.* New York:

        New York University Press.

Strother, Eric, Raymond Lemberg, Stevie Chariese Stanford, and Dayton

        Tuberville. 2012. "Eating Disorders in Men: Underdiagnosed, Undertreated, and

        Misunderstood." *Eating Disorders*, 20(5), 346-355, Doi: 10.1080/10640266.2012.715512

The Body Project. 2021. "The Body Project." Retrieved from

        (http://www.bodyprojectsupport.org/)

Tatum, Beverly Daniel. 2000. "The Complexity of Identity: 'Who am I?.'" Pp. 9-14 in Readings

        for Diversity and Social Justice: An Anthology on racism, Sexism, Anti-Semitism,

        Heterosexism, Classism, and Ableism, edited by Adams, M., Blumenfeld, W. J.,

        Hackman, H. W., Zuniga, X., Peters, M. L. New York: Routledge.

Taub, Diane E., Patricia L. Fanflik, and Penelope A. Mclorg. 2003. "Body Image Among

        Women with Physical Disabilities: Internalization of Norms and Reactions to

        Nonconformity." Sociological Focus, 36(2), 159-176

Thompson, Becky W. 1992. "'A Way Outa No Way': Eating Problems among African

        American, Latina, and White women." Gender & Society, 6(4), 546-561.

Van de Grift, Tim C., Kreukels, Baudewijntje Kreukels, Lian Elfering, Mujde Ozer, Mark-Bram

    Bourman, Marlon E. Buncamper, Jan Maerten Smit, and Margreit G. Mullender. 2016.

    "Body Image in Transmen: Multidimensional Measurement and the Effects of

    Mastectomy." *The Journal of Sexual Medicine,* 13(11), 1178-1789. Doi:

    https://doi.org/10.1016/j.jsxm.2016.09.003

Vanderkruik, Rachel, Samantha Strife, and Sona Dimidjian. 2017. "Lessons Learned When

    Training Peer-Leaders to Conduct Body Project Workshops." *Eating Disorders: The*

    Journal of Treatment and Prevention, 24(4), 358-374. Doi:

    10.1080/10640266.2017.1308733

Vanderkruik, Rachel, Darcy Gist, and Sona Dimidjian. 2020. "Preventing Eating Disorders in

    Young Women: An RCT and Mixed-Methods Evaluation of the Peer-Delivered Body

    Project." *Journal of Consulting and Clinical Psychology, 88*(12), 1105–

    1118. https://doi.org/10.1037/ccp0000609

Vanderkruik, Rachel, Isabella Conte, and Sona Dimidjian. 2020. "Fat Talk Frequency in High

    School Women: Changes Associated with Participation in the Body Project." *Body*

    Image, 34, 196-200.

Viladrich, Anahi, Ming-Chin Yeh, Nancy Bruning, and Rachel Weiss. 2009. "'Do Real Women

    Have Curves?' Paradoxical Body Images Among Latinas in New York City." *Immigrant*

    Minority Health ,11, 20-28. doi: 10.1007/s10903-008-9176-9.

Whitesel, Jason. 2014. *Fat Gay Men: Girth, Mirth, and the Politics of Stigma*. New York: New

    York University Press.

Whitesel, Jason. 2017. "Intersections of Multiple Oppressions: Racism, Sizeism, Ableism, and

    the 'Illimitable Etcetera's' in Encounters With Law Enforcement." *Sociological Forum*,

    32(2), 426-433. Doi: 10.1111/socf.12337

Whitesel, Jason. 2019. "Big Gay Men's Performative Protest against Body Shaming: The Case

    of Girth and Mirth." Pp. 129-143 in *Body Battlegrounds: Transgressions, Tensions, and*

    Transformations, edited by Chris Bobel and Samantha Kwan. Nashville, TN: Vanderbilt

    University Press.

Wienke, Chris. 1998. "Negotiating the Male Body: Men, Masculinity, and Cultural Ideals."

    Journal of Men's Studies, 6(3), 225. Doi: 10.1177/106082659800600301

**ILLINOIS STATE
UNIVERSITY**
Illinois' first public university

Participant Consent Form

You are being asked to participate in a research study conducted by Maria Ross (PI: Jason Whitesel) from the Sociology and Anthropology Department at Illinois State University. The purpose of this study is to explore how The Body Project operates at college campuses around Illinois.

Why are you being asked?

You have been asked to participate because you are involved in the planning and/or execution of the Body Project at a college campus in Illinois. Your participation in this study is voluntary. You will not be penalized if you choose to skip parts of the study, not participate, or withdraw from the study at any time.

What would you do?

If you choose to participate in this study, you will be participating in an interview about your experiences with the Body Project. In total, your involvement in this study will last approximately an hour.

Are any risks expected?

We do not anticipate any risks beyond those that would occur in everyday life. To reduce these risks, your data will be protected and kept confidential to those not involved with this research project.

Will your information be protected?

We will use all reasonable efforts to keep any provided personal information confidential. You will have the choice to have your interview video recorded or not. Information that may identify you or potentially lead to reidentification will not be released to individuals that are not on the research team. This research will be presented as a Master's Thesis to a committee of faculty members at Illinois State University.

However, when required by law or university policy, identifying information (including your signed consent form) may be seen or copied by authorized individuals.

Could your responses be used for other research?

We will not use any identifiable information from you in future research, but your deidentified information could be used for future research without additional consent from you.

Who will benefit from this study?

The results from this research will benefit college students participating in the Body Project and students who will participate in the future. This study hopes to provide insight to how the program can reach more people and populations of students who may feel left out of the Body Project's materials but struggle with similar body image issues.

Whom do you contact if you have any questions?

If you have any questions about the research or wish to withdraw from the study, contact Maria

Ross (mcross3@ilstu.edu) or Jason Whitesel (jawhit6@ilstu.edu)

If you have any questions about your rights as a participant, or if you feel you have been placed

at risk, contact the Illinois State University Research Ethics & Compliance Office at (309) 438-

5527 or IRB@ilstu.edu.

Documentation of Consent
Type your name below if you are 18 or older and willing to participate in this study.

E-Signature _____   Date _____

Audio recordings of the interviews will be collected. Type your name below if you are willing to

have an audio recording of your interview collected. Video recording the interview is optional

and you will have the opportunity to not be video recorded by opting to turn off your own video

before the interview commences.

Your signature below indicates that you agree to be audio recorded.

Signature _____   Date _____

You can print this form for your records.

APPENDIX B: INTERVIEW GUIDE

(Greet interviewee and ask how they are doing before reading prefatory statement)

Prefatory Statement: Thank you for taking the time to talk with me regarding your experience with the Body Project on your campus. I am hopeful that with your input and that of others, I will be able to create a report that will help how the implementation of the program might cater to specific groups of students. I have about 25 questions and may ask for more details throughout the interview. I welcome your opinions and feelings no matter what they are. Please stop me at any time if you have a question or concern. There is no pressure to complete the entire interview if you do not wish to.

Demographics:

1. How would you describe yourself? Feel free to describe any combination of your social identities that you think are relevant to your role or involvement with The Body Project [e.g., this could include your professional credentials, age range, any racial or ethnic groups you identify with, your social status (i.e., Where does the combination of your income, education, and occupation place you in terms of upper-, middle-, or lower-class status?), or your body type or ability].

2. What is your connection to The Body Project? What role do, or did, you have?

Experience/
Knowledge:

3. How did you hear about the Body Project and/or More Than Muscles?

4. Why did you want to bring the Body Project to your campus? OR why did you want to get involved with these programs?

5. Can you describe to me how this eating disorder prevention and intervention program used for college students works, and what methods or frameworks does it use? (Can you explain how cognitive dissonance is used?)

*Follow ups: 5a. Who benefits from the Body Project?

5b. Is there a wide variety of facilitators that can effectively deliver the Body Project on your campus?

5c. What makes someone a good facilitator?

5d. Can you share any lessons learned from training peer-leaders to conduct Body Project workshops?

5e. How does one go about reducing the amount of self-deprecating "fat talk" among college students?

5f. How do you measure the efficacy of the program, and what does the data seem to indicate?

6. Are you familiar with the body positivity movement, the fat acceptance movement, and/or the "health at every size" approach? How does the Body Project overlap and differ from these approaches?

7. Have you heard about the variation programs such as More than Muscles, PRIDE, Female Athlete Body Project, and the High School version to name a few?

*Follow up: 7a. Have you thought about implementing any of them at your school?

7b. Why/why not?

7c. Do you think the ideal body standard looks different across race/ethnicity? Sexuality/gender? How does the Body Project account for these differences?

7d. What difficulties do people with disabilities experience with body confidence?

7e. Do non-traditional students who may be older than the average college student face different pressures to conform to the ideal body?

7e. Who does the Body Project partner with on your campus, meaning who are all the stakeholders that work together at the university to make it a success?

<u>Feelings:</u> 8. Do you feel like the groups (peer facilitators and participants) are diverse?

9. Do you feel like the program materials represent the students well?

Opinions: 10. Do you think there are students who feel left out or too uncomfortable to

participate in either of these programs? (Think age, race, ability, gender,

sexuality, etc.)

*Follow up: 10a. What changes do you think would make them comfortable

enough to participate?

11. If you could change anything about the program to better fit the needs of

students, what would you change? Why?

12. Can you identify the strengths and areas for improvement with the Body

Project?

Wrap-up: 13. Is there anything I missed or anything you wanted to add? What is something

you thought I would ask about, but I didn't?

14. Can you recommend anyone else I should interview for this project?

(Thank the interviewee for their time and insight. Let them know there are resources available if

they feel they need more support, and they can contact me at any time if they have any questions

regarding this research project.)