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"But I Like My Body": Positive body image characteristics and a holistic model for young-adult women

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ABSTRACT

Extant body image research has provided a rich understanding of negative body image but a rather underdeveloped depiction of positive body image. Thus, this study used Grounded Theory to analyze interviews from 15 college women classified as having positive body image and five body image experts. Many characteristics of positive body image emerged, including appreciating the unique beauty and functionality of their body, filtering information (e.g., appearance commentary, media ideals) in a body-protective manner, defining beauty broadly, and highlighting their body's assets while minimizing perceived imperfections. A holistic model emerged: when women processed mostly positive and rejected negative source information, their body investment decreased and body evaluation became more positive, illustrating the fluidity of body image. Women reciprocally influenced these sources (e.g., mentoring others to love their bodies, surrounding themselves with others who promote body acceptance, taking care of their health), which, in turn, promoted increased positive source information.
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Introduction

Body image has been conceptualized as a multidimensional construct containing both positive and negative features with perceptual, attitudinal, and behavioral aspects (Cash, 2002; Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). These features are believed to be fairly consistent over time and yet also somewhat malleable from the impact of experiential states and contextual variables (Melnyk, Cash, & Janda, 2004). Researchers, however, tend to deconstruct body image by focusing solely on its negative features, such as body dissatisfaction (Tiggemann, 2004). These efforts have been fruitful, as many precipitating factors (e.g., internalization of the thin-ideal) and consequences (e.g., eating disorders; Polivy & Herman, 2002) of negative body image have been articulated.

Yet, while psychologists aim to comprehend and ameliorate negative body image, they also need to understand and promote positive body image. Unfortunately, positive body image is often conceptualized as solely the absence of negative features. Inherent with this conceptualization is the assumption that interventions geared to reduce negative body image will result in parallel increases in positive body image. Portraying positive body image in this manner is incomplete, because the absence of pathology does not always signal flourishing (Seligman & Csikszentmihalyi, 2000; Striegel-Moore & Cachelin, 1999). Likewise, eliminating negative characteristics, but not adding positive characteristics, is likely to create intermediate mental health at best (Fredrickson & Losada, 2005; Williams, Cash, & Santos, 2004). As Keyes and Lopez (2002) contended, "mental health is not merely the absence of mental illness, nor is it merely the presence of well-being. Rather ... it is the absence of mental illness and the presence of high-level well-being" (p. 48).

Given the above, prevention and treatment programs, such as engaging women in cognitive dissonance interventions to speak and act counter to the societal thin-ideal image, media literacy/advocacy programs, and the Stanford Student Bodies 8-week online cognitive behavioral program, result in a reduction of body dissatisfaction and internalization of the thin-ideal (e.g., Becker, Smith, & Ciao, 2006; Stice, Shaw, Burton, & Wade, 2006; Taylor et al., 2006). However, it cannot be assumed that these findings concomitantly reflect the presence of a positive body image. Likewise, it is unknown whether other interventions such as writing positive data logs, eliminating negative self and body talk, implementing a journal to challenge irrational body-related thoughts, and reducing upward social comparisons with other women and thin-ideal images (Cash, 1998; Grogan, 2007; Levine & Piran, 2001) actually increase positive body image (Littleton, 2008).

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While accentuating positive body image is an important prevention and treatment goal, little is known about how to achieve it because it is not well understood in the research community (Kashubeck-West & Saunders, 2001). Striegel-Moore and Cachelin (1999) stated that "understanding the combination of factors that lead to a positive body image and healthy eating is important for developing prevention efforts in the area of eating disorders" (p. 87). The limited research on positive body image has yet to offer a complete understanding of this construct, but has provided guidance for future explorations in this area.

Using cluster analysis with college women, Williams et al. (2004) uncovered three distinct groups: women with positive body image (51%), women with normative body image discontent (23%), and women with negative body image (24%). Thus, it appears positive body image is qualitatively different from both negative body image and normative discontent. The positive body image group reported lower internalization of media influences and detrimental eating attitudes and behaviors and greater self-esteem, appearance satisfaction, social support, and physical activity.

Avalos, Tylka, and Wood-Barcalow (2005) identified four qualities suggestive of positive body image: favorable opinions of the body, body acceptance, respect for the body by attending to its needs and engaging in healthy behaviors, and protecting the body by rejecting unrealistic ideal body images portrayed in the media. They created the Body Appreciation Scale (BAS) to measure these qualities and found that the BAS predicted women's well-being above and beyond several commonly used negative body image instruments. Thus, positive body image is not merely the absence of negative body image and encapsulates its own unique properties.

Avalos et al. (2005) encouraged researchers to examine women with positive body image using a qualitative design, as this method is able to garner in-depth themes that would facilitate our understanding of its comprehensiveness and complexity. Therefore, in this study, we interviewed college women classified as having positive body image and experts in the field of body image. Interviewing content experts is recommended as they help "fill out the structure and character" of the construct under investigation by providing an educated perspective (Denzin & Lincoln, 2000; Polkinghorne, 2005, p. 139). We compared and contrasted the experts' and the students' perspectives via Grounded Theory (GT), a qualitative methodology, to promote a more in-depth understanding of positive body image. We used the information garnered from these interviews to propose a preliminary definition of positive body image; identify its potential precursors, maintenance factors, and consequences; and create a model that reflects its unique aspects.

Method

Design

We used GT to generate themes of positive body image from the interviews of students and experts, as it is a well-practiced paradigm that provides a systematic and rigorous set of procedures for analyzing participants' responses (Glaser & Strauss, 1967). The ultimate goal of GT is to produce an innovative theory and a model (Fassinger, 2005). Our theory and model were generated inductively through an iterative, concurrent process in which new data were constantly compared to emerging concepts until no new themes, categories, or relationships emerged. This information was then linked together to form our theoretical model.

We chose a one-on-one interview format rather than a focus group format. Although both are acceptable, one-on-one interviews often permit (a) greater depth in participants' answers, (b) a chance for each participant to respond to each question, (c) tailored follow-up questions for each participant, and (d) increased comfort when discussing sensitive topics (Fontana & Frey, 2000; Polkinghorne, 2005). In focus groups, group culture may interfere with individual expression, the group can be dominated by one person, and groupthink is likely to occur. One advantage of focus groups is that participants get to hear and comment on others' answers. We circumvented this issue by having students compare their thoughts with other students' ideas in their 2-week follow-up interviews and having experts compare their understanding of body image with the themes generated by the students at the end of the expert interviews.

Participants

Research team

The research team was composed of the three authors: a White 28-year-old partnered female graduate student, a White 31-year-old partnered female faculty member, and a White 24-year-old partnered female graduate student. We were members of the Department of Psychology at a large Midwestern university. We each had considerable interest and experience in the research and treatment of body image and eating behaviors.

Student participants

We sampled young-adult college women because their body image concerns likely differ qualitatively from college men (Tylka, Bergeron, & Schwartz, 2005), their age group is reflected in most media appearance ideals for women (Augustus-Horvath & Tylka, 2009), and their body image is continually being shaped by messages from significant others who compare them to these appearance ideals (Avalos et al., 2005). Fifteen students who were classified with a positive body image were interviewed. Pseudonyms are used in this section and when identifying quotations. Seven students identified as Black (Jasmine, Violet, Angela, Robin, Heather, Courtney, and Pam), seven identified as White (Jocelyn, Michelle, Lynn, Patti, Julie, Erin, and April), and one identified as both Asian American and White (Veronica). We were fortunate to obtain a sizeable proportion of Black participants in our sample, which may be due to Black college women reporting higher body appreciation and acceptance for larger body proportions than White college women (Crago, Shisslak, & Estes, 1996; Swami, Airs, Chouhan, Leon, & Towell, 2009). Students ranged in age from 18 to 21 years (M = 19.47, SD = 0.99). One student identified as bisexual, and the remaining students identified as heterosexual. Their body mass index (BMI = kg/m^2), obtained via self-report height and weight, was in the normal range (M = 21.7, SD = 1.86).

Experts

We interviewed five experts in the field of body image and assigned a pseudonym to each. Two experts are researchers and faculty members (James and Sarah), two are full-time clinicians (Lisa and Dawn), and one conducts both research and psychotherapy (Lois). All identified as White. On average, each had approximately 25 years of experience in body image related activities, such as publishing in and editing for body image/eating disorder journals, directing a national center for eating disorders, and facilitating a body image task force.

Measures

We used three measures to identify women with a favorable body image from a sample of introductory psychology students at our university (N = 120). We considered women's responses to the 7-item Appearance Evaluation subscale and the 4-item Overweight Preoccupation subscale of the Multidimensional Body-Self

Table 1
Interview questions: students.

1. How do you define body image? Negative body image? Positive body image?
2. In your prescreening assessment, you described yourself as having a positive body image. Can you please explain what you mean by that? What things are related to a positive body image?
3. How do you describe your attitude toward your body?
4. Tell me the story of how you feel about your body.
5. How has your understanding of your own body image changed or not changed over time?
6. What important information have you learned from others about your body (such as family, peers, romantic partners, and society)?
7. How do your relationships with others affect your body image?
8. What kinds of messages do you think society promotes about the female body (TV, movies, magazines, newspapers, etc.)?
9. How do you understand your body in relation to these messages?
10. Is there one experience that stands out for you related to how you feel or what you think about your body?
11. What does your body provide you?
12. How do you care for your body?
13. Could you use a metaphor to describe how you feel about your body?
14. What advice would you give to others who are struggling with body acceptance?
15. Is there anything else you would like to share?

Relations Questionnaire (MBSRQ; Cash, 2000). Item responses for both subscales range from 1 (*definitely disagree*) to 5 (*definitely agree*). High scores on Appearance Evaluation indicate appearance satisfaction and high scores on Overweight Preoccupation indicate anxiety about fat, weight vigilance, and eating restraint. These subscales have produced internally consistent, reliable, and valid scores with college women (Kashubeck-West & Saunders, 2001). Finally, we considered students' response to the following question, "I feel that I have a positive body image" which was rated on a scale ranging from 1 (*strongly agree*) to 5 (*strongly disagree*). Average scores for our 15 participants were 4.25 ($SD = 0.48$) for Appearance Evaluation, 2.30 ($SD = 0.73$) for Overweight Preoccupation, and 1.53 ($SD = 0.52$) for the positive body image question.

Procedure

Prior to administering the measures, we obtained approval through our university's institutional review board. We created a composite score for each student by first reverse-coding the Appearance Evaluation subscale and then multiplying the three measures together. We extended interviews to 27 students who had composite scores in the lower 3/4 standard deviation of the sample (i.e., lower composite scores indicated a more favorable body image). Fifteen (56%) agreed to participate in exchange for course credit. To identify experts in the field of body image to interview, we used a purposive sampling procedure known as snowballing (Patton, 2002) in which numerous body image professionals were asked "Who knows a lot about body image?" Six experts whose names were frequently mentioned were recruited. Five (83%) agreed to participate and were each awarded a $50 honorarium.

To ensure credibility and trustworthiness of qualitative data, we followed Patton's (2002) recommendations. Specifically, we acknowledged and discussed our biases about body image and how we would assist one another to prevent the projection of our biases onto the data. We developed the interview questions collaboratively. Prior to conducting the interviews, a specialist in qualitative research administered the protocols to the first author in a bracket interview (a few questions were then modified). The first author then piloted the protocols by administering them to a female volunteer who suggested that a few questions be reworded. Only the first author administered the revised semi-structured interview protocols (presented in Tables 1 and 2, respectively) to the students and experts, as multiple interviewers would bring in different worldviews and make data synthesis less credible. The first author also transcribed all interviews verbatim. Following each interview, the first author wrote in a reflexive journal containing her thoughts about the interview, commonalities among interviews, and how the interviews related to extant literature. Last, we kept an audit trail of all relevant information (e.g., transcripts, contact summary sheets, printouts of categories and category hierarchies, drafts of the model, and notes).

Student interviews (both initial and follow-up) were audio taped in a clinic room at the university psychological services center and lasted approximately an hour. During the follow-up interview, students reviewed a typed transcript of their initial interviews with the opportunity to make changes and to elaborate

Table 2
Interview questions: experts.

1. How long have you been interested in body image and eating disorder concerns?
2. How do you define body image? Negative body image? Positive body image?
3. What variables/factors are related to positive body image?
4. Is there a relationship between body image and self-confidence? How do you understand it?
5. If a person exhibits positive body image, what might that look like?
6. How do relationships with others affect a person's body image?
7. How does a person's sociocultural background influence her body image?
8. What kinds of messages do you think society promotes about the female body?
a. How can women reject negative messages?
b. How do media endorse a positive body image?
9. How does a person's environment influence her body image?
10. Can the construct of body image change over time?
a. How might a person alter her body image from negative to positive?
11. Would age/developmental stage impact positive body image differently?
12. What important information would you address in a workshop that focuses on the development of positive body image?
13. Is there anything else you would like to share?

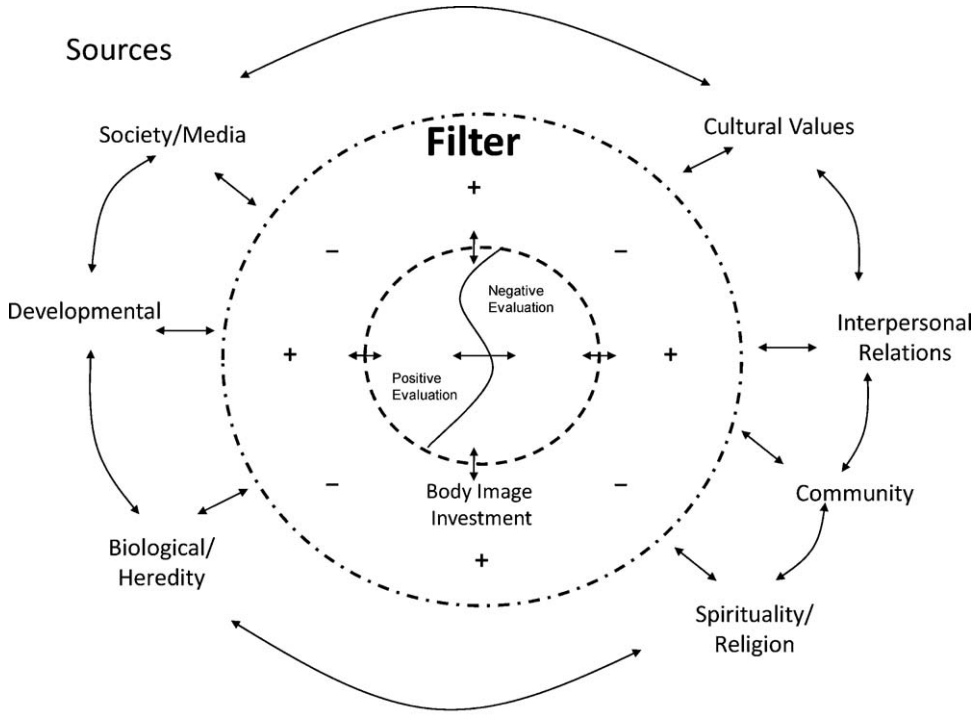

Fig. 1. Holistic body image model. A general model is presented. For our sample, the information filtered in (represented as + and − in the model) was mostly positive (+), body investment was contracted indicating that other aspects of themselves besides body image were important to their identity, and the curvy line was shifted to the right signifying that they had a more favorable overall body evaluation and had more good body image days than bad days.

on their responses. Expert interviews consisted of a one-time, one-hour session set within a comfortable and convenient location of their choice.

Data coding and analysis

The first author used the Non-Numerical Unstructured Data Indexing Searching and Theorizing software (NUD*IST-6; QSR International, 2002) to code data into new or existing categories (i.e., open coding) and to make higher order connections among categories (i.e., axial coding; Patton, 2002). She then recoded the data to make sure that the themes identified later in the coding process were confirmed in the previously coded interviews. The other team members immersed themselves in the data and the NUD*IST-6 categorization so that they could witness, confirm, and interrogate her findings. We collaboratively discussed and reconceptualized the categories and relationships as necessary. We each agreed that data saturation had been reached.

Initially, we each created a visual representation of the data. After dialogue, debate, and reformulation, we created an integrated model representing the categories' processes and relationships. We labeled it the "holistic body image model," and this figure is presented in Fig. 1. We also selected the core category (Fassinger, 2005), and labeled it the "protective filter." Women used their protective filter to process and respond to information, typically in a self- and body-preserving manner. This filter helped focus women's body investment on self-care and functionality and preserve their positive body evaluation.

Results

Incremental information was provided by both students and experts. We used direct quotations to illustrate each theme (Fassinger, 2005). Experts have a * next to their names. Additional quotations can be found, organized by theme, in Appendix A.

Interestingly, most students (i.e., 12) revealed that they endorsed a negative body image during adolescence. Jasmine admitted, "I wasn't always, like, positive about my body. I had a lot of weight fluctuations throughout high school. Up until my junior year, I had a very negative body image. I always wished that I looked like other people." In early adolescence, Angela said she "tried to be on someone else's standards and not taking care of myself and reaching my own standards."

Students reported that the transition to a favorable body image was facilitated via a cognitive shift in their thinking (e.g., choosing to conceptualize breast development and distribution of fat around the hips and thighs as reflective of a "womanly shape"), interpersonal support, associating with friends who were not focused on body and weight issues, modeling women who were proud of their body, and embracing an inclusive definition of beauty. Many relayed how their own and family members' medical diagnoses (e.g., cancer, lupus) encouraged them to take care of, respect, and honor their body. Many noted that transferring from a negative to positive body image is a fluid process that requires patience. "Everyone's going to deal with it in their own time," said Veronica, "You find out that this is your body type and you either learn to accept it or you fight with it." Several students committed to "never going back" to endorsing a negative body image and dieting.

Unique characteristics of positive body image

Appreciation

James* stated that positive body image is "a healthy balance between accepting and appreciating certain things about the shape, substance, and function of your body." Indeed, all students expressed gratitude related to the function, health, and features of their bodies. Jasmine now appreciates her hair because she may lose it to chemotherapy: "Turns out it's not such a pain. It is naturally curly. It takes me hours to do it. But it's still my hair and I

love it.'' She declared, ''Appreciate the things you were given in life rather than wishing that you had the stuff that you don't; that's when life is good and like what it's supposed to be.'' Several students were grateful that they no longer endorsed a negative body image. Violet expressed, ''I'm just thankful that I'm not the one in the dressing room crying and trying on bathing suits.''

Unconditional acceptance from others

''It's knowing that you're loved, you're special, you're valued for things other than how you look, both when you succeed and when you can't succeed, and for being your own person,'' said Lisa*. All students believed unconditional acceptance from family, friends, and partners was central in the formation and maintenance of positive body image. Michelle relayed, ''I learned [positive body image] from my mom. When I was a little girl, I would always ask her 'Am I pretty?' She would always say, 'That's not important. [It's] what's on the inside.'" Michelle agreed with her mother: ''If people are saying positive things about your body, but that's still the main focus of their conversations and what's on their minds, that's bad also.'' Jasmine gained a significant amount of weight from receiving steroid treatment for her cancer, and she revealed, ''My friends helped me calm down and remember that no matter what I look like, I'm still going to be me.'' Veronica asserted, ''All of my romantic partners have been more than supportive of [my body], and they try everything they can to make me feel secure.''

Body acceptance and love

Sarah* described that women with positive body image are ''comfortable in their skin and how they are packaged.'' Students were not only comfortable with their bodies, they expressed love for their bodies. Courtney revealed, ''I'm treating my body with love. My body treats me back with love. It just is like this bond. I'd just like to stay the way I am.'' She added, ''You have to first learn how to love yourself before you can get love.'' To Dawn*, having a positive body image includes ''accepting a body that often doesn't get reflected back to you in the magazines or the media.'' Indeed, all students acknowledged but accepted their perceived body flaws and focused on their assets. Many students denounced cosmetic surgery for themselves.

Spirituality/religion

Twelve students spoke about how their religion and/or spirituality assisted in their formation and preservation of a positive body image. They believed that a higher power designed them to be special and wanted them to accept their body. They also felt love and unconditional acceptance from this higher power. Michelle expressed, ''I just feel that I've been made special. When you believe that you are designed by a creator and that you were thought of and preconceived and put together, you just feel good.'' They revered this higher power by honoring their bodies. Viewing her body as a ''temple of the spirit of God,'' Lynn relayed, ''The fact that he does live in me, as if you have a house and you're responsible for taking care of that house for someone that's important, you're going to want to make sure that it's stable, nice looking.'' She added, ''As that relates to me, I want to make sure that I'm healthy, that I take care of myself.''

Finding others who are accepting of themselves

''A person with positive body image would likely have acquaintances who don't contribute to a negative body image,'' posited James*. All students made conscious choices to surround themselves with others who have a positive body image. Jocelyn surmised, ''If you're around people who are picking at themselves or saying, 'I look bad' or 'I hate my thighs,' you're going to be more inclined to pick at yourself more and look at areas that aren't perfect.'' She added, ''If you're around people that don't talk about that sort of thing, it's easier to have a positive self-image.'' Angela shared how her sister's positive body image impacted her: ''I would just watch her and see how she could be confident and interact with different people and how she felt about herself. It gave me a goal to work up to. I knew I could reach it because it had been done.''

Taking care of the body via healthy behaviors

Lois* described, ''If a woman is eating in a healthy way, regularly keeping their body fired up with food, doing a healthy amount of physical activity, then she just physically feels stronger.'' She added, ''This gives her the courage to interpersonally feel stronger and move to the more complex ways of living out her life. Then her body image falls into place and she naturally begins feeling good.'' Indeed, all students reported being proud of listening to their body's needs and making healthy (rather than appearance-based) decisions. They regularly engaged in moderate exercise, chose nutrient-dense foods, ensured that they ate when hungry, and articulated adaptive methods for stress-relief. Most students reported seeking medical care for both preventative and remedial issues to maintain a healthy lifestyle. They also pampered their bodies on occasion (e.g., getting massages, grooming rituals).

''I listen to my body,'' Patti explained, ''I don't try to overdo it. When I think about things that are bothering me, I run and by the end of my jog, I'm like, 'Oh, okay. I feel better.'" At age 16, Patti decided to ''be proactive about my health and started taking charge. It wasn't about how I looked; it was about how I felt. I want to remain healthy for the rest of my life.'' Veronica allowed herself to eat without self-judgment while attending to her inner hunger and satiety cues: ''I eat exactly what I want, whenever I want. It prevents me from overeating. I usually make healthy food choices. I've tried diets and never stuck with them.''

Filtering information in a body-protective manner

Sarah* stated, ''If you're aware of media images and how fantasy-like they can be, that's probably a good thing and protective.'' All students identified ways in which Western culture pressures women to be thin, objectifies women, and constructs idealized images of women. According to Patti, ''These images are so unrealistic because they have make-up artists, personal trainers, stylists. Take that all away, and they'll look like everyone else. It's unrealistic to compare us to celebrities and models.''

This awareness helped students create a filter to block out images and messages that could endanger their positive body image and internalize information that preserved their positive body image. According to April, without this filter, negative images and messages ''just go into your mind and without you knowing it, they're in your subconscious. I don't let them get to me so they bounce off. They don't really change the way I feel about myself.'' Angela emphasized that others as well as negative images and messages ''don't control your own body image. You decide things. When it comes down to it, you make your own body image.''

Inner positivity influencing outer demeanor

When discussing women with a positive body image, Sarah* said, ''You just know that they feel comfortable in who they are. They're free to hug. They're free to compliment and free to joke. They radiate 'I'm happy to be who I am and in this particular container.'" All students noted that inner positivity influenced their body image and noted a parallel process in others with a positive body image. Pam relayed, ''I feel beauty all over, and I project the beauty that I feel on the inside on the outside.'' She added, ''You just feel good about yourself. You feel happy. You see things more clearly. You just say positive things and think positive things and you feel positive.'' Some mentioned emanating a special ''glow.'' Julie articulated, ''It feels almost like you have a glow. It's

more the emotional side of it. It's almost like that sparkle in somebody's eye. You can definitely tell when somebody feels great."

Broadly conceptualizing beauty

James* proposed, "A positive body image would be fostered by an atmosphere of respect, appreciation, and tolerance for the diversity of weights and shapes." All students broadly conceptualized beauty. Angela stated, "I don't think just because you're small, you're beautiful or just because you're big, you're not beautiful. I feel like I'm beautiful still even if I'm a little different from [societal] standards." She added, "Beauty is the way you feel mentally about your physical image. If you feel positive, then you can pretty much think a lot of [shapes] are beautiful."

Holistic body image model

A holistic model highlighting the unique processes by which women interpret and internalize information about their bodies emerged from the participants' data (see Fig. 1). It emphasizes the interdependence of three processes (i.e., reciprocity, filtering, and fluidity) and four structures (i.e., sources, the filter, body investment, and body evaluation). Reciprocity and filtering are each associated with the sources and the filter, whereas fluidity impacts all model structures.

Reciprocity

Students' body image was impacted by various sources, such as heredity/health (e.g., particular body type and characteristics, diagnosis and living with an illness), developmental factors (e.g., puberty, age), community values (e.g., standards of beauty), education (e.g., knowledge of sexism and feminism), spirituality (e.g., viewing body as a temple), culture (e.g., awareness of heritage, cultural beliefs about attractiveness, physical attributes associated with their ethnicity), society/media factors (e.g., exposure to the thin-ideal body type), and interpersonal relationships (e.g., messages from significant others about attractiveness, unconditional acceptance). Students were not only the recipients of these sources, but they also changed, shaped, and altered their environments in a growth-enhancing way. For instance, students chose to interact with other individuals with positive body image and to search for others (e.g., partners, friends) who accepted their bodies. Julie stated, "You place yourself around people who are going to help you keep a positive body image." Reciprocity also was evidenced by the students' commitment to mentoring others (e.g., younger girls) about healthy lifestyle choices (e.g., intuitive eating, moderate exercise) and a positive body image, creating a rippling effect. Heather emphasized, "When you do become comfortable with yourself, you want to help others get to where you are. So you compliment them and try to help get them there yourself." This reciprocal process is demonstrated via the double-sided arrows located between the filter and space where the sources reside.

Other ways students influenced the sources were taking care of their health to prevent future illness and reduce the negative effects of their current illnesses. They cherished aspects of their genetics that set them apart from others and planned to avoid drastic measures (e.g., cosmetic surgery, rigid dieting) to alter their body. Many students chose to avoid reading appearance-related magazines and watching television shows with abundant portrayals of the thin-ideal image. They refused to engage in body disparaging fat talk and chose friends and partners based on their ability to accept them. Many students educated others on aspects of their culture and the beauty of non-Western appearance-related characteristics, such as aspiring to be "thick" rather than thin.

Filtering

Women are confronted with information from the sources on an ongoing basis, and they must in turn decide whether to accept or reject information. From participants' accounts, the filter consists of current affect (positive and negative), beliefs (rational and irrational), and perceptions (accurate and inaccurate) shaped by previous information that passed through the filter. Thus, the composition of the filter continues to be molded by the information that is processed. The pluses and minuses in Fig. 1 represent the types of information (i.e., positive and negative, respectively) that bypass the filter and impact women's body image.

Our students' filters were protective, allowing positive information to enter and rejecting most negative information. Lisa* claimed that a protective filter allows women "to be standing solid on their feet so that they can take little assaults as they come. They can take somebody looking at them in a less favorable way and not change how they feel about themselves." Erin shared, "When I started dating my boyfriend, I was at my skinniest, I weighed 120 or 115. Now, I've gained at least 25 pounds. I would comment, 'Oh my goodness. I've gained a lot of weight.' He was like, 'You're not huge. You're still really pretty.'" She chuckled, "He was fine. He did a good job." Erin chose to interpret her boyfriend's response in a positive manner. Women whose filters are primarily negative could have interpreted his comments as "He doesn't think I'm thin!" and consequently experience negative affect, negative body evaluation, and high body investment. Indeed, several students commented that, when they formerly endorsed a negative body image, they filtered in negative information and rejected positive information. Jasmine stated, "A million people can tell you you're gorgeous but if you don't think so, you're not going to believe them."

Students recognized that their filters were not fool-proof and sometimes absorbed negative information, such as criticism from significant others. However, they did not allow this negative information to shape their body evaluation and investment on a long-term basis. Erin reflected that her grandfather would joke about her weight and body: "I definitely knew why he was saying that and took it seriously. I initially made it out to be worse than it really was. I know I wasn't huge."

Fluidity

Fluidity is represented in four ways in the holistic model. First, the sources merge and impact each other (see double-sided arrows between sources). For instance, students' developmental stage influenced their media involvement and friendship networks, and their culture influenced their spirituality and community. Different sources may interact with each other based on students' unique experiences.

Second, students shared that their body investment (see double-sided arrows along the circumference of the inner circle) can expand or contract depending on development (e.g., increasing in adolescence) and filtering particular information. Lois* proposed that body image should encompass approximately "20–30% of one's identity" which allows a "diverse identity based on skills, intelligence, and ability to function and interact with others, with body image being a functional sub-part." If information is filtered in that prompts women to focus on their body (e.g., being sexually objectified, being teased about appearance, talking to peers who are focused on appearance, disease diagnosis), then body investment (i.e., diameter) will expand. Conversely, if information is filtered in that prompts women to focus on other aspects of her identity (e.g., education, stepping outside of the objectification limelight, and making friends and having partners who are focused on inner characteristics), body investment will contract.

The third way fluidity appears in the model is via the interaction of body investment and evaluation. Whereas body investment is represented by the diameter of the body image area, body evaluation is the quality (positive or negative) within the area. A positive body evaluation may sculpt high body investment to be focused on adaptive self-care (e.g., healthy eating, moderate regular exercise) and functionality. Conversely, a negative body evaluation may sculpt high body investment to be focused on destructive behaviors (e.g., rigid dieting, exercise in spite of injury).

Fourth, fluidity is represented in the model by variations in body evaluation (i.e., see bidirectional arrow within the body evaluation circle). Body evaluation resembles the Yin/Yang symbol, as positive and negative body evaluation seems to be more interdependent than mutually exclusive, as evidenced by participants' responses. Some dissatisfaction was embedded within their positive body image (e.g., their reports that they were not satisfied with all aspects of their physical appearance); however, they did not allow this to threaten their overall positive body image. Also, students embraced their differences from the societal ideal. Although they mostly had "good body image days," they sometimes had "bad days." The proportion of positivity and negativity can be fairly stable (i.e., reflecting trait body image) when concordant information is internalized. It also can shift (i.e., toward positive or negative body evaluation) when divergent and/or novel information (positive or negative) is filtered in (i.e., reflecting state body image).

Discussion

This study adds incrementally to the body image literature in four main ways. First, via interviewing college women with a favorable body image and body image experts, we uncovered nine characteristics of positive body image. Instead of reiterating these characteristics individually, we integrated some into a definition of positive body image and propose some as possible precursors, maintenance factors, and consequences of having a positive body image.

We define positive body image as an overarching love and respect for the body that allows individuals to (a) appreciate the unique beauty of their body and the functions that it performs for them; (b) accept and even admire their body, including those aspects that are inconsistent with idealized images; (c) feel beautiful, comfortable, confident, and happy with their body, which is often reflected as an outer radiance, or a "glow;" (d) emphasize their body's assets rather than dwell on their imperfections; (e) have a mindful connection with their body's needs; and (f) interpret incoming information in a body-protective manner whereby most positive information is internalized and most negative information is rejected or reframed.

Some characteristics helped students form a positive body image. Specifically, students stated their positive body image stemmed from unconditional acceptance from significant others. Many also believed that they were designed uniquely by a higher power who wanted them to remain true to how they were created. They felt that a consequence of their positive body image was engaging in self-care behaviors, such as adaptive stress-release (e.g., jogging, journaling), moderate exercise, eating when hungry and stopping when slightly full, and eating nutrient-rich foods. Also, mentoring others to love their bodies was noted as a consequence of positive body image. Interestingly, participants indicated that these precursors and consequences were associated with positive body image in a cyclical manner (i.e., they also help maintain their favorable body image once it had developed). They intentionally sought others who offer unconditional acceptance and who have a positive body image, which helped them maintain their positive body image.

Clearly, conceptualizing positive body image as the absence of a negative body image or merely body acceptance, as was largely done prior to 2004, underestimates the complexity of this construct. Two recent studies found that women with positive body image resist internalization of media influences, have lower disordered eating, have increased self-esteem and social support, and enjoy physical activity (Avalos et al., 2005; Williams et al., 2004). Our study supports these conclusions. However, as discussed next, it offers a more thorough and rich description of positive body image.

Our sample of students did not merely accept their bodies; they expressed love for their bodies via thoughts, emotions, and protective behaviors. Many students once espoused a negative body image and were grateful for changing the evaluation to positive. They did not only tolerate perceived flaws, but they diminished their investment in these imperfections. Not only did they resist internalizing media images, they also understood that these images were unrealistic, unnatural, and computer-modified. They reminded themselves that the models were normal people who employed others to achieve a polished look. They reduced their exposure to these images on an intentional basis. They also protected their body evaluation by proactively coping and finding meaning when confronted with difficult incoming information, such as being diagnosed with an illness. They did not merely avoid disordered eating, but additionally listened to their bodies by making healthy food choices, responding to hunger and satiety cues, and not overeating and/or restricting to cope with stress and negative emotions. Not only did they report social support, they avoided people who focus on weight and appearance-related issues, choosing instead to surround themselves with others who espouse a positive body image. They had family members who emphasized inner strengths and taught them that their worth as women was more important than their appearance. They often felt unconditional love and support also associated with their religion and/or spirituality. Not only did they have self-esteem, they felt their inner positivity radiated to their outer appearance and were more optimistic, confident, comfortable, happy, and liberated.

Second, our study offers a holistic model that reflects the interdependence of three processes (reciprocity, filtering, and fluidity) and four structures (sources, filter, body investment, and body evaluation) to the body image literature. The filter, which was protective for our students, consisted of positive emotions, rational beliefs, and realistic perceptions, which were shaped from various sources. From our participants' accounts, women with positive body image selectively filter in positive and counteract negative source information, which helps promote and maintain their positive body evaluation and shape their body investment to be a functional yet modest part of their identity. Their positive body evaluation helps guide their body investment towards non-obsessive self-care, as they nurture their bodies in order to function well and emphasize their unique beauty. They further influence the sources by radiating their inner positivity to their outer behavior (e.g., choosing to interact with positive people) and teaching body appreciation to others in their community, culture, and social network.

The protective filter is not foolproof. Occasionally, students processed negative information, which temporarily increased body investment and swayed body evaluation to negative. Upon realizing this shift toward a negative body image, they readjusted their filter so as to reframe the information as neutral or positive. Therefore, they admitted slight momentary shifts in their body image (e.g., state body image) but stated that their overall positive body evaluation was quite stable (e.g., trait body image; Melnyk et al., 2004).

There has not been a model published thus far that has integrated the various processes and structures uncovered in this

study into a working unit. The closest model we found to ours was Cash's (2002) model in which historical factors (which are similar to our information sources) instill body image schema and attitudes (which are similar to the filter and contain body investment and body evaluation), which then are associated with cognitions such as appearance schematic processing, emotions about body image, and self-regulatory behaviors (i.e., dieting). Our model extended and revised Cash's model in several ways. For instance, our model proposed the following: (a) a differentiation among a filter, body investment, and body evaluation; (b) incoming sources interact with one another; (c) women can shape many of the sources (i.e., reciprocity); (d) body investment can expand and contract based on filtered information (i.e., fluidity of body investment); (e) body investment and body evaluation interact with each other; and (f) women can have "bad days" yet still maintain an overall positive body image (i.e., fluidity of body evaluation).

A third way our findings contribute to the literature is that they could be used to guide the investigation and assessment of positive body image. Researchers aiming to assess positive body image should not rely solely on body-part satisfaction scales, as satisfaction is only one narrow aspect of positive body image. Students were not satisfied with *all* of their physical characteristics and admitted body areas with which they felt somewhat dissatisfied. It also is inaccurate to conclude that low levels on negative body image instruments indicate a positive body image. In order to measure positive body image adequately and comprehensively, instruments need to be developed that tap its unique characteristics.

One extant measure, the BAS (Avalos et al., 2005), holds promise in the measurement of positive body image. The reliability and validity of its scores has been supported with Caucasian, German, Hispanic, African Caribbean, and South Asian women (Avalos et al., 2005; Swami et al., 2009; Swami, Hadji-Michael, & Furnham, 2008; Swami, Stieger, Haubner, & Voracek, 2008). It has a unidimensional factor structure for White and German samples and a bidimensional factor structure for Malaysian women (Swami & Chamorro-Premuzic, 2008). It measures favorable opinions of the body, body acceptance, respecting the body by attending to its needs and engaging in healthy behaviors, and protecting the body by rejecting unrealistic ideal body images portrayed in the media. Each BAS characteristic was mentioned by our participants.

However, additional questions and instruments need to be created that measure the unique characteristics uncovered in this study. For instance, items could be developed and used in conjunction with the BAS items that measure unique beauty (e.g., "I appreciate the different and unique characteristics of my body," "I find beauty in features of my body that are different from everyone else's bodies"), whether positive body attitudes and body confidence radiates outward (e.g., "I feel like my positive attitude towards my body radiates to my outer appearance," "My behavior reveals my positive attitude toward my body; for example, I walk holding my head high and smiling"), a mindful connection to body needs (e.g., "I listen to my body to determine what it needs, such as food, sleep, stress release, and exercise"), maximization of assets and minimization of flaws (e.g., "I focus on the qualities of my body that I like," "I don't let my body's imperfections get the best of me"), and spirituality (e.g., "I believe that my body was designed to be special").

Once such instruments are developed and evaluated, researchers can articulate predictors and consequences of positive body image using modeling designs. Studying positive body image within structural models of adaptive eating and well-being could be a fruitful area of research (Avalos & Tylka, 2006). It also would be beneficial to follow women in a longitudinal study as they transition from a negative body image to a positive body image to better understand this process.

Fourth, our findings provide direction for clinicians and prevention programming. The knowledge that 80% of students emerged from a negative body orientation would provide hope to therapists and clients that a positive body image can be achieved with patience and concerted effort and by choosing to reframe information in a self-preserving rather than a self-destructive manner. Clients could benefit from knowing (a) that these women sometimes had "bad days" with respect to their body evaluation, as it normalizes the fluidity of body image and that their protective filter is not foolproof, and (b) how women cognitively redirect their filters to return to a protective position.

Interventions and prevention programs can be designed that target the positive body image characteristics that we uncovered. Specifically, leaders of such programs could help girls and women establish and maintain their protective filters. To do this, media literacy skills (Levine & Piran, 2001) need to be taught in order to block media images from being internalized. Activities that promote body acceptance, respect, embodiment (body awareness and responsiveness), and a focus on body strengths/minimization of imperfections need to be integrated into these programs. Also, it is important that leaders help girls and women form and maintain supportive peer networks that do not focus on appearance or engage in body disparagement (e.g., fat talk) but instead emphasize inner strengths and character and the functions provided by their body. In addition, girls and women could discuss the benefits of having a positive body image to others via mentoring, which in turn could empower them and further facilitate their own positive body image. Leaders further could discuss the objectification of women's bodies and provide specific tools on how girls and women can adaptively respond when objectified. Leaders also could address beauty ideals within various cultures to help broaden clients' definition of beauty. Ways in which girls and women can engage in appropriate self-care of their body's needs (e.g., moderate physical activity of sports or activities they enjoy, choosing nutrient dense foods most of the time, stress release via yoga or journaling, seeking social support from others who are unconditionally accepting), which demonstrates their body appreciation rather than obsession with appearance, need to be covered. When girls and women recognize the important connection among healthy lifestyle choices and positive body image, they might be further motivated to enforce beneficial changes.

Leaders of these prevention programs also could encourage girls and women to engage in intuitive eating (Tylka, 2006), as students indicated that intuitive eating was associated with positive body image. Intuitive eating entails listening to the body for physical hunger and satiety cues and eating in response to these cues rather than in response to emotional or situational cues. However, in order to adopt this eating style, individuals have to be aware of when they are hungry and full. Those who suppress their hunger and satiety cues consistently via chronically dieting or engaging in disordered eating need regular and structured eating opportunities to reacquaint them to what it feels like to be hungry and satisfied (Tribole & Resch, 2003; Wilson, Fairburn, & Agras, 1997) before they engage in intuitive eating.

In addition to addressing the contributions of the present study, it is important to note its limitations. We had similar educational and cultural backgrounds and were around the same age, which could have affected our ability to recognize each others' biases and interpret the data from various perspectives. Also, the first author conducted all interviews and coded all transcripts, which could have shaped the line of questioning and limited the understanding of the data.

Although we agreed data saturation had been reached, it is unknown whether our findings can be extended to more diverse samples, such as older women, lesbian women, non-collegiate

women, and women from various geographic regions and cultures. Additional studies need to explore positive body image using qualitative designs with diverse samples to support this theory, offer alternative perspectives, or both.

In qualitative research, there is a reason and purpose for selecting participants (Polkinghorne, 2005). When selecting students, we decided to only recruit women. Scholars (e.g., Fredrickson & Roberts, 1997) argue that the objectification of women's bodies is rooted in sexism: the mesomorphic ideal promoted for men is associated with physical power whereas the thin-ideal promoted for women is associated with physical powerlessness. Additionally, men are not socialized to connect their self-worth with their appearance to the extent that women are socialized to connect their self-worth with their appearance (Hesse-Biber, Leavy, Quinn, & Zoino, 2006). In the context of these issues, we felt that women may have had to overcome more obstacles to achieve and maintain a positive body image, which may be overshadowed or minimized in a mixed-gender sample investigating positive body image using a qualitative design. Indeed, many of our student participants explicitly stated that they emerged from a negative body image and had to consciously reject idealized images and messages in order to maintain a positive body image. It is unknown whether men with positive body image would have articulated this trend. We acknowledge, however, that the history of body image theory and research often ignores boys' and men's experiences. Therefore, a logical avenue for future research is to use GT to examine a sample of men with a positive body image and determine whether the characteristics of positive body image and model structures/processes revealed in this study are uncovered for them.

In sum, our preliminary investigation of positive body image using GT with students and experts added incrementally to the understanding of positive body image as presented in the extant literature. From our participants' answers, we extracted a working definition of positive body image; articulated its potential precursors, maintenance factors, and consequences; offered a heuristic model detailing how its structural features may interact with its processes; proposed select items for possible inclusion in extant positive body image instruments; and suggested interventions for prevention programs. We encourage researchers to continue to study positive body image using both qualitative and quantitative designs in order to determine whether the features obtained in this study are represented in more diverse and/or larger samples. Other sample compositions may reveal novel features of positive body image that would need to be included in its conceptualization.

Appendix A. Additional select quotations from participants

A.1. Appreciation

"A big thing with my body is that it allows me to do physical activity like hiking and biking."—Michelle

"Just be grateful that you do have a body that's healthy and working properly. Just be glad that you're able to do the things you are. A lot of people don't even have that."—Violet

"As you grow older, you grow into yourself and start to appreciate yourself better."—Robin

A.2. Unconditional acceptance from others

"My family has always been very supportive. No matter if it has to do with my body or anything. They're just always there for me."—Julie

"When I was talking with my dad one day, he said, 'You look so healthy. You look really good. I'm glad you're doing well.'"—Lynn

"I don't judge [my friends] for the way they look and they don't judge me. That helps to boost your confidence, to have people around you who are always encouraging you, there for you, and supportive."—April

"[My boyfriend] has never said anything bad about me. He appreciates that I want to take care of myself."—Patti

A.3. Body acceptance and love

"I don't let [my flaws] get to me. It's not that big of a deal for me."—April

"I just see it for what it is. I've got cellulite and everything and I think 'I'm living. I'm real and that's okay.'"—Michelle

"I'm pretty happy with myself. I try to share that with other people. I try to keep other people happy with theirs too."—Julie

"There are things that I don't like about myself but [cosmetic surgery is] just not something I would do. No one can be flawless. You can't be perfect. There's always going to be something."—Erin

A.4. Spirituality/religion

"It's nice to know that there's always God out there that doesn't even notice how you look, who only knows the inside and that you're hurting or that you're upset or that you're happy and goes off of that."—Jasmine

"I do feel that God made me exactly how he wants me to be. God didn't make a mistake in creating me. I should be happy with it because if I'm not, he's not going to be happy with me."—Heather

A.5. Finding others who are accepting of themselves

"I think having people with positive body image around you makes you feel more secure about who you are."—April

"People with positive body image are different people to be around. I have very little patience for people without it."—Jasmine

"I try to surround myself with positive people who have positive thoughts and influences upon themselves cause I feel like that's who I am and that's who I want to be."—Pam

A.6. Taking care of the body via healthy behaviors

"If you free up the time worrying about your body and learn how to feed and water it and exercise it in a healthy way, look how much time you're going to have to do really great things."—Sarah*

"Let yourself have cake and ice cream. Why not? As long as you know what the good stuff is and you practice the good stuff more than the bad stuff."—Sarah*

"I take care of my body mentally, physically, all aspects. I don't really do anything that could be harmful to my body."—Julie

"I think being healthy and fit is more important than looking the way society might want you to look."—April

"I kinda owe it to myself to deal with my own problems and not to convey them on my body."—Jasmine

"I won't let the stresses build on me. I just try to figure out what I can do to kill some of the stress that I have. If I can write it all out in poetry, put it away, then I'm fine. If I can reflect, I can release the tension. I feel calm."—Courtney

"I eat when I am physically hungry. If people don't eat when they are hungry, their brain will just think, food, food, food and then nothing gets accomplished."—Pam

"I hope my residents will see me go to the gym, working-out and they'll be like, 'Oh wow; look at her go,' and they'll want to do that for themselves. I definitely hope that I'm a role model."—Patti

A.7. Filtering information in a body-protective manner

"[Models and actresses] wake up in the morning in sweatpants with a bird's nest for hair and make-up dripping down their face just like everybody else does. Then, they pay someone a whole lot of money to make them as beautiful as they are. It's not to demean that they are beautiful anyways. For the most part, a lot of people don't look great in the morning. They're just like us. It's really easy to lose sight of that."—Jasmine

"Most images of women have been computerized. It might be very close to what the person actually looks like, but it's always that much more perfect. It's something that's unattainable."—Michelle

"You have to be mature enough to be able to filter things out and respect people's opinions but not always feel like you need to replace your opinions with their opinions."—Angela

"I notice [the thin-ideal image], and I think it's negative, but I don't think it really has an effect on me because [I know] that's all television. It doesn't make me want to change my appearance or get contacts or be lighter. I'm still comfortable with myself."—Heather

"I don't let [any]thing negative come into my life. I feel I'm being a good role model."—Courtney

"You can't control [the media], but you can control what you watch and what things you let into your mind."—Michelle

"[When] you know that [this image] is not real, you can dismiss it."—Pam

"You do have to remind yourself that even though [the thin-ideal] is what [the media are] showing and that's what they're promoting, self-esteem really looks the best."—Heather

"You try to like filter [the thin-ideal image] out. Models are probably losing self-esteem cause they've got five million people doing things to them. They probably would rather just be themselves instead of what we want them to be."—Julie

"I don't need to spend my entire life trying to reach a standard that I am never going to meet anyway. In the end, I think that's good. It allows me to concentrate on things that are really important."—Lynn

A.8. Inner positivity influencing outer demeanor

"You have a personal glow. Your body's just glowing, like a spotlight. You are just so happy and in a good mood that nothing can bring you down. Everyone sees that you're happy."—Courtney

"We tend to look at things with a more open mind. We're more optimistic, happy, and have high self-esteem."—Violet

"If you're happy with how you feel on the inside, then just naturally that will show on the outside. Other people will respond to that in a positive way."—April

A.9. Broadly conceptualizing beauty

"Who defines beauty? If you think you're beautiful, then you're beautiful. If you don't think you're beautiful, then you really need to look inside yourself and analyze a lot of things that are going on in your life and then define what beauty is for you."—Pam

"No one defines beauty. You can't look at one person and say 'now that is beauty' and if you're not that, then you're not beautiful. Everybody is beautiful in one way or another. I appreciate different looks, even different skin tones."—Jasmine

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