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An Existential-Phenomenological Investigation of Women's Experience of Becoming Less Obsessed with their Bodily Appearance

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Abstract

This study investigated women's lived experience of becoming less obsessed with their bodily appearance. Written narrative accounts were collected from seven women co-participants and a phenomenological analysis of these descriptive protocols was then performed in order to reveal the prereflective structure of the focal phenomenon, seven essential constituents of which emerged. A major goal of this research was to contribute to the undernourished area of phenomenological research regarding the experience of body image.

Body image is a complex and multidimensional social construct, and an important factor in forming and maintaining one's self-concept. As such, it has rippling effects on other facets of one's life. The notion of body image has evolved throughout history and is defined as the inner perception of outer appearance (Dworkin & Kerr, 1987). Both men and women have desired and actively sought out ways to be beautiful, and have strived to possess physiques that accord with the societal ideal. Adonis, the god of beauty in Greek mythology, is often associated with handsome youths. More recently, muscle dysmorphia, or what is sometimes referred to as the Adonis complex, has been used to define the preoccupation with musculature amongst the male population. For women, a desire for thinness is often associated with eating obsessions and body dysmorphic disorder (BDD). Although it is recognized that both men and women struggle with their body image and physical appearance, the focus of the present research is on the experiences of women.

In medieval times, excessive fasting was recognized as a spiritual endeavour (Duran, Cashion, Gerber, & Mendez-Ybanez, 2000). In the 1940s, voluptuous pin-up girls were regarded as representing the ideal woman. Today, the revered ideal body consists of a tall, slender physique known as the thin-ideal. This idealized image that has been constructed by the media via magazines, movies and advertising campaigns is having adverse effects on the lives of many women, such that more than half of the women living in America are troubled by certain aspects of their appearance and are not accepting of their bodies as a whole. The preoccupation or obsession with their physical appearance has trapped Western women into subscribing to unhealthy narratives such as "I must be thin to be accepted and loved", "A thin body will make me happy", "Dieting will help me lose weight" or "Thinness equals beauty". These nagging voices often overrun women's lives and are linked to various psychological disturbances such as depression, eating disorders, anxieties, countless addictions, BDD, as well as low self-esteem (Rieves & Cash, 1996), relationship difficulties, and sexual dysfunctions (Dworkin & Kerr, 1987).

The dictatorship of thinness and perfection perpetrated by the media is virtually inescapable. Society and the industries of advertising are sending these unhealthy messages, often subliminally, which are cumulatively internalized by the public. Pertinent examples include

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the ubiquity of the ultra-thin model displayed in stores, billboards marketing the next slimming technique, and infomercials advertising body enhancement products. Plastic surgery rates are on the rise, particularly in areas that emphasize physical appearance as a way to attain success and reverence. According to the American Society for Aesthetic Plastic Surgery, the number of cosmetic procedures performed on Americans has risen roughly 500 times over that of a decade ago, when 11 million procedures were done in 2005 alone (Von Drehle, 2006). Everywhere women turn, they are fed an underlying, harmful, and self-defeating message: "In order to be happy, you must change the way you look". Wayne Dyer (1976/1995) elaborated on this:

> Many women have accepted the cultural dispatches and behave in ways that they are supposed to when it comes to their bodies. Shave your legs and underarms, deodorize yourself everywhere, perfume your body with foreign odours, sterilize your mouth, make up your eyes, lips, cheeks, pad your bra, spray your genitals with the appropriate bouquet, and falsify your fingernails. The implication is that there is something unpleasant about the natural you, the essentially human you, and only by becoming artificial can you become attractive. (p. 43)

In summary, what better way to keep women silent and oppressed than to encourage self-monitoring, self-evaluation, and the endless obsession with beauty? To be in constant pursuit of something that is ultimately unattainable verges on insanity and futility.

The term *normative discontent*, which was coined by Rodin, Silberstein, and Striegel-Moore (1985), refers to the widespread epidemic of body dissatisfaction among girls and women in Western cultures. Indeed, Tiggemann (2005) found that normative discontent, like body dissatisfaction, not only applies to pre-teen and adolescent girls, but also to adult women. Many women experience discomfort and/or dissatisfaction with their bodies throughout their life cycle. The way in which women perceive their own bodies permeates every aspect of their daily lives.

We all have a relationship with our body, and we often battle the mirror image that is reflected back to us. While some women struggle with briefer moments of self-ridicule and judgment of their bodies, others may endure a life-long battle with their body image. Contemporary society is filled with fashion magazines, movies, and TV shows portraying the ideal image of what a woman should look like – young, fresh-faced, thin, yet curvaceous, tall, and full-breasted (Choate, 2007). What the magazine editors fail to mention, however, are the various image-altering gimmicks, such as air-brushing, special lighting, and make-up applied to conceal the human "flaws" that no-one can escape. The images that are constructed by the media are not truths, but rather illusions made possible by smoke-screens, trickery, and fraudulent advertising. Many young, and thus very impressionable, girls internalize the media-constructed thin-ideal, which is unattainable by the majority of the population; little girls transition into adolescents and adults who dislike their bodies. The relentless mission towards, and obsession with, attaining perfection inhibits the imput of other experiences. When women are obsessed with their physical bodies and its flaws, it is arduous to step outside of themselves to see other ways of being or experiencing the world.

Body Image

According to the organization Eating Disorders Awareness and Prevention (1999), body image includes how one feels in one's body and not just how one's physical body appears (p. 1). Cash and Pruzinsky (2002) referred to body image as a multifaceted psychological experience of embodiment, particularly in relation to, but not exclusive to, one's physical appearance. They further defined body image as a multidimensional construct that encompasses the range of perceptions, attitudes, emotions and behaviours related to one's physical appearance and its impact on one's psychological and social functioning. Slade (1994) viewed body image as "a loose mental representation of body shape, size, and form which is influenced by a variety of historical, cultural and social, individual, and biological factors, which operate over varying time spans" (p. 302). According to Traub and Orbach (1964), body image is "the picture that the person has of the physical appearance of his body" (p. 64). The variety of definitions speaks to the complexity of the notion of body image and helps make up the modern understanding of body image as a construct encompassing a range of components – cognitive, affective, behavioural, and perceptual.

Obsession with Appearance

The definition of obsession as outlined in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2000) is "persistent ideas, thoughts, impulses, or images that are experienced as intrusive and inappropriate and that cause marked anxiety or distress" (p. 457). Women in contemporary Western society from an early age learn to be overly concerned, to the point of obsession, with their physical appearance, whether their focus is on weight, height, breast size, hips, legs, or facial features. Research has shown that parents and teachers provide a lesser amount of attention to less attractive infants and children, who are less likely to be viewed as good, smart, likeable or academically gifted (Rhode, 2009). In accordance with the "what is

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beautiful is good" stereotype, attractive individuals are viewed as more intelligent, moral, confident and competent in comparison with their less physically attractive counterparts (Dion, Berscheid, & Walster, 1972), and, as is apparent in educational, familial, and occupational settings, are thus assumed to be superior in traits such as intelligence and personality.

Physical attractiveness and looking good is described as a form of social currency for women (Hurd Clarke, 2002). It is thus no wonder that so many women become fixated and preoccupied with external beauty. However, this fixation can cause them to lose sight of their inner essence. By adulthood, women are more likely than men habitually to experience what Hart, Leary, and Rejeski (1989) identified as *social physique anxiety* – anxiety that is evoked by others' observing or evaluating their physiques (Franzoi, 1995). In addition, social physique anxiety has been associated with body dissatisfaction (Davis, 1990; McDonald & Thompson, 1992) and unhealthy eating and exercise behaviours (McDonald & Thompson, 1992). As Hooks (1995) stated, "When we become obsessed with how we look, we place too much value on the surface and ignore the real work we must do to be truly beautiful" (p. 70). Young-Eisendrath (1999) elaborates on the psychological damage done by this:

> The belief that we must be thin in order to be successful results in feelings of insecurity about ourselves and our abilities. Obsessive control of the female body leads not to power but to shame, self-consciousness, confusion, illness, even death by eating disorders. Longing to be reassured of our worth and validity, we submit to humiliating advice from experts who tell us what and when to eat, and how to exercise, as if we were children. (p. 41)

In summary, the obsession with physical appearance often distorts reality, making individuals vulnerable to a host of psychological difficulties, including depression and anxiety, and even abuse (Hooks, 1995). Seeking the ideal body type, which is thinner genetically than 95% of women, is also harmful, as the anxiety it creates about weight is focused upon unnatural thinness rather than health (Williams, 1998).

Theories and Perspectives

There are numerous approaches to viewing body image and the process of becoming less obsessed with one's bodily appearance. This section will provide a synopsis of several relevant theoretical perspectives from which body image is viewed, each of which approaches exists within a historical context defined by its own documented resource base of empirical research and in-depth inquiry, theoretical constructs, and philosophy.

Sociocultural Model. The sociocultural model looks at how mass media, television and societal messages influence women's body image and self-perception. The literature clearly demonstrates that mass media contribute to body image dissatisfaction and eating pathology in women (Thompson & Heinberg, 1999). In Western society, many women fall victim to powerful, cunning tactics as the media manipulate images to portray an ideal model. As a result of viewing these images, women often feel unhappy, insecure, and dissatisfied with their bodies. More than any other form of mass media, women's magazines have been criticized as being advocates for and promoters of the desirability of an unrealistic and dangerously thin-ideal (Wolf, 1991). It is argued that the pervasiveness of such imagery, and the ongoing failure to meet the unrealistic expectations created thereby, results in increased concern with physical attractiveness among women, as well as diminished self-confidence and self-esteem.

Empirical studies indicate that the media in Western countries have portrayed a steadily thinning female body ideal that is unrealistic, mythical, and virtually unattainable for most women. The implicit messages are nevertheless being internalized as cultural values that in turn foster the acquisition of basic body image attitudes (i.e., investment in appearance and negative affect) which predispose women to construe and react to life events in particular ways (Cash & Pruzinksy, 2002). A case in point is a woman's strenuous effort, stemming from an obsession with her appearance, to achieve an unrealistic image by means of body-altering strategies such as excessive dieting, dangerous levels of exercising, and potentially deadly cosmetic surgeries. A study conducted by Heinberg and Thompson (1995) found that college-aged women who watched videotapes depicting images, and thus conveying messages, that underscored the importance of attractiveness generally demonstrated higher levels of depression, anger, weight dissatisfaction, and overall appearance dissatisfaction.

Interpersonal Processes. Various research studies suggest that interpersonal factors have a significant impact on the development of body image in everyday life (Cash & Pruzinsky, 2002). Not only is body image an integral socially constructed phenomenon, but it is reciprocally related to how people experience their interactions with others (Cash, Theriault, & Annis, 2004). Despite this knowledge, research has devoted limited attention to personally relevant interpersonal experiences. It is important, for example, to consider a woman's nuclear environment including her family, peers, and romantic partnerships.

Body image does not develop in a vacuum and is a lifelong process that is influenced by the significant others who play the most central roles at different

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times in women's lives. Research indicates that female development occurs in relationship to others, and that women undergo different stages and transitions which inevitably affect their body image as they navigate through their interpersonal worlds (Petersen, 2000). These stages can include the early bonds with a care-giver (e.g., mother, father, babysitter), sibling rivalry, connecting with peers at school or in the work place, entering the dating pool, or a marital union. In brief, the range of relationships a woman has with her family, friends and romantic partners influences her body image development.

Walsh (1993) discovered that the family functions as a formidable influence on identity, contributing to the development of the self and the formation of self-image, and acts as a group with shared belief systems and family paradigms. Through the lens of social learning theory, parents are seen as crucial agents in the development of body image through modelling, feedback, and instruction (Cash & Pruzinsky, 2002). Peers influence women's body image by acting as "transmitters of the thin-ideal message" (Shomaker & Furman, 2007, p. 872), and close friends can create a specific culture with shared norms and expectations regarding appearance. In the area of romantic relationships, Cash et al. (2004) suggest that body image is related to how individuals experience their romantic relationships. For example, both young and middle-aged women's body esteem was found to be positively related to their perceptions of their partner's approval of their appearance. These authors suggest that this stems from women's belief that the success of their relationships with men is strongly influenced by their own physical appearance.

Objectification Theory. Immanuel Kant argued that objectification involves the lowering of a person – a being with humanity – to the status of an object. Citing Kant's *Lectures on Ethics* (1775-1780), Gray, Knobe, Sheskin, Bloom, and Barrett (2011) state that, "Sexual love makes of the loved person an object of appetite; as soon as that appetite has been stilled, the person is cast aside as one casts away a lemon which has been sucked dry" (p. 163). Essentially, objects of sexual desire are seen only as a means to achieve satisfaction. Kant's viewpoints have been adopted by feminist scholars who make the case that objects of sexual desire are seen as mindless physical objects. The *objectification of women* is thus a both morally and socio-politically problematic phenomenon.

It has been well-documented that women tend to be objectified more than men, as women's bodies tend more often to be looked at, evaluated, and sexualized (Fredrickson & Roberts, 1997; Wiederman & Hurst, 1998). Fredrickson and Roberts (1997) posited that women react to societal objectification by adopting an observer's perspective on their own bodies – a process termed *self-objectification* – and link their self-worth to their appearance. Self-objectification occurs when a person privileges her or his physical attractiveness over non-observable bodily attributes such as subjective feelings of physical competence and health. In terms of objectification theory, a culture that objectifies the female body presents women with a multitude of social situations that increase self-objectification; the continuous stream of anxiety-provoking experiences requires them to maintain an almost chronic vigilance in respect of their physical appearance.

Women's bodies are also associated with objects separate from themselves, such as a woman's breasts being referred to as "melons". Bartky (1990) has identified this as sexual objectification, noting that "a woman's body, body parts, or sexual functions are separated out from her person, reduced to the status of instruments, or regarded as if they were capable of representing her" (p. 175). Bartky (1990), borrowing a term from Marx's theory of alienation, referred to this reductionism as *fragmentation* of a human person. A woman may also experience a kind of fragmentation or splintering into a number of parts as a result of being overly preoccupied with her appearance. Fredrickson and Roberts (1997) point out that the common thread amongst all forms of objectification is the "experience of being treated *as a body* (or collection of body parts) valued predominately for its use to (or consumption by) others" (p. 174).

In reviewing the literature on objectification theory, Fredrickson and Roberts (1997) provided an understanding of the experiential consequences of being female in a culture that sexually objectifies the female body. Studies suggest that women experience more shame than men and that the connection between shame and the body is deeply intertwined. The word "shame" derives from the Indo-European root *kam*/*kem* meaning "to cover" or "to hide", thus denoting the engendering of an intense desire to hide, to avoid the harsh gaze of others, or to disappear, most often accompanied by feelings of worthlessness and powerlessness. Darwin (1872; cited in Rodin, 1993) described shame as a strong desire for concealment. The experience of shame is also implicit in a preoccupation with scanning, monitoring and evaluating one's appearance. The mere idea of exposure to potential on-lookers, gazers, or the uneasiness of being evaluated by others, can create a sense of anxiety. Lewis (1992) stated that "shame disrupts ongoing activity as the self focuses completely on itself, and the result is a state of confusion: inability to think clearly, inability to talk, and inability to act" (p. 34).

Feminist Perspectives. For decades, feminist writers, theorists and researchers have expressed great interest in the societal and political interpretations of the troubled relationships that women have with their

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bodies (Dionne, Davis, Fox, & Gurevich, 1995). As Shildrick and Price (1999) state, "Feminism has long seen its own project as intimately connected to the body" (p. 4). Some feminist writers interpret the preference for thinness politically as a societal undermining of women's professional achievement and a reaffirmation of sex-role stereotypes. The body has served as a locus of control in women's lives (Cash & Pruzinsky, 2002), and women's normative discontent with their bodies is seen as a social phenomenon.

Feminist scholars have contended that cultural norms and expectations encourage girls and women to be attentive to and psychologically invested in their physical appearance, which can undermine their well-being and contribute to eating dysregulation, depression, and other psychological difficulties (Cash, Ancis, & Strachan, 1997). Mary Wollstonecraft (1792), who is considered to be the founder of feminism, asserted that women's preoccupation with appearance was due to impoverished education, domestic subjugation, and vain pursuits toward which women were directed by their culture. The feminist perspective reaffirms the declaration that a woman's self-worth, ability, and livelihood are not centred on her physical appearance.

Peterson, Grippo, and Tantleff-Dunn (2008) proposed that acquiring a feminist identity should protect women from negative feelings about their bodies, given that feminist women are more attuned to recognizing and resisting oppressive cultural messages. For example, women are encouraged to refute the message of the importance of thinness, question traditional societal and cultural roles, and develop more empowering self-definitions based on other attributes such as their intelligence or creativity. Feminist ideology thus emphasizes that a woman's self-worth should not be determined by her physical appearance.

Proponents assert the need for interventions that deviate from focusing mainly on symptom reduction and instead facilitate women's positive and healthy development through self-empowerment. Peterson et al. (2008) posit that feelings of powerlessness may lead a woman to rely on external evaluations of her body as well as to control her eating behaviours. In contrast, feelings of empowerment may decrease the likelihood that a woman will internalize society's messages regarding attractiveness and hence develop schemas that highlight the importance of appearance. Overall, what is suggested is that feeling empowered in one's life may translate to reduced self-objectification and, in turn, to a decrease in negative evaluations of body image.

Life-course Perspective. The life-course perspective refers to a multidisciplinary paradigm for the study of people's lives over time. The professional literature virtually ignores bodily aging to the point where research on this topic seems to be taboo, and when researchers do focus on aging bodies, the emphasis is on the loss of function, illness, and disease (Gullette, 1997; Slevin, 2010). In attempting to better understand women's experiences in relation to their aging bodies, contemporary researchers have incorporated a life-course perspective into their study of body image.

The process of aging is accompanied by the accumulation of wisdom gained through life experiences and thus leads to an enhancement of personal growth. Tiggemann and Stevens (1999) found that, as women grow older, the experience and meaning of their bodies tends to change, and the importance of physical appearance, as opposed to satisfaction with it, diminishes with age. In particular, women in their 60s may begin to be viewed as "old" and are therefore beyond sexual objectification by others. In this way, aging may diminish self-objectification. Furthermore, functional aspects rather than physical aspects of the body, such as eye-sight and mobility, often become much more salient.

Tiggemann and Stevens (1999) concluded that the meaning of weight and appearance changed with age, so that, as women grow older and experience gains in occupational identity, financial independence, and other advances in their lives, physical appearance becomes less important and does not have a significant impact on their sense of worth or self-esteem. Banister (1999) conducted an ethnographic study of 11 midlife women (ages 40-53), the results of which suggest that, as women grow older, they experience a sense of loss with regard to their youthful physical appearance. More positively, however, the women in this study developed self-compassion and enhanced spirituality. The women reported significant changes in their self-definitions as a result of the developmental phase of midlife. The study demonstrated that the process of aging carries with it a sense of redefining identity by getting in touch with more deeply held values within.

Phenomenological Perspectives. The human body and body image have been viewed in different ways depending on the particular theoretical approach of the observer (i.e., psychoanalytic, physiological, post-modern, socio-political, existential-phenomenological, or neuropsychological). For decades, scientific psychology maintained "a strict division between body and mind, behaviour and experience", with the separation of the mind from its bodily connection ignoring the subjective aspects of that connection (Moss, 1989). Rather than considering the human body to be separate from mind and experience, phenomenological psychology offers a holistic viewpoint that looks at the human being as "a unity of body and mind, behaviour and situation" (Moss, 1989, p. 63).

A phenomenological view of body image was first

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outlined by Maurice Merleau-Ponty (1945/1962) who pointed to the pivotal role of perception in understanding human experience, and viewed "the body as the vehicle of being in the world" (p. 82). Merleau-Ponty in fact emphasized the body as the primary site for knowing the world. He claimed that the body and that which is perceived could not be disentangled from one another. He termed the individual's body, as it is lived and experienced, a *lived body* or *own body*. Merleau-Ponty proposed that the perception of the body occurred not at the level of reflective knowing, but at a prereflective level, which is considered to be the taken-for-granted realm in which humans act and experience prior to thinking about their action (Moss, 1989). In other words, before reflecting upon and knowing about our bodies, we live our bodies, consequently having an understanding of our bodies that allows us to move and act in the world without conscious thought. According to Merleau-Ponty's supposition:

> Human space is prereflective, which means that we move about in it, orient ourselves in it, experience it, and live it before even thinking about it. We falsify human action and experience when we treat them theoretically as if they occurred in and are determined by the objective physical setting. If we wish to comprehend an individual's actions, we must comprehend this space about the person – as he or she experiences it. (cited in Moss, 1989, p. 74)

The world and person are unified, each influencing the other, forming a unified dance, a union that is in constant motion. Regarding the environment and the person's experience, as one changes so does the other. In the truest sense, they co-constitute one another (Valle, King, & Halling, 1989).

While the body may be tangible, body image, as a sense of embodiment, is an elusive concept. An individual's experience of body image is limitless; it is a felt sense with no boundaries that is difficult to describe in words. The plethora of definitions of body image attests to this complexity, and debate remains ongoing as to whether body image is static or flexible in nature. In any case, body image as an experience is constantly in flux, being dependent on the influence exerted by many factors in one's current context, whether they be familial, sociocultural, religious, political, and/or relational. Elaine Scarry (cited in Marshall, 1996) succinctly elucidates the elusive and indefinable nature of bodily experience: "The less bodily experience is discussed, the harder it is for us to grasp the reality of others' experiences; the pains of torture, the extraordinary sensation of a contraction, an orgasm, all these 'flicker before the mind then disappear'" (p. 4).

Rationale for Current Research

Given the current societal situation, and in light of the theory and research that has been offered to date, the field of psychology stands to benefit from studies that investigate the lives of those women who are in the process of becoming less obsessed with their bodily appearance. While numerous studies have produced useful knowledge, body image research has tended to be narrowly focused and pathologizing. In this regard, Cash (2004) asserted that "The field must build upon yet transcend the narrow focus and capture the rich diversity of human experience of embodiment" (p. 2). The present study attempted to bridge this gap and give voice to women's own experience of living in their bodies in a culture that is harshly oppressive. In doing this research, my hope was to point to better ways in which to conceptualize the problem of, and implications for working clinically with, women who would like to become less obsessed with their bodily appearance, thereby placing less value on their physical appearance as a measure of their self-worth.

The multifaceted nature of body image lends itself to being explored from an existential-phenomenological perspective. In phenomenological research, according to Merleau-Ponty (cited in Moss, 1989), the person is considered an embodied "being in the world" (p. 63). This means that human action and human experience are not regarded as split and studied independently of each other. Examining the experience of body image from a holistic perspective entails looking at the human being as a unity of body, mind, behaviour, and situation (Moss, 1989). This approach informed my decision to gather personal descriptions of women's experiences that would include the essential context in which a women's body image develops.

This investigation went beyond the objective nature and goal of most clinical studies. My beginning premise was that the essential constituents that would be uncovered in the analysis of the participants' narratives would provide a deeper insight into the experience under investigation, subjective experience being fundamental to understanding the part played by the perception of body image in the psychology of women. I anticipated that the strategies derived from the findings would be useful in helping others to pursue a healthier and more balanced relationship with their own bodies. In this regard, practitioners or mental health professionals who find themselves working with individuals struggling with acceptance of their body image, or with individuals who have a desire to be more identified with other aspects of their being, would find this study helpful. The findings would then serve as a reference guide for clinicians working with clients who would like to be more accepting of, or less obsessed with, their bodily appearance, provide some relief for those individuals

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who continue to be obsessed with their physical appearance, and offer insight into clients' own lives that would come from hearing the experiences of others, perhaps giving them some reassurance that they are not the only ones struggling and working to accept their bodies.

Research Methodology and Design

The methodological approach of phenomenological psychology seeks to capture lived human experience (van Manen, 1984) and aims to explicate the essence, structure or form of that experience as revealed through descriptive and self-reflective techniques. Phenomenological psychology seeks to disclose the deeper meaning structure of experience rather than only describing its more surface and factual form. The methodology relies on the perspective that reality is co-created by the individual and the world that the individual is living in and interacting with. This dialogue is the basis of "lived experience", the realm of human experience that includes behaviour, body, situation, and the unity of body and mind. Furthermore, phenomenology presents the idea of the lived body, providing a perspective on how each of us as human beings live our body as an embodied being-in-the-world (Moss, 1989). According to Polkinghorne (1989), "The locus of phenomenological research is human experience, and it approaches topics of interest to psychology through their presence in conscious awareness" (p. 45). Phenomenological psychology aims to arrive at a deeper understanding of the nature or meaning of our everyday experiences by revealing the prereflective structure or essence of that experience, and hence by asking "How does meaning present itself to experience?" (p. 45).

Given that phenomenological research attempts to bring life to human experiences, its approach is ideally and logically suited to the present study. By its nature, phenomenology transcends the obvious and taken-for-granted, attempting to uncover deeper realities and elucidate the essence of human experience.

Seven women participated as co-researchers in this study. In phenomenological research, the terms co-researcher, research partner or co-participant are often used to acknowledge that the researcher and participant are both essential to the research process. As Polkinghorne (1989) noted, "People are not to be treated as experimental objects for the use of the researcher; the role and responsibility of the participants is to share their experiences with the researcher" (p. 47).

Data Analysis

The phenomenological analysis of the descriptive data was based on the suggestions and methods offered by Colaizzi (1978), Giorgi and Giorgi (2003), Polkinghorne (1989), and van Kaam (1966), and proceeded with the process of containing biased interpretation of the data by bracketing preconceived assumptions and expectations. The explication of the data unfolded in the following sequence: (a) to gain familiarity with the narrative flow, the written protocols were each read through to get a felt sense of the whole without making interpretations at this stage; (b) with the bracketing process continuing, the descriptions were then delineated into meaning units; (c) the meaning units were then translated into psychological language representing condensed expressions of meaning; (d) the aggregated meanings were condensed into clusters of themes and labelled; (e) using imaginative variation, elements comprising the essence of the phenomenon were identified, with the clusters of themes then being synthesized into a single theme; and (f) an integrated description of the essential elements that identified the focal experience was developed. Details of the analysis can be found in Kirby (2014).

Results

The analysis revealed the following seven constituent themes describing women's experience of becoming less obsessed with their bodily appearance:

1. Feeling an initial rejection of one's bodily appearance

The first theme involves a feeling of initial rejection of one's bodily appearance, including feeling horrified, disgusted, and confused. Although the rejection manifested in different ways – self-rejection, feelings of disgust toward one's physical appearance and or personal being, feeling foreign or out of place in one's body, and perceived rejection from others and the larger society – the paramount experience was the feeling of rejection of oneself. The words that the women used to describe their bodies seem to reflect an experience that overrides all clarity, compassion and self-love, leaving these women feeling defective and rejected. Statements included:

> "*I think I got stuck sometimes thinking thinness was a known standard that I was not meeting, which made me feel defective*."

> "*I had internalized my body being disgusting … which made me reject anything that was positive about my body*."

> "*I cried when my hair was chopped off! … A feeling of heaviness came upon me …I felt naked and ugly*."

> "*I was a failure and I was a mess not because of my brain or my intentions. I was a disaster*

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because of the way I looked and the way I wore clothes; I believed I was not a normal girl."

"*I remember not ever feeling ok to wear shorts because I thought I was too fat. … I've struggled with feeling comfortable with my body*."

2. *Feeling the need to understand how one came to be obsessed with one's bodily appearance*

A second theme involves the need to understand how one became obsessed with bodily appearance. The women in the present study expressed a desire to unearth or expose the aetiology of how they came to be obsessed in the first place. In the process, it became apparent that they had reviewed their lives, particularly the earlier years, seeking to uncover answers and remnants to help them understand the nature of their obsession. Evident were periods for each of doubting and questioning herself and taking a personal inventory of past encounters, situations (specific or general) and circumstances that played a role in the obsession. The women went back to describe segments of their lives – for example, 5-10 years of age, the teenage years, early adulthood – and then advanced to the present time. The aspect of time and chronology appeared to be specific, as the need/ desire to understand one's obsession emerged as the most descriptive constituent theme.

It appears that needing to know how one became obsessed is a necessary part of the process of moving beyond it. This revealing process appears to allow one to have further awareness and knowledge of where one has been with the hope of reshaping one's future. One participant stated: "*Understanding how I became obsessed with my bodily appearance was important to reduce my shame*."

3. *Feeling more content*

A third theme is feeling more content with oneself. This is accompanied by feelings of confidence, accomplishment, "bravado" (implying bravery or boldness), and hope with regard to one's future. One of the women said that, as she "enters back into her body", a sense of increasing confidence and bravery is gained in the process. As she becomes more comfortable with her inner self or being, she starts to feel more content with her physical body. Another co-participant noted, "*I feel my personal happiness within has changed how I feel on the outside*."

Feelings of accomplishment arise from overcoming struggles and battles that affect one's body image, such as with an eating disorder. Statements included:

"*I'm hopeful though, and I'm proud of how far I've come*."

"*I definitely could lose more weight, but I am feeling more content with my body and who I am. I feel if you are happy within yourself, you are happy on the outside*."

"*I've made a lot of progress and feel better about myself now than I ever have in my life*."

"*Over the years, I've become much more comfortable in my own skin*."

4. *Feeling accepting toward oneself and from others*

During the process of becoming less obsessed with her bodily appearance, a woman feels accepted by others and/or possesses an accepting attitude toward her own self. This feeling may be part of accepting that one is addicted; one co-participant said, "*I know that I am an addict. I know that only I can control that addiction*." Co-participants expressed a feeling of acceptance for what lies in front of them; they were able to see things for what they really are, to face subjective or objective realities, and ultimately to accept their physical forms.

Acknowledging or perceiving that others have accepted her comforts a woman. For example, feeling accepted by a spouse or loved one was important to one co-participant who said, "*I know I'm not perfect, but I also know perfect is in the eye of the beholder. If you ask my husband, he would say I'm perfect just the way I am … and I choose to believe that, of course*." The "wonderful messages" that are received from loved ones in the present can feel more real and genuine than other messages received in the past. Another co-participant expressed it this way: "*I started trying to see myself through her eyes, which was hard but also ended up being really affirming*."

In addition, acceptance comes in the form of self-affirmations and self-care. As a woman uses self-affirmations and self-care strategies in her daily practice, she seems to develop an increasing self-acceptance. It appears that these women valued themselves enough to start engaging in self-care practices in the first place. It is quite possible, however, that a woman may value herself before she gains a significant degree of self-acceptance.

Examples of such self-affirming practices include the reframing of negative thought patterns, gaining a support system (e.g., family, friends), practising prayer or mindfulness, and having compassion for oneself. The emergence of self-care practices opens the door to a more affirming, healthier self-talk and a gentler inner voice – "a recapturing of an inner goddess". As one co-participant put it:

I've become a good friend to myself. My inter-

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nal chatter and self-loathing script has almost faded away. It has been replaced with my truth and my identity, and I learn now to sit with my mistakes, missteps, and self-judgment. I breathe it away. I pray. I reflect on my blessings and remind myself to play, dance, and smile.

5. *Recognizing that external factors have a psychological impact on one's relationship with one's body image*

Co-participants also recognized that external factors have a psychological impact on their relationship with their body image. These external factors included the early influences of a mother's critical eye, a critiquing gaze from a stranger, an unfriendly comment from a friend, the negative remarks made by a spouse or significant other, and the demands from sociocultural systems (e.g., school, religion, family environment) or society in general. Their close relationships with friends, family and significant partners have a powerful impact on how women view themselves and others in the world, with both far-reaching and long-lasting effects on them in either positive or negative ways.

Specifically, from the experiences shared by the co-participants, a mother's critical reaction, whether verbally or nonverbally, toward her daughter's physical appearance, can significantly influence the way she views her body. As one co-participant shared:

> *I was somewhat pudgy, but I was not aware of or bothered by it. However, my mother was. She has always, as long as I can remember, been a health food and health conscious person … . Well she didn't think my weight was healthy so she put me on the Herbalife diet by the time I was in high school. I lost 30 pounds on that diet, but I resented having to be on that diet*.

Another co-participant had a similar experience: "*My mother spoke constantly of my big feet, funny walk, my stringy hair, my disgusting posture, and I bought into her opinions because, well, because she was my mother and mothers in those days were always right*." These are two examples of how a mother's critical message influenced her daughter's self-image. The adult who is reflecting back on these times as a young girl is left with remnants of memories of rejection and resentment. A third woman spoke of her experience at a private school where the nuns inspected and rejected her appearance, which then influenced her mother's decision to cut her hair. This new hairstyle was disruptive for a young girl who later realized that it was done by those who were attempting to conform to the standards and ideals of the culture.

Conversely, a positive comment made by a significant partner can have beneficial and even healing effects for a woman struggling with body image. One co-participant stated, "*She gave me wonderful messages that felt more real than those other things I had read in the past. ... I started to see myself through her eyes, which was hard but also ended up being really affirming*."

6. *Subjecting oneself initially to maladaptive, compensatory behaviours of coping with the internal turmoil*

Women in the process of becoming less obsessed with their bodily appearance may initially endure periods of self-defeating behaviours, possibly as a way to cope with the internal turmoil elicited by the obsession. Examples are self-punishment through over-restrictive dieting, deprivation of nourishment, starvation, extreme exercise and workout routines, wearing extremely restrictive clothing, and addictive eating habits that can lead to eating disorders. As one co-participant noted, "*My exercise became almost obsessive as I was spending 3 hours at the gym daily. Every calorie was counted, every morsel weighed. The eating habits became extreme and the body stores depleted*." Another stated that "*I have struggled with feeling comfortable with my body and have gone through extreme workout phases along with different diets*." A third co-participant shared her experience with calorie restriction:

> *I did serious calorie restriction as a young adult, which worked to help me drop pounds, but I was also hurting my organs. This went as far as having chest pains, at which point I knew I couldn't keep it up anymore. I needed a healthier way to be satisfied with myself*.

One woman courageously revealed her candid story about her struggles with food, the tumultuous relationship with her mother, and what ultimately led to a severe and undiagnosed eating disorder. The resentment toward her mother and the internal pain turned into self-punishment, and food was the means. A concealment of maladaptive behaviours ensued due to the overwhelming feelings:

> *It was in high school that I realized that I could punish my mother by not eating her food … . Now food stopped being a means to satisfy hunger. It was a weapon I could use to punish my mother; it was reward and a consolation. ... Overwhelmed with guilt and fear, I would starve myself for another two weeks*.

These women may also engage in compensatory behaviours to alter their physical appearance. In one woman's case, for instance, buying certain clothing in order to appear more "voluptuous" in the opinions of

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others was a compensatory behaviour. Another stated:

> *I think I compensated in other ways, like doing fun things with my hair (shaving it off or other punk styles), wearing clothes that were intentionally not trendy, and getting tattoos (starting at 16) that made me more excited about the skin I was inhabiting*.

7. *Encountering a force greater than oneself brings a shift in one's value and belief system*

Encountering a force greater than oneself, foreseen or unforeseen, brings a shift in one's perspectives and system of values and beliefs. A paramount aspect is the desire to obtain healthfulness and a sense of overall well-being. A medical diagnosis (e.g., diabetes or food allergies), experiencing severe pain, enduring somatic ailments, and facing imminent death may prompt an awareness to pay closer attention to one's health and what enters one's body. As one woman stated, "*But then I realized I was dying. I needed to stop obsessing about my body and about food. I needed to make a happy life*."

The discovery that she is bearing life also creates a shift in perspective, personal beliefs, and values. One co-participant proclaimed, "*Reality came at me like a freight train when I got pregnant*." This initially overwhelming and frightening situation soon developed into a recognition of her "self-absorption". She began working on "*becoming a better person, mother, daughter, friend, and as a result becoming a more beautiful person in and out*." Another co-participant – a conscientious mother-to-be who, at the time of the study, was months away from giving birth to her baby girl – commented poignantly:

> *I have a baby girl on the way and it's important to me that I send the right message. I want her to know that beauty really is from the inside out. Being perfect and beautiful is really a feeling that cannot be measured by others' perception of us*.

A medical diagnosis can turn one's life into a battle for survival. Being faced with a dire situation requires a shift in lifestyle, greatly altering one's life. One woman said, "*When I changed my eating habits after finding out I had diabetes, the weight came off easily. I began exercising and taking my health more seriously*." Enduring painful somatic symptoms and the later discovery of a food allergy prompted another woman's journey of reconnecting with her body. This process required self-reflection, education, support, and the capacity to honestly assess the current situation (e.g., what was in her food cabinet), thus enabling her to make the changes necessary not only to survive, but to live. She stated, "*My concentration now is to get back into healthy shape and to have more stamina for doing the adventure of life*."

Summary and Discussion

Based on these findings, there appears to be an initial feeling of rejection of one's body. A woman may feel defective, disgusting, a physical mess, foreign in her body, dirty, and ugly, and may harbour a need to understand how she came to be obsessed with her bodily appearance. A question arises – how and why do I feel this way? This appears to be related to Constituent 5, the recognition that external factors have a psychological impact on the relationship with one's body. External factors such as the media, culture, societal standards and interpersonal relationships can all be a trigger for a woman to harbour feelings of rejection toward herself. There is a recognition that these external factors impact both negatively and positively on a woman's emotional health and stability, as well as on how she views her body. As a way to cope with the internal turmoil, a woman may initially subject herself to maladaptive, compensatory behaviours such as extreme dieting, excessive exercise, depriving the body of nutrients, isolation, body-altering strategies, and disordered eating habits. It appears that these are all efforts to "make things better", to obtain homeostasis, to find a balance, to be accepted or loved, to cope with the emotional turmoil, or to respond to a critical family environment. Finally, encountering an event or a force greater than oneself – such as pregnancy, imminent death, or a serious medical diagnosis – brings about a shift in her value and belief system. This shift allows the woman to feel more content with her inner self and physical body, and to be more accepting toward herself as well as more open to experiencing being accepted by others.

In relation to the existing literature, it has been demonstrated that print media and television affect how individuals feel about their bodies (Thompson & Heinberg, 1999). A few of the women in this study specifically identified the media as threatening their self-worth, thereby affecting how they viewed their bodies. The pervasiveness of the media's unrealistic images results in increased concern with physical appearance, a factor echoed in the words of the co-participants. Some of the women experienced recurring struggles with emotional turmoil (e.g., resentment, anger, anxiety, self-doubt, and low self-esteem) and had difficulties connecting with their bodies to the extent that their physical well-being was affected. This disconnect with their bodies and possible lack of awareness of their physical health manifested as food allergies, medical ailments, and other somatic symptoms. This finding aligns with another model, the feminist perspective, which proposes that being overly concerned with outward appearance can thwart

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or detract from other areas of one's life. That is to say, being overly concerned with one's outward, physical appearance can impede the intuitive connection with one's body and the ability to be in-tune with the body's signals and warning signs of ill health.

The present study illuminated some gaps in the field literature in the area of interpersonal processes, in particular in respect of the finding that interpersonal relationships with family, peers and significant others play a significant role in a woman's experience of becoming less obsessed with her bodily appearance. These findings accord with Cash and Pruzinsky's (2002) speculation that, while children are likely to be influenced by the behaviours of their parents, adults are more likely to be influenced by the behaviours of their friends and romantic partners. This seemed to be the case for the women in this study, as they were influenced by interpersonal relationships in both negative and positive ways. Over half of the women revealed that their mothers had exerted a particular influence on their body image at an early age. Prior research indicates that young females yearn to have a connection with their mothers and are influenced by their mother's values and lifestyles (Choate, 2007; Haworth-Hoeppner, 2000). Interpersonal relationships such as those with a supportive spouse, friend or significant other can nevertheless greatly enhance a woman's self-esteem, serving to combat self-devaluing internalized messages. Essentially, a woman is able to rewrite her script through positive interactions with another person, much like a corrective experience in psychodynamic terms.

The process of self-objectification has been found to have negative psychological and emotional effects on women such as prolonged anxiety (due to chronic vigilance and monitoring of the body), shame, fear, embarrassment, self-disgust, and an undermining of self-confidence (Fredrickson & Roberts, 1997). The women in this study experienced many, if not all, of the negative emotional states elicited by self-objectification. One woman described how she felt "*angry, frustrated, and sad*" about the way women are objectified, stating, "*It was almost impossible to do anything about the damaging internalized messages*." It is a common experience for women to feel hopeless and powerless in the face of the media's onslaught of messages perpetuating the thin-ideal. A commonality between the position of Fredrickson and Roberts (1997) and the findings of the present study was that women often link their self-worth to their appearance, believing that self-esteem, success, and personal worth hinges on physical appearance.

Murnen and Smolak (2009) argued that women are wasting precious energy striving for an impossible goal. This striving can manifest as extreme workouts, restrictive diets, endless beauty regimes, concealing certain body parts, and harmful experimentation. Constituent 6, subjecting oneself initially to maladaptive, compensatory behaviours as ways of coping with the internal turmoil, best relates to this feminist notion. Although the women in this study did engage in various forms of maladaptive behaviours such as restrictive dieting and strenuous workout routines, are there in fact grounds to see this as a waste of precious energy? Perhaps this striving is in fact a necessary process that has to be endured in order finally to perceive the endless cycle and futile nature of self-induced exhaustion that comes from pushing the body to extreme limits. One can only wonder if the women in this study would see these efforts as a waste of energy, or if they would perceive the time spent in such efforts as having some value, as an important part of their process of becoming less obsessed with their bodily appearance.

Peterson et al. (2008) have shown that feelings of empowerment may decrease a woman's likelihood of internalizing society's messages about beauty and developing schemas that highlight the importance of appearance. Self-empowerment has also been said to help in reducing self-objectification and body image disturbances in women. This notion was supported by the findings of this study, in that the women who reported feeling stronger, having a sense of increased confidence, and feeling more powerful, were found to be more critical toward the media's messages. One co-participant described her journey from self-judgment to self-acceptance as one that comprised self-compassion and empowering self-talk. She called this compassionate side her "friendly soothing voice" in that it was a more "patient and kinder inner voice" that was speaking back to her.

The women in this study described the experience of becoming less obsessed with their bodily appearance as a process that is enduring and everlasting. This was a finding that relates to the concept of aging and the life-course perspective. As women develop a firm occupational identity and make advances in other areas of their lives in the course of growing older, physical appearance becomes less important and has a minimal effect on their sense of self-worth. This corresponds to Constituent 7, that relates to women experiencing a force greater than themselves in the form of pregnancy, imminent death, and various medical illnesses. These events, perhaps along with the process of maturation, created a shift in their values, perspectives, and beliefs. This shift allowed these women to view not only their physical bodies, but also society at large, differently.

Clinical Implications and Suggestions for Future Research

Being obsessed with one's physical appearance leads

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women astray; essentially, they are left pointed in the wrong direction. While a woman is so consumed by her looks, she actually becomes more disconnected from her body's signals and warning signs, and the subtle language the body speaks. This disconnection has also been linked to many disturbances such as childhood and sexual trauma, depression and existential crisis. Being obsessed with her physical appearance leaves a woman feeling bewildered and perplexed, finding herself in the process of rejecting her body rather than being curious, prideful, and interested in its remarkable capabilities.

How might we approach this unfortunate situation? Providing a platform to help a woman emerge from her denial would be essential. It is thus important for clinicians to acknowledge the disconnection the woman has with her body and how awareness of this predicament is a powerful first step in addressing this issue. Allowing a woman to narrate her story through self-reflection inevitably creates an unfolding process to experience and release various emotions. Even though these emotions may be difficult or seem intolerable, they can be managed in a therapeutic way with a trusted clinician. It is important for clinicians to be attendant to the various maladaptive, compensatory behaviours that women may engage in to cope with their internal turmoil. A woman who is engaging in behaviours such as extreme dieting, starvation, intense workouts, and dangerous experimentation with her body, may be experiencing bodily distress that is grounds for real concern. These items could form the basis of an eating disorders assessment or risk-taking behaviour profile. The experiences of the women in this study – which include extreme deprivation of nourishment, starvation, extreme workout routines, wearing certain clothing, and engaging in addictive eating habits conducive to developing eating disorders – highlight the potential damage that may result from this way of being. Other potentially beneficial therapeutic interventions may include group psychotherapy, psychoeducation, and media literacy, as well as encouraging women to engage with a supportive community.

Further research might investigate the same focal experience with an adolescent population as well as with a larger sample of women comprised of mixed races, ethnicities, and different gender identification (e.g., self-identified feminist, lesbian, bisexual, queer). One might employ a cross-cultural perspective to compare women across cultures in an effort to reveal cultural differences and commonalities, or to identify distinctions between specific populations in relation to this experience. In respect of gender identification, prior research has neglected the lesbian and queer population as it relates to this particular issue. The current research indicates that identified feminist women have a lesser chance of experiencing body dissatisfaction. Further investigation of this finding would, however, be valuable. Lastly, a further avenue of research would be to study the male population using a similar premise and methodology in order to see in what ways similar experiences arise for men.

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