

BODY IMAGE IN MIDDLE-AGED MORMON WOMEN:
A COMPARATIVE CASE STUDY

by

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ABSTRACT

Body image is a multifaceted construct developed from perceived experiences and personal and cultural attitudes towards the body. Women are more vulnerable than men to internal and external influences regarding negative body image.

A qualitative comparative case study design was utilized to explore how 10 lifelong, middle-aged LDS women, either married ($n=5$) with children or single, never married ($n=5$), experienced body image through their perceptions of religiosity and spirituality. The participants lived along the Wasatch Front in Utah and were recruited through known LDS gatekeepers. Each participant completed three in-person interviews and three audio or paper journals, which were transcribed and analyzed for themes.

The main themes included the influence of the birth and/or marriage family, the constant comparison between three theoretical ideals and reality, choice vs. chosen relating to marital status, and spirituality. Fathers and brothers were especially important in teaching an acceptable body appearance, while mothers tended to teach verbal and physical behaviors associated with body appearance. The spouses of four participants were positive influences of body image but one participant experienced profound negative influences. For all ten participants, marital status was both an act of choosing to be in a particular marriage status and being chosen, or not, by a spouse. The majority of the single participants struggled with not being chosen for marriage and did not have a moderating influence of a spouse, like the married participants, for their body image.

Both groups expressed more happiness when they chose to be in their marital status group instead of relying on a spouse to choose them. The participants constantly compared their perceived reality to three theoretical ideals: God's teachings, the LDS Church's organization and culture, and the influence of the world. Spiritually or a connection to God was a positive influence and moderating factor for body image perception for each participant. Implications of these findings, limitations, and directions for health educators, resilience, and spiritual research are discussed.

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CHAPTER 1

INTRODUCTION

Body image represents a multifaceted, complex construct that is influenced by the processes of time, experience, and maturation (Cash & Pruzinsky, 2002). Body image has been defined as the cognitions and affect regarding body, body importance, dieting behavior, and perceptual body image (Bainfield & McCabe, 2002). This definition suggests that body image is a combination of how an individual pictures or perceives their physical self and how they feel about their body. Meta-analytic reviews (e.g., Feingold & Mazzella, 1998) indicate that women are more dissatisfied with their bodies than men. From 1966 to 1996, women's attitudes toward their bodies became increasingly negative (Sondhaus, Kurtz, & Strube, 2001). Cash and Henry (1995) have shown that 63% of American women are dissatisfied with their weight, and 49% are preoccupied with being overweight. McLaren and Kuh (2004) found in a national sample of women over 54 years of age that nearly 80% were dissatisfied with their weight. Being dissatisfied and preoccupied with the body or appearance can influence behavioral choices (e.g., dieting). Utilizing the 2003 Behavioral Risk Factor Surveillance System (BRFSS) data, it was found that for 18-24 year olds, 18.5% of normal weight, 45.5% of overweight, and 67.2% of obese respondents were trying to lose weight and 78.5% of all respondents ate fewer than 5 fruits and vegetables. One suggestion is that women usually

“hold more stringent standards for their bodies than do men” (Mendelson, White, & Mendelson, 1997, p. 2) and could be at higher risk for body image disturbances (Wertheim, Paxton, & Blaney, 2004). It is also possible that women are targeted with media (Grabe, Ward, & Hyde, 2008) and social pressures (Thompson & Stice, 2001) that possibly facilitate the objectification of women (Fredrickson & Roberts, 1997). Wertheim, Paxton, and Blaney (2004) suggested disturbances to body image are affected by at least five interrelated risk factors: biological, sociocultural influences, developmental, life events, and individual.

Perceptions of body image are influenced by sensory input, cognitions, affect, and other variables and may lead to body dissatisfaction, including overestimation of body size (Farrell, Lee, & Shafran, 2005). A study of severely obese gastric bypass patients illustrated that overestimation can take place in different populations (Masheb, Grilo, Burke-Martindale, & Rothschild, 2006). Body dissatisfaction, in the form of overestimation, may not be synonymous with a clinically diagnosed eating disorder; however, the emotional and physiological costs can be significant and long-lasting.

Changes associated with physiologic, mental, and emotional development influence perceptions of body image. Thompson, Covert, Richards, Johnson, and Cattarin (1995) found childhood obesity combined with teasing led to appearance and weight dissatisfaction. It is possible that children carry these emotional scars into adulthood. College men and women exhibited a component of body dissatisfaction when describing how their actual weight did not reach a desirable ideal weight (Fallon & Rosin, 1985). This continual readjustment can continue throughout the lifecycle because of the emotions associated with dissonance between actual and perceived body image.

This dissonance may be connected to continual body reassessment and, ultimately, lead to negative health behaviors (Thompson et al., 1995).

Fleming et al. (2006) qualitatively studied the body image of Aboriginal women and stated that the predominate themes regarding body image among these women were the conflicting cultures or individual beliefs that may be different than dominant cultural beliefs, the need to belong, the beauty of difference, the journey to acceptance of the body, and that the body affects everything. Fleming concluded that “not only do the body and the related emotions affect how one feels overall, they can also influence one’s behavior and the choices that are made” (p. 529). This study illustrated that culture is connected to body image (Fontaine, 1991) and that “body-image experiences often mirror the cultural context” (Cash & Henry, 1995, p. 20). Fiji is an example of a geographical location going through a cultural shift. In traditional Fijian culture, a more robust body is desired. Television was made available in a Western part of Fiji in the mid-1990s. Three years after being exposed to the television programs and images, eating disorder indicators increased by 29.2 % and the rate of self induced vomiting went from 0 to 11.3% in Fijian teenagers (Becker, Burwell, Gilman, Herzog, & Hamburg, 2002). Becker (2004) illustrated these girls’ experiences. Their stories described a desire to be thin so they could be productive in society and at home. The body seemed to become a malleable way to fight for social position. Becker (2004) explains that this is a shift from traditional social standings. It is impossible to remove all of the other sociocultural aspects within Fiji at the time. However, both of these studies illustrate a cultural shift or readjustment taking place related to media and other sociocultural influences within Fiji.

This readjustment in defining the cultural ideal body can be studied in diverse settings, cultures, and individuals.

Banister (1999) reported significant changes in how women redefine themselves or create new self-definitions as a result of experiencing midlife. Body image is associated with a sense of loss, empty nest, and bodily changes (Ogle & Damhorst, 2005). Because the average woman gains approximately 5 to 10 pounds every 10 years, weight dissatisfaction is a likely outcome. McLaren and Kuh (2004) found that within a national sample of 54 year olds, 80% were dissatisfied with their weight and 54% of those with an acceptable BMI wished to lose weight. It was theorized that “women may experience dramatic and sometimes stressful changes during this life phase, these changes often serve as a conduit for meaningful self-reflection and personal growth” (p. 2) and that “participants redefined dominant cultural meaning structures for personal relevance, applying these new, personalized structures to interpret the bodily experiences of midlife” (Ogle & Damhorst, 2005, p. 14). Even with the physical changes that occur due to aging, it is possible to make healthy transitions (Kralik, Visentin, & Van Loon, 2006) and to adapt, learn, and grow from challenges.

A theoretical framework for understanding the process of adapting, learning, and growing during or following challenges is the Metatheory of Resilience and Resiliency (Richardson, 2002). Resiliency is defined as “the process and experience of being disrupted by change, opportunities, stressors, and adversity and, after some introspection, ultimately accessing gifts and strengths (resilience) to grow stronger through the disruption” (Waite & Richardson, 2004, p. 178). Richardson (2002) suggested that resilience is “a force within everyone that drives them to seek self-actualization, altruism,

wisdom, and harmony with a spiritual source of strength” (p. 313). This internal driving force may be a source of strength for women as they experience the disruptions associated with the physiological changes associated with middle age. Resilience theory also suggested that an individual can access and gain strength from a spiritual source of strength. Pert (1997) found that “physiology and emotions are inseparable” (p. 265), strengthening the concept that the mind, the brain, and the immune system are interconnected in a process called Psychoneuroimmunology (PNI). Because of this interconnection, it is possible that the resilient drives or resilience are experienced within and through the body. The body has the ability to impact the mind and the mind has the ability to impact the body (Pert, 1997). The body, as seen through resilience theory, is a valuable and interacting component with the mind.

Spirituality represents a connection between an individual and his/her source of spiritual strength (Chiu, Emblen, Van Hofwegen, Sawatzky, & Meyerhoff, 2004). The relationship between spirituality and health has been examined frequently (Bussing, Ostermann, & Matthiessen, 2005; Chiu et al., 2004; Powell, Shahabi, & Thoresen, 2003). A growth in spiritual health or well-being is positively correlated with healthier behaviors and attitudes along with improved body image satisfaction (Smith, Hardman, Richards, & Fischer, 2003). It is possible that the process of spirituality may have a positive effect on body image. The results of these studies are impacted by the concept of spirituality and how it is defined (Chiu et al., 2004). Thus, it is important to establish the idea that experiences of spirituality can occur within a specific religious setting or be distinctly different and separate from religion (McBrien, 2006). It is important to recognize that the

process of making health behavior choices can be congruent and reinforced by an individual's religious and spiritual beliefs.

It has been argued that the process of thinking or believing that something comes from God or that it is an expression of God's love, including the body, can be called or described as sanctifying that object (Pargament & Mahoney, 2005). Not all religions define sanctification in this way. Mahoney et al. (2005) found that college students, who believed that their bodies were holy or an instrument from God, tended to participate in certain health promoting behaviors. There were connections between spiritual beliefs about the body and the general lifestyle behaviors of wearing seat belts, eating healthy, appropriate sleep, not overworking, taking vitamins, and an appreciation or satisfaction with general physical appearance. Interestingly, there was not a connection between body sanctification and maintaining a specific personal appearance, suggesting the possibility that religious doctrines discourage vanity and excessive self grooming. Sanctification can serve as a motivation for improved personal hygiene showing self-respect and, possibly, respect for their spiritual source of strength. Marks (2005) suggested that religious teachings and how they are incorporated into daily living may have a positive effect on health and body image; however, he warned that not all religious activity teaching results in positive changes.

The purpose of this study was to explore body image experiences and spirituality among women who self-identify as members of the Church of Jesus Christ of Latter-day Saints (LDS or Mormon). The LDS Church headquarters have been in Salt Lake City, Utah since the mid-1800s. The surrounding areas have a high concentration of members who have lived their entire lives in this region and have been raised with these religious

teachings. The LDS religion was a natural choice for an intact group of women to study for several reasons. Firstly, the LDS church has adopted and implemented a code of health called the “Word of Wisdom” (Appendix C). This code of conduct is taught and remains consistent across congregations throughout the entire LDS church. Key recommendations of this code include avoiding destructive or harmful substances and utilizing healthy sources of nutrition (Packer, 1996). The underlying principle for this code is that the body is a wonderful gift and should be treated with respect and reverence (Holland, 2005; Tanner, 2005). The stated promises of living the Word of Wisdom are physical, emotional, cognitive, and spiritual in nature. Each individual has a different lived experience when implementing and applying the teachings found in the Word of Wisdom.

Because many middle-aged LDS women grew up within the LDS Church and culture, which values resilience, spiritual experiences, the body, and marriage and children, LDS women, both single and married, are wonderful resources to examine the relationship between culture, religious teachings, and lived experiences of body image. This study specifically explores the experiences of 5 married and 5 single LDS middle-aged women.

Purpose of the Study

The purpose of this study was to explore how LDS women, aged 40-55 years, either married with children or single (never married), experienced body image. Specifically, how do their perceptions of religion, religiosity, and spirituality influence their body image?

Research Questions

This study investigated how middle-aged LDS women experience body image within the lived experience of either married with children or single, never married. Secondly, we explored how individual religiosity and spirituality influences a person's body image. The following were the guiding research questions:

- How do middle-aged LDS women experience body image?
- How does the body image of married women with children compare to single women?
- How do spirituality and religiosity interact with body image?

Significance of the Study

This study expands the knowledge and understanding of health professionals in several ways. First, results from this study may illustrate how body image is related to spirituality, religiosity, and resilience. By understanding the possible relationship between spirituality and body image, interventions can be designed to improve or strengthen the protective factors and resilient drives that positively influence body image perception and healthy behaviors. In addition, by recognizing and having the language to discuss the internal drives or resilience of an individual, a practitioner may be better equipped to help individuals access their own innate resilience (or strength), increasing the likelihood of adopting healthy lifestyle behaviors. Finally, this study could illuminate a better way of culturally tailoring health education approaches (Spangler & Queiroz, 2009), potentially influencing the way behavior change programs will be developed and implemented that are specific to this population.

Assumptions

Personal and professional experiences have influenced my assumptions. The following list is representative of the assumptions that I, as the primary investigator, brought to this study:

1. Spirituality is an individual experience that is positive, associated with wisdom and harmony.
2. The participants in this study were able and willing to convey or describe spiritual experiences.
3. Participants were able to describe experiences related to religiosity.
4. The women communicated their experiences, ideas, and impressions in an honest, open, and truthful way.
5. I was able to identify with and relate to cultural aspects within the community.
6. My teaching background helped me formulate follow-up or probing questions that facilitated the discussion of lived experiences.
7. I was able to access and ethically interact with the participants in this study.
8. The research process was beneficial for the participants and me.

Definition of Terms

This study utilized and combined many different constructs, philosophies, and terms. The following list of definitions was included to ensure an understanding of how each term was used throughout this study.

Body Image “consists of two components. First is a physical component, which represents a given bodily feature or movement Second, there is a psychological

meaning which reflects a feeling, thought, or personal quality expressed by each particular bodily feature or action” (Stokes & Frederick-Recascino, 2003, p. 18).

Middle-aged for this study was defined as 40-55 years old. This is derived from a combination of studies that have utilized differing age groups to examine midlife concerns, 40-53 years old (Banister, 1999), 40-45 years old (Ogle & Damhorst, 2005), 50 years old (Casey, Dwyer, Coleman, Gardner, & Valadian, 1991), and 54 years old (McLaren & Kuh).

Mind-Body-Spirit connection describes the intertwining of the conscious and unconscious mind, all components of the physical body and the driving force or spirit. This combination could also be described by the word *soul*.

Religion can be defined as a belief in a higher power or value system that gives meaning to life and leads to the observance of rights, rituals, celebrations, and prayer (Meisenhelder & Chandler, 2000). These beliefs usually include a moral code of conduct that dictates personal activities including, but not limited to, church attendance, monies donated, and service rendered (Levin & Vanderpool, 1987).

Religiosity is associated with the level or degree to which someone implements or lives according to their religion or religious beliefs (Cornwall, Albrecht, Cunningham, & Pitcher, 1986; Levin & Vanderpool, 1987).

Resilience is defined as “a force within everyone that drives them to seek self-actualization, altruism, wisdom, and harmony with a spiritual source of strength” (Richardson, 2002, p. 313).

Resiliency is defined as “the process and experience of being disrupted by change, opportunities, stressors, and adversity and, after some introspection, ultimately accessing

gifts and strengths (resilience) to grow stronger through the disruption” (Waite & Richardson, p. 178).

Spirituality is inclusive of the components of an “existential reality, transcendence, connectedness, and power/force/energy” (Chiu et al., 2004, p. 409).

The Word of Wisdom is scripture and a code of conduct for LDS Church members requiring “strict obedience, in return it promises health, great treasures of knowledge” (p. 17), though it “does not promise you perfect health, but it teaches how to keep the body you were born with in the best condition and your mind alert to delicate spiritual promptings” (Packer, 1996, p. 18; Appendix C).

Summary

This introductory chapter provided an overview of body image, resilience, spirituality, religiosity, and why members of the LDS Church were chosen to participate in this study. In addition, research questions and the significance of this study were highlighted. The following chapters include a more thorough literature review of the associated constructs of body image, religiosity, spirituality, and the LDS population and a detailed description of the methodology, findings, and a discussion of the findings.

CHAPTER 2

LITERATURE REVIEW

Body Image

Body image is traditionally defined as a paradigm or construct including perceived visual images along with personal and cultural attitudes towards the body (Stewart, Williamson, Smeets, & Greenway, 2001). Body image is comprised of two components: physical and psychological (Stokes & Frederick-Recascino, 2003). The physical component includes the body as a corporeal structure that includes movement and sensation. The psychological component is the feelings, thoughts, and personalities that are expressed through the physical component. Because the body is both a physical and psychological phenomena, it could be best described as a perception of who and what we are and how our body relates to other perceptions, images, or attitudes about ourselves (Rodin, 1992).

Thus, an individual's body image is personal, individual, constructed, and changes over time. A person's sense or belief related to the body impacts global self-esteem (Strauman & Glenberg, 1994). Mendelson, White, and Mendelson (1997) found that how an individual feels about their body is more important than actual weight. In this way, they subdivided affective body image evaluation into appearance body esteem, weight body esteem, and attribution body esteem. Harter and Jackson (as cited in

Sondhaus et al., 2001) found that acceptance or approval of personal appearance is connected to one's self-worth as an adolescent and throughout adulthood.

Women and Body Image

Both genders are affected by social and cultural influences of what an attractive body should look like. Yet women are far more vulnerable to the internalization of external influence on body image (Burns, Tijhuis, & Seidell, 2001). There are many factors that affect the genders differently, including feeling pressure to have a specific look for mate selection and the media's depiction of the thin ideal and differing responses to aging. In recent years, these sociocultural pressures have gradually shifted to an increased pressure on men (Feingold & Mazzella, 1998). Markey, Markey, and Birch (2004) found that women were more dissatisfied with their bodies, while husbands were more satisfied with their wives' bodies. Additionally, women experience lower perceived attractiveness during pregnancy due to physical changes (Kamysheva, Skouteris, Wertheim, Paxton, & Milgrom, 2008). Women may be more likely to internalize the overly thin ideal that is portrayed by the media and this internalization can negatively impact lifestyle choices, professions, and interpersonal relationships (Thompson & Stice, 2001). In 1995, 65% of women in the United States experienced body dissatisfaction (Cash & Henry, 1995) and the number increased to 80% of 54-year-old women by 2004 (McLaren & Kuh, 2004). Women, men, girls, boys, and even children are starting to utilize unhealthy eating and exercise behaviors in a possible attempt to obtain a socially and media constructed illusive and, for many, unattainable image (Henry J. Kaiser Family Foundation, 2004).

Dysfunctional Body Image

A negative body image can lead to many harmful practices. Hart, Leary and Rejeski (1989) illustrated how individuals can experience social physique anxiety or fear having their bodies on display. This fear can influence behavioral choices and can contribute to body image disturbances, which have been found to be linked to the development and sustaining of eating disorders (Kally & Cumella, 2008; Cash & Deagle, 1997). For women in the United States, there is a combined prevalence of anorexia nervosa, bulimia nervosa, and binge eating disorder of 5.9% (Hudson, Hiripi, Pope & Kessler, 2007). Body image disturbances are also linked to obesity (Sarwer, Wadden & Foster, 1998). It is difficult to see which comes first because depression can lead to obesity and obesity to depression (Stunkard, Faith, & Allison, 2003). The effects of body dissatisfaction can take many forms. There has been some suggestion to shift the focus or paradigm from how to prevent body dissatisfaction to promoting a health body image (Steck, Abrams, & Phelps, 2004).

Healthy Body Image

Choate (2005) has outlined five components that could be utilized to protect body satisfaction from negative experiences or, in other words, to facilitate body image resilience. These recommendations included the five protective factors of family-of-origin support, gender role satisfaction, positive physical self-concept, effective coping strategies, and sense of holistic balance and wellness. Each of the protective factors can influence or help an individual build a positive body and self image. The concept of resilience is further explored by Richardson (2002). A comparison of Choate's (2005)

five recommendations with Richardson's (2002) resilience theory showed a similar progression in concepts. Protective factors (wave 1) are similar to family-of-origin support, gender role satisfaction, and positive physical self-concept. Effective coping strategies compare to the actual resiliency model (wave 2). Choate's (2005) fifth recommendation suggested that women needed a sense of holistic balance and wellness and stated "if a woman draws her sense of meaning from a spiritual force that goes beyond herself and that provides coherence and purpose to the universe, she will find less need to focus on her weight, shape, and appearance in an attempt to find happiness or life satisfaction" (p. 326). It is possible that components of gender role satisfaction and positive physical self-concept are involved in resilience (wave 3). A purpose of this study was to examine body image through the lens of resilience theory. Understanding the resilient drives may add a layer of understanding to why a person may make the choices that they do. It is possible that an individual's body image may change when a level of connection to personal resilience drives is experienced.

Resilience

The Metatheory of Resiliency and Resilience (Richardson, 2002) described and defined the attributes and processes of resiliency and resilience using 3 *waves*. Richardson (2002) described how character strengths (wave 1) can help an individual through the process of growth through resiliency (wave 2). The key to this theory is found in the ability to access and utilize strength beyond the individual (wave 3). The first two waves are descriptions of work that has been and is being done within the field

of Health Promotion (Steck et al., 2004), but a distinction between all three waves is needed to fully conceptualize the third wave.

The first wave describes those personal characteristics, strengths, developmental assets, or protective factors that are needed to be resilient (Richardson, 2002). Landmark studies (Werner, 1982; Werner & Smith, 1992) identified some of the personal characteristics that can help a child become resilient. These characteristics are being female in gender, robust, socially responsible, adaptable, tolerant, achievement oriented, a good communicator, and having good self-esteem. Possessing these wave 1 protective factors does not guarantee that someone will adopt and maintain a healthy lifestyle (Doak, Visscher, Renders, & Seidell, 2006; Hogan, 2005; Kahn et al., 2002); however, these personal characteristics, strengths, developmental assets, or protective factors can be studied and analyzed, and it is important to educate others about how to develop first wave character strengths (Snyder & Lopez, 2005) through the process of resiliency (wave 2).

The second wave is resiliency (Richardson, 2002; Richardson, Neiger, Jensen, & Kumpfer, 1990) and is described as the process of obtaining or acquiring the qualities identified in the first wave. Resiliency is defined as “the process and experience of being disrupted by change, opportunities, stressors, and adversity and, after some introspection, ultimately accessing gifts and strengths (resilience) to grow stronger through the disruption” (Waite & Richardson, p. 178). The key component of resiliency is the ability to *choose* the outcome or the response to the disruption. An individual does not always have the chance to avoid a disruption, but the ability to choose an emotional, intellectual, or, possibly, physical response to the disruption is within his/her control. Specifically,

the resilience model (Figure 1) illustrates the process of going through a disruption and choosing to reintegrate with either dysfunction, loss, back to homeostasis, or with growth. To reintegrate resiliently is to choose to learn and grow emotionally, intellectually, and/or physically from a disruption. However, the question remains about what motivates or drives an individual to choose the path they do.

The third wave of Richardson's (2002) metatheory suggests there is an innate drive or innate resilience that is within each individual. Richardson (2002) defined resilience as "a force within everyone that drives them to seek self-actualization, altruism, wisdom, and harmony with a spiritual source of strength" (p. 313) and that "ecological sources provide or trigger resilience in people. The energy or force that drives a person

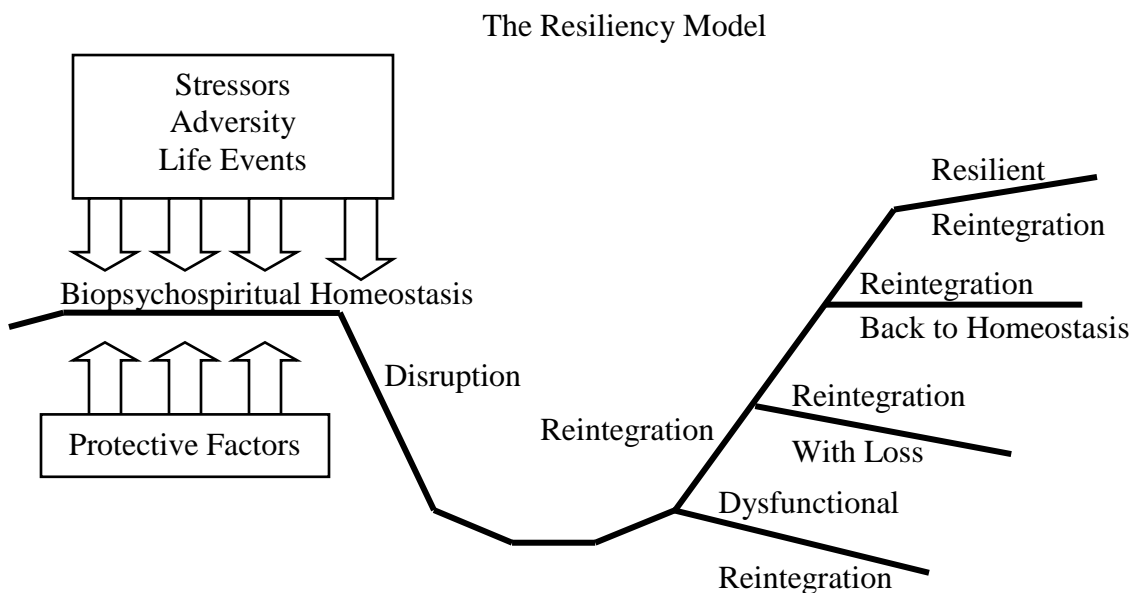


Figure 1. The Resiliency Model

Adapted From "The Meta Theory of Resilience and Resiliency" by G.E. Richardson, 2002, *Journal of Clinical Psychology*, 48(3), p. 311. Copyright 2002 Wiley Periodicals, Inc.

from survival to self-actualization may be called quanta, chi, spirit, God, or resilience” (p. 315). Resilience is the innate, internal drives which may influence behavioral choices; thus, an individual can experience a combination of internal drives (strengths or motivating factors) that can be accessed from a spiritual source of strength. The innate drives attempt to fulfill childlike, moral, intuitive, and noble pursuits. Continued research is needed to understand the depth and breadth of these and, possibly, other drives. A description of these innate drives within the human system was described by Richardson (2002):

Western mechanistic reasoning would visualize the function of the human system as a person feeling spiritual prompts that bubble up from one’s resilient nature, with the mind recognizing, interpreting, and putting meaning to the prompts. Actions or behaviors result as a synergistic experience of the entire soul—body, mind, and human spirit. (p. 315)

Not only do innate drives, or motivating force inside an individual, have the potential to govern or influence behavioral choices, but synergistic body/mind/spirit experiences have added potential to generate enough energy to truly facilitate behavior change. Thus, it is important to recognize that the mind, the body, and the spirit are connected and interrelated. By definition, resilience suggests that an individual seeks ‘harmony’ or possibly a connection with a spiritual source of strength. It is possible that the experience or perception of this connection has the ability to facilitate religious well-being, existential well-being (Paloutzian & Ellison, 1982), and a positive mind-body-spirit connection.

It is important to differentiate or use “resilience to ground spiritual beliefs. Most theological beliefs reflect a faith in the power and influence of a person’s God or creative

force” (Richardson, 2002, p. 315). It is beneficial to differentiate or examine how the processes of religion and religiosity can be understood using the metatheory of resilience.

Religion and Religiosity

It was suggested that religion is “among the most powerful of all social forces” (Emmons & Paloutzian, 2003). Religion is defined as one’s belief in a higher power or value system that gives meaning to life and includes the observance of rights, rituals, celebrations, and prayer (Meisenhelder & Chandler, 2000). For some religions, these beliefs include a moral code of conduct that dictates personal activities including but not limited to church attendance (Levin & Vanderpool, 1987), monies donated, and service rendered (Sharffs, 2007). Studies have demonstrated how one’s commitment to a religion has an influence on general physical health and lifestyle behaviors (Cornwall et al., 1986; Strawbridge, Shema, Cohen, & Kaplan, 2001). A review of 212 studies on religious commitment and health found that 75% of the studies illustrated health benefits for individuals with higher levels of religious commitment. Specifically, there was a lower level of substance abuse and a greater level of physiological health with improved quality of life, and improved medical outcomes (Mathews, 1995). Additionally, behaviors related to spiritual growth are more related to the ability to choose or select behaviors related to self-care than one’s own self efficacy (Callaghan, 2003), and that, for women more than men, weekly religious attendance was connected to maintaining good mental health, social relationships, and stability in marriage (Strawbridge et al., 2001).

Religion can define a way of life (Levin & Vanderpool, 1987), which is determined by specific religious doctrines and teachings (Pargament & Mahoney, 2005),

including teachings about the body and the purposes of the body. Individuals who belong to specific religions have been found to have different levels of body image satisfaction (Carroll & Spangler, 2001). Researchers have suggested there is a confounding relationship between religion and spirituality (McClain, Rosenfeld & Breitbart, 2003) and religiosity and spirituality should be differentiated (Bussing et al., 2005). Additional research is needed to fully understand the complex interrelationship between religion, spirituality, and health, including how different aspects of a specific religion may impact behaviors.

Spirituality

Spirituality is an emerging construct. However, over 25 years of research within the field of the psychology of religion illustrates how the psychological community has debated over the definition of spirituality (Emmons & Paloutzian, 2003) and has been redefined in the field of health promotion and education over decades (Chiu et al., 2004). One such definition explains that ‘spirit’ and ‘spiritual’ describe a varying number of experiences (Emmons & Paloutzian, 2003). Uncertainty remains over the meaning of spirituality in research due to the difficulty in identifying a transcendent reference point (Emmons & Paloutzian, 2003). When religion and spiritual experiences are contrasted, an important ‘sacred’ core belief is key to both (Emmons & Paloutzian, 2003). When an individual seeks for the sacred, they seek a “divine being, divine object, ultimate reality, or ultimate truth as perceived by the individual” (Hill et al., 2000, as cited in Emmons & Paloutzian, p. 383). However, while seeking the sacred, a person or religion may also attempt to belong to a society or ascribe to a behavioral belief to improve their health

(Emmons & Paloutzian, 2003). Within the field of health promotion, it is beneficial for a health care professional to understand all of the constructs or factors that impact behavioral choices, including how these concepts relate to the behaviors of physical activity. The importance of understanding the concept of spirituality and how it may affect physical activity behaviors warrants an examination of spirituality from the perspective of multiple paradigms and cultural traditions.

The Church of Jesus Christ of Latter-day Saints

The field of Health Promotion is focused on facilitating the adoption and maintenance of healthy behaviors. It is possible that participating in an organized religion can influence health-related behaviors. The Church of Jesus Christ of Latter-day Saints (LDS), which is headquartered in Salt Lake City, Utah and represents 62.4% (1,540,686) of Utah's state-wide population, 69.1% (185,825) of Davis County, 53.3% (508,782) of Salt Lake County, and 78.7% (344,268) of Utah County (The Shrinking Majority, 2005). The majority of the population of Northern Utah and the members of the LDS Church within the Wasatch Front are Caucasian. Members of the LDS Church migrated to the Wasatch Front in the mid-1800s. The number of members and the generational time span of living within Davis, Salt Lake, and Utah Counties have facilitated the development of a specific culture related to living within the geographic valley and the religion. Because this unique culture is based upon the geographical area and the LDS Church, these counties provided an excellent opportunity to explore the lived experiences of lifelong members in the culture and the religion.

A benefit of studying members of the LDS Church is that a code of physical health (i.e., the Word of Wisdom) has been implemented with this population. The same code of conduct is taught to every LDS congregation throughout the world. Several of the key points of this code are related to how members of the church should avoid destructive or harmful substances and how they should utilize healthy sources of nutrition (Packer, 1996). The underlying foundation for this law is that the body is a gift from God and should be treated with respect and reverence (Holland, 2005; Tanner, 2005). The stated promises of living the Word of Wisdom are both physical and spiritual in nature. Each individual has a different lived experience as they try to implement and apply the teachings found in the Word of Wisdom.

There have been many studies conducted on the rate of physical diseases found within membership of the LDS Church residing in Utah (Gardner & Lyon, 1982; Merrill, Hilton, & Wiggins, 2002). Historically, in Utah, there was a lower prevalence of many cancers and alcohol-related illnesses compared to the national average (Amoateng & Bahr, 1986; Daniels, Merrill, Lyon, Stanford, & White, 2004; Enstrom, 1978; Hilton, Merrill, & Stergeion, 2000-2001). One possibility for this lower disease prevalence rate was adherence to the Word of Wisdom, particularly the avoidance of destructive or harmful substances, by LDS members. Even though disease processes are multicausal and it is impossible to ignore a genetic component, since many of the population are descendent from immigrants from Western Europe, it is also possible that the teachings related to reverence for the physical body were impacting behavioral choices.

A qualitative study examining the perspective of LDS stay-at-home mothers on leisure activities found that participants “had a religious belief system that permeated every aspect of their lives” (Freeman, Palmer, & Baker, 2006, p. 216) and that:

The primary influence and guiding force for these women was their belief in and practice of the LDS religion. It shaped virtually every aspect of their lives including personal and family leisure. Throughout the interviews, all of the women referred to the role and influence of their belief in the LDS Church in shaping their world view and providing a sense of meaning in their lives. (p. 209)

It is possible that, within the LDS religion, there can be a specific description of the interaction between spirituality, religiosity, body image, and resilience.

Rationale for Qualitative Research

Strauss and Corbin (1998) described qualitative research as referring to “research about persons’ lived experiences, behaviors, emotions, and feelings” and “finding out what people are doing and thinking” (p. 11). Researchers agree on the benefit of observing and obtaining data in natural settings (Creswell, 1998; Marshall & Rossman, 1998; Morrow & Smith, 2000). Creswell (1998) described how a process of qualitative research is to create a “complex, holistic picture” (p. 15). When the picture is more complete, it is easier to find application in multiple settings. The key to the success of this research project was gaining an understanding of the emotions, feelings, and experiences related to body image for each participant.

An additional benefit of qualitative research was in the power of the participants’ words. Morrow and Smith (2000) suggested that “the power of qualitative presentation lies in the words of the participants” (p. 200). The participants themselves were allowed to describe the “complexity of social interactions as expressed in daily life and with the

meanings the participants themselves attribute to these interactions” (Marshall & Rossman, 1998, p. 2). The methodology employed utilized the process of participant checks to give participants the opportunity to ensure their words and stories were interpreted and portrayed in an appropriate manner and ensuring an accurate representation of the participants in this study. Finally, this was an exploratory study. The methodology allowed for flexibility and adaptability in both data collection and analysis. These procedures helped describe a complex interaction with the ability to maintain context.

CHAPTER 3

METHODS

This qualitative study was intended to measure body image concerns as they relate to religion among LDS women 40-55 years of age.

Paradigm, Epistemology, Axiology

A paradigm is a set of underlying beliefs and attitudes that direct research and its interpretation. Morrow and Smith (2000) defined a paradigm as “the basic belief systems, both formal and informal, that guide our inquiries both in scholarly research and in everyday life” (p. 202). It is important to understand the general paradigm trend in a field as well as the paradigm of the researcher. This helps the reader understand the perspective or the lens that is used in data collection and analysis.

The common thread of both positivism and postpositivism paradigms is the idea of prediction. Ponterotto (2005) described it as:

A goal for both is an explanation that leads to prediction and control of phenomena. Both perspectives emphasize cause—effect linkages of phenomena that can be studied, identified, and generalized and both paradigms proffer an objective, detached research role. (p.129)

Researchers spent years finding and defining the existence of natural laws that affect physical aspects of health. Within the last few years, the definition of health

expanded to include social, mental, and spiritual components of health (Donatelle, 2001). These aspects are not easily measured or definable. This shift in thinking is similar to a gentle shift toward an interpretivist-constructive paradigm, with the accompanying ontology of multiple realities. Radnor (2001) suggested that “everyday life revolves around persons interpreting and making decisions about how to act based on their own experiences and their interpretation of the experience and behavior of others” (p. 4). Each individual has a sense or an interpretation of their reality about what health is and how it applies to them.

Many researchers have combined the interpretivist and constructivist paradigms based on the shared epistemology of a socially constructed reality (Ponterotto, 2005). This is illustrated by the idea that “individual meanings and, therefore, “realities” are particular to individuals but may be shared among individuals, that is, constructed within a social context” (Morrow & Smith, 2000, p. 202). The idea of socially constructed reality is particularly relevant for body image research. An individual initiating a disordered eating pattern may start because of the perceived social pressures to look a certain way to be considered healthy, beautiful, or to just fit in. There is an individual component of interpreting the social pressures and there is frequently a component where peers or family members take time to discuss and create meaning about those pressures. Research focused on an interpretive paradigm emphasizes the interpretations of the participants.

This study was conducted from a constructivist paradigm. Meaning was co-constructed by the individual participants and me as the researcher. The experiences of the participants were explored through open-ended questions. The process allowed each

participant to construct an understanding and verbalized form of their individual lived experiences. The key was to build on the understanding that “meaning is hidden and must be brought to the surface through deep reflection” (Ponterotto, 2005, p.129). My role as a researcher was to understand how participants constructed meaning or interpreted their experiences.

A constructivist paradigm allowed me to go one step further in the construction of meaning. I was intrigued and interested in understanding how body image was experienced by women who were members of The Church of Jesus Christ of Latter-day Saints (LDS) because church teachings and a tight-knit culture can facilitate behaviors and behavioral choices. It was impossible for me to completely step away from my experiences, ideas, and interpretations. Care was taken to appropriately represent participants’ realities and to fully describe my role in the process of meaning construction. This construction process was vital to fully comprehend the intricacies of the body-mind-spirit connection. Each individual had differing and similar life experiences. Their pooled experiences illuminated the construction and interrelations of body image.

Research Design

A multiple case, or comparative case, study was utilized to observe and describe how LDS women experienced body image (Merriam, 1998). Historically, the case study has been utilized in the fields of sociology and education (Creswell, 1998). Similar applications have slowly found their way into health-related fields. Case studies are frequently used to examine the unusual, differing, or unique case, which are beneficial in

illuminating new knowledge because of the underlying or guiding features of qualitative case studies.

Case studies are characterized by being particularistic, descriptive, and heuristic (Merriam, 1998). These characteristics allow the process of observing to blossom into a written “thick” description, which will better illuminate the embedded characteristics of the case to the readers of the study. This is vital in understanding the perceptions of body image and being able to communicate those perceptions to others. This study utilized a multiple case study. Merriam (1998) suggested that “the more cases included in a study, and the greater the variation across the cases, the more compelling an interpretation is likely to be” (p. 40).

These women were lifelong members from the same religious background, but their individuality led them into different choices and differing life experiences. Their interpretations of those experiences were similar and different. There were three different cases considered in this study. The first case would comprise all 10 middle-aged LDS participants. The subcases of marital status were separated into one case of 5 married women, first marriage with children and one case of 5 never married, single women. The process of examining the cases as individuals and then comparing the cases to the group as a whole added a level of description to the experience of body image. The multiple case design was specifically utilized for comparisons between subgroups. Ultimately the analysis examined participants as individuals, as subgroups, and as an entire group.

Researcher Reflexivity

Morrow and Smith (2000) stated that “the researcher is the instrument. That is, the collection method is not independent of the researcher, and the researcher’s knowledge mediates information from any source of data” (p. 200). This suggests the importance of addressing my motivations and my bias. Both of these impacted my choice of study, methods for data collection, the data analysis process, and my interpretation of the data.

A researcher needs to understand how personal experiences and the interpretation of these experiences impact research. My background has fostered an interest in research around the topic of body image. I have worked within the field of Health Promotion and Physical Education for over 10 years. My education was directed by my fascination with the amazing abilities built into the human body. I remember as a child being intrigued by the fact that I could make my finger move with a thought that I did not know how to consciously initiate. This fascination led to my pursuing an undergraduate degree in Exercise Physiology. I continued my education in Physical Education with an emphasis in Pedagogy. I learned how to teach fitness principles and physical movement with much of my time being spent in a functional anatomy lab. After earning my master’s degree, I started teaching at a community college.

While teaching college physical fitness and wellness courses, I observed as students tried to adopt or change health-related behaviors. Many students tried to lose weight, be more physically active, or improve their diet. I watched as students attempted to change their behaviors without success. These experiences led me to wonder what really leads individuals to adopt healthy behaviors.

Many behavior change theories are utilized in the field of Health Promotion. Through my experiences as a student and a teacher, I have found that many, if not all of these theories, neglect or ignore the motivational energy required to actually change and maintain a new behavior. This is especially true when change involved adopting a new physical behavior. From my experience, I felt there was something inside each individual that must be tapped into. In my own efforts to change and to do new things, I recognized that when there is a spiritual connection I am more likely to make the change. I believe that the combination of abilities that are innate to the body and those innate to the mind would function optimally when the abilities innate to the spirit, or driving force, are recognized and utilized. I hope to extend or explore the existence of this connection and its possible applications for body image. The fact that I believe there is a mind/body/spirit connection impacted the design of this study.

I am a member of the LDS Church who is single and never married. It was possible that my membership in the LDS Church influenced my research questions, interview questions, and, ultimately, data analysis. It was possible the participants were more or less willing to share spiritual experiences with someone of the same faith. Each participant was informed about my religious affiliation and that I did not intend to question specific doctrines or beliefs during the interviews. Rather, I sought personal descriptions of the participants' rich life experiences surrounding body image.

Finally, the fact that I am female could have impacted the data collection and interpretations of interviews. As a female, I personally experience the cultural influences of the media depiction of the thin ideal and the LDS Church teachings regarding the priceless value of the body. I have searched my own sense of connection within the

mind/body/spirit relationship and, specifically, body image. I have a sense that I am more than just my physical appearance, and have an innate desire to illuminate that there is more to a woman than a media-prescribed pretty face or physical figure. This drive to help women find a voice was at the center of my research.

Strategies for Managing Bias

Morrow and Smith (2000) describe that both confirmatory bias and subjectivity need to be addressed. There is no way to eliminate bias, but it can be accounted for and diminished with the proper techniques. I kept a self-reflective journal for the purpose of examining my thoughts and perspectives. Merriam (2001) quoted Wolcott (1990) as saying, “writing is a great way to discover what we are thinking, as well as to discover gaps in our thinking” (p. 226). The process of recording my thoughts helped me see what I was thinking and ultimately brought self-awareness. I regularly met with a peer research team, consisting of fellow doctoral students and colleagues, to discuss and help appropriately identify and address my biases.

An additional method of managing bias is member checking. In this process, the participants evaluated my interpretation of their interview data in a follow-up meeting, after their interviews were transcribed and analyzed. Each participant’s feedback or reaction to the analysis was acknowledged and integrated into the results of this study (Morrow & Smith, 2000).

Ethical Considerations

A researcher is responsible for seeking out new knowledge that contributes to his/her field and disseminating that knowledge. This process should be followed in an ethical manner. My primary consideration was to treat each participant with respect and honor with the understanding and sensitivity that lived experiences of body image are highly personal. Therefore, I was grateful for the participants' comments, stories, and individual efforts and I selected language that was appropriate and respectful.

Code of Ethics

I support a code of ethics represented by the phrase, *do no harm*. Qualitative research is complicated and has inherent risks for the researcher and participant (Punch, 1994). To ensure my understanding of appropriate participant protocols, I completed a course in The Protection of Human Research Subjects. I submitted and gained approval for this research through the University of Utah Institutional Review Board (IRB) and followed recommendations for ethical research. Each participant signed an informed consent form and was informed their participation was voluntary and they could cease involvement in the study at any time. In addition, interviewees were told that they could skip questions they did not prefer to answer.

Vulnerabilities

With every study there are inherent risks for participants. Lincoln and Tierney (2004) described how participants “may be embarrassed, humiliated, feel their dignity has been compromised” (p. 221). These were inherent risks for the participants in this

study. There was the possibility that a participant would describe or remember experiences that were related to traumatic events, physical challenges, or physical, emotional, or sexually abusive memories or experiences of someone they knew. If the participants disclosed suspected abuse, neglect, or exploitation of a child or disabled or elderly adult, as stated in the informed consent document, I would have contacted the authorities. Also, I would have given participants' information, support material, and possible resources regarding abuse situations, if needed. The participants were informed that I was not a qualified counselor and I prepared a resource list of qualified health care professionals so I could make referrals as necessary. No referrals were necessary.

Confidentiality

Researchers have a moral obligation (Schwandt, 2003) or commitment to maintain the confidentiality of their participants (Lincoln & Tierney, 2004). The utmost care was observed to protect the identity of the participants. All audio tapes, transcripts, informed consent forms, and written documents containing personal information were stored in a locked cabinet that only I was able to access. Two transcriptionists were utilized and only had access to the interview and journal audio recordings. All interview documents and recordings were saved to an external saving device (memory stick) and hand delivered to and from both transcriptionists. Additionally, all digital records were kept in a secure saving device stored in a locked cabinet in the working area.

An additional concern for researchers in the field is that of a power differential. Participants may have been hesitant to answer my questions because I am a graduate student at a university. I tried to build a trusting relationship with each participant by

conducting a preliminary meeting (first interview) before the actual interview (second interview). I encouraged participants to use a self-selected pseudonym during the actual interview process, and each participant selected a distinct pseudonym. Additionally, the use of an audio or written journal gave the participants an opportunity to respond to further questions in private, allowing them time to think and, hopefully, facilitated the sharing of insights between the time of the second interview and the follow-up participant check (third interview).

Participants

The participants for this study were lifelong members of the LDS Church who lived in Davis, Salt Lake, and Utah Counties in the state of Utah. Culture affects and influences beliefs, attitudes, and ultimately, behaviors (Maton & Wells, 1995). A specific religion can facilitate or, in some cases, be considered its own culture. Beliefs or attitudes about body image may influence experiences that took place in the specific culture in which an individual was raised. For the purposes of this study, it was beneficial to look at a smaller picture of a specific culture within the larger culture of society.

The LDS Church has its headquarters and a large church membership within Utah and members of the LDS Church have lived within the area since the mid-1800s. The number of members and the generational time span has facilitated the development of a specific culture related to living within the area and the religion. LDS women over the age of 18 are automatically part of the Relief Society, a women's organization, within the

church. Many social activities and friendships are related to the religion or religious functions. The religious community can be a tight-knit, supportive network.

This study focused on LDS women aged 40-55 years. This age range allowed participants to be old enough to have responded to life events that impacted and were impacted by their religious and spiritual experiences. In addition, women have experienced bodily changes as a result of natural development and age (Ogle & Damhorst, 2005), as well as giving birth (Kralik et al., 2006). I was interested in exploring how these physical challenges and changes influenced their body image.

Sampling Procedures

The primary sampling method used was maximum variation purposive sampling within the specified age range. Patton (1990) described two kinds of findings within maximum variation sampling. These are “(1) high-quality, detailed descriptions of each case, which are useful for documenting uniqueness, and (2) important shared patterns that cut across cases and derive their significance from having emerged” (p. 172). Maximum variation sampling was helpful in documenting how individuals experienced body image and in determining the common threads illustrated throughout their experiences.

Variations within the 40 – 55 age range were based on marital status. Within the LDS Church, there is an emphasis for women to marry and have children. Both of these demographic characteristics were intertwined with experiences that influenced each woman’s experiences of body image. I interviewed 5 participants who were married with children, first marriage and 5 never married, single women. In determining overall

sample size, I kept in mind that the key was to obtain “information-rich cases” (Patton, 1990, p. 184). The number of participants was 10 (5 per group).

Recruitment

The LDS Church maintains confidentiality of its members and does not share its member lists. Thus, it was not possible to openly recruit through regular church meetings and there was no access to member lists. Successful recruitment of participants took place through gatekeepers (Creswell, 1998). I developed a flyer that described the study and explained the expectations of the study participants (Appendix D). I encouraged gatekeepers (i.e., members of the LDS Church we knew) to share the flyer with family, friends, or women in their congregation. A total of 13 women inquired about participating in this study. Two women, who were single, did not meet the inclusion criteria due to living outside of Utah for more than 2 years. One woman, who was single, voluntarily chose not to participate after inquiring about the study.

Data Collection

It was necessary to collect data through several techniques to facilitate the process of triangulation. The process of triangulation allowed me to corroborate details and information gathered from the interviews and journals to develop commonalities or contradictions between the participants and the two groups (Creswell, 1998). Because this was a comparative case study, I was able to utilize multiple methods for data collection and analysis for each case (Merriam, 1998). This allowed me some flexibility

in obtaining data and I utilized individual interviews, participant journals, document analysis, and interview field notes.

Individual Interviews

The purpose of this study was to gain understanding about a person's experience related to body image. The in-depth, semistructured interview allowed each participant to share their stories in a relaxed and confidential setting. Qualitative "in-depth interviews are much more like conversations than formal events" (Marshall & Rossman, 1999, p. 108). The purpose of these conversations was centered on how "the participant's perspective on the phenomenon of interest should unfold as the participant views it" (Marshall & Rossman, 1999, p. 108). All three interviews were recorded using analog and digital formats and then transcribed verbatim. An additional benefit of a face-to-face interview was my observation of the informal communication (Creswell, 1998) found in nonverbal expressions. I took notes during each interview. Each interview took place in a setting that was convenient and comfortable for the participant. I had a minimum of three separate individual interactions with the participants. Additional interactions occurred when dropping off or picking up the journals.

The purpose of the first interview was to build rapport and obtain informed consent (Appendix E). Spradley (1979) described the ethnographic interview as having two distinct processes: "*developing rapport and eliciting information*" (p. 78). I answered participants' questions and tried to resolve their concerns in hopes of increasing their comfort level with the process. During this meeting, I obtained biographical

information and LDS Church participation and service, including possible teaching positions. (See Appendix A for interview questions.)

The second interview lasted 1 to 2 hours. Taking on a facilitator role, I asked questions, offered restates, inquired about meaning, and asked for stories with the intention of constructing a picture of their experiences and understanding of those experiences. Body image has a theoretical or philosophical component. Usually, I started the interview by asking about the participant's earliest memory of their body. Then, I asked how their experiences throughout their life affected their body image, what spirituality was to them, how their spirituality interrelated to their body image, and how their experiences within the church impacted their body image. The coconstruction of themes, ideas, and concepts took place throughout the interview process. There was a mutual exchange of information and ideas during each interview. Questions were asked and responses were given. Follow-up questions were used for clarification. Occasionally, a participant would ask me a question and I would answer it. It was a conversation and a process of coconstruction. The process of coconstructing meaning was crucial to the underpinning paradigm of this research. Morrow (2005) suggested that trustworthiness is built on "(a) the extent to which participant meanings are understood deeply . . . and (b) the extent to which there is a mutual construction of meaning (and that construction is explicated) between and among researcher and participants, or co researchers" (p. 253).

The follow-up member check (third interview) was between 30 to 60 minutes in length. During this meeting, I reviewed biographical information and core descriptions of the participants and asked several follow-up questions. In case study and

constructivist research, the follow-up or third interview is usually used as a member check and to coconstruct themes and outcomes (Ponterotto, 2005; Creswell, 1998; Stake, 1995). The third interview in this study was used to clarify biographical information to make sure that I, as the researcher, had a correct view of the individual. This was imperative when trying to reflect the meanings of the participants' stories. Within the third interview, I ensured that I obtained a working understanding of each participant's lens. During the analysis of the data prior to interview three, it was noted that there was not a direct question asking the participants what it meant for them to be LDS. Thus, during interview three, each participant was asked for clarification on what it meant, for them, to be LDS. These questions increased clarification and expanded on ideas, concepts, and themes that emerged during data analysis. The third interview enhanced the triangulation process as the participants shared similar stories, experiences, and phrases that they previously described in the first two interviews and the three journals.

Interview Field Notes

When it was convenient, I took written notes, on the interview guide, of general impressions during the interview process. Such notes added insight into the actual interview transcript and provided immediate written reminders of possible follow-up questions after a specific line of thought was completed. In addition, I utilized a tape recorder to verbalize my impressions and observations. While not extensive, these notes, both written and recorded, added to the body of data and helped in the process of triangulation (Morrow & Smith, 2000).

Participant Journals

To aid in triangulation, the participants were asked to complete three separate journals (Appendix B). Each journal contained five to six questions that paralleled the interview guide from the second interview. Each participant received a hand-held tape recorder and a notebook. Each participant was given the option of typing their responses. The recorders or other methods could also be used to record ideas or stories that came to mind after each interview had taken place. This facilitated the ability of the participants to document sudden moments of insight and understanding. Each participant was directed to use the tape player or journal to record thoughts, ideas, observations, insights, or probing questions that came to mind after each interview, making it possible for them to describe an event or experience immediately after it occurred. This immediacy increased the depth of description and interpretation by the participant. The audio format allowed each participant to speak freely and might have been less intimidating than a paper journal. If a participant was uncomfortable using the audio format, they utilized a digital format and typed their responses. Of the 10 participants, 6 completed the journal questions using the provided audio recording device. Three participants typed their answers to all the journal questions. One participant answered the questions to journals 1 and 2 using the audio device, but typed her answers to journal 3. The audio journals were transcribed and all three journals from each participant were analyzed along with the interview data.

Document Analysis

Document analysis was completely dependent on the experiences and descriptions provided by participants. Participants discussed movies, magazines, or other documents that impacted their understanding of body image. I investigated these artifacts (Merriam, 1998) and how they were intertwined with the participant's experiences. Participants also discussed LDS Church teachings or talks they had previously heard. I utilized these to see how they impacted or were related to participants' experiences.

Data Analysis and Writing

The interview data was recorded utilizing a digital recorder and tape player. This helped ensure that each interview was adequately recorded. The audio version was stored in the working area and locked in a filing cabinet. The digital files were saved on an external memory device and were hand delivered to experienced transcriptionists. The transcribed data were personally obtained from the transcriptionists. I verified each transcription for accuracy and minimal corrections were made. This experience allowed me to get a feel for the interview and add my thoughts, observations, and impressions to the already typed manuscript.

Data Analysis

The process of data analysis was not a finite experience but a process of "discovering or constructing meaning from data" (Morrow & Smith, 2000, p. 213). It was a process of examining and re-examining the data. I utilized data analysis procedures that were consistent with case studies and a constructivist paradigm. The

process was based on Erickson's (1986) analytic induction approach to data analysis and reporting. This process included 1) developing empirical assertions to generate confirming and disconfirming evidence using the participant interviews and journals along with field notes; 2) narrative vignettes to include each participant and provide a background that described each participant; 3) quotes from interviews that allowed each participant a distinct voice within this process and provided personal experiences to describe the participants' perceptions; 4) interpretive commentary to illustrate typical and atypical personal and general patterns within and between the participants; 5) a discussion of the analysis using the theoretical framework of Richardson's (2002) resilience theory; and 6) a natural progression of the interview questions to allow for unexpected data or patterns, including clarification and additional questions for follow-up interviews and later participants.

Data were interpreted within the framework of resilience theory. Weston et al. (2001) illustrated how "existing theories helped to frame our research questions, influenced the structure of data collection, and influenced our coding system" (p. 384). This study viewed body image as an intersecting of the mind/body/spirit connection, as well as a connection to strength beyond consciousness. An important aspect in the analysis process was to look for both confirming evidence and disconfirming evidence (Morrow & Smith, 2000). The identification of disconfirming evidence was vital in the process of examining how resilience theory was working as a lens. There was not one participant who exhibited as an overall disconfirming case. Many of the cases illustrated statements or experiences that, for a specific theme, were considered disconfirming.

Data analysis began after the first interview took place. I listened to and read each interview several times. Through this process, I immersed myself in the data. This facilitated the process of learning the language nuances and the individual personalities of each participant (Weston et al., 2001). As I worked with the data I made notes of my thoughts and impressions related to each interview. It was important for each case study analysis to maintain or describe the context with which topics developed and emerged. To accomplish this it was important to maintain a careful documenting system from the beginning (Weston et al., 2001).

At the beginning of data analysis, I recognized I needed to minimize bias. I am single, have never been married, and do not have children. I realized that it was possible that my experiences as a single female might bias my analysis. Because of this, I asked a peer researcher, Autumn (pseudonym), from my peer research team, who is LDS and married, to thoroughly review the transcripts of the single participants while I reviewed those of the married participants. I identified defining statements and experiences for each married individual. I asked myself what would illustrate each individual's experience with body image. I began to recognize repeating topics or themes. Autumn did the same for the single participants. I reviewed Autumn's analysis for accuracy for agreement. After reading the transcripts multiple times, our impressions, notes, and thoughts were combined into one document that was used as a general framework for description and group analysis. Yeh and Inman (2007) related Mahrer's (1998) work describing how "this method of classifying data involves scanning the data for cues, leads, repeated patterns or instances, and organizing and reorganized the data until broader themes/categories evolve" (p. 36).

The last step in the analysis process was to compare or analyze across the subgroups of participants who were married with children, first marriage or single, never married. We met and discussed both groups and the emerging overarching topics were decided. We reviewed all participants and any differences in analyses were negotiated through discussions. By utilizing two persons to analyze the data, one single and one married, bias towards or against one group was minimized. However, I was responsible for the final analysis. The process of starting with one subgroup and moving onto the next illustrated the “layers of analysis” as discussed by Creswell (1998, p. 26).

Writing

The key to writing was to first determine the audience (Merriam, 2001). Several audiences will read the final report of this study. As a student, my graduate committee is a key audience. Furthermore, I believe that the participants are a central audience. The final document must represent them and their experiences. Stake (2005) suggested that a report should “describe the case in sufficient descriptive narrative so that readers can experience these happenings vicariously and draw their own conclusions” (p. 450). First, there will be a description of each case and themes within that case. The case will be expanded to include the themes present within the married or single groups. Finally, there will be a cross-case analysis that will examine the similarity or differences between the groups with children or without children (Creswell, 1998). The use of thick description will illuminate each individual case, the subgroups, and the case as a whole. Each quotation is listed with an accompanying reference to the specific interview or journal. Quotes from interviews one, two, and three will be noted as I1, I2, and I3,

respectively. Quotes from journals one, two, and three will be noted as J1, J2, and J3, respectively.

Trustworthiness

Trustworthiness is an important component of qualitative research. Morrow (2005) made an argument that within a constructivist/interpretivist paradigm, trustworthy research should include a level of the following: fairness, ontological authenticity, educative authenticity, catalytic authenticity, tactical authenticity, deep understanding of participant meanings, and the extent of mutual construction. This study was based on a constructivist paradigm and utilized these criteria.

The concept of fairness is based on the idea that “different constructions be solicited and honored” (Morrow, 2005, p. 252). Each individual who was interviewed for this study had a voice and is represented in the final work. Having 10 participants allowed for divergent life experiences, interpretations, and opinions with both similar and disparate views about body image. Each participant kept an audio journal and completed a participant check. It was not necessarily a magnitude of data that are needed, but enough data must be gathered to truly paint a clear picture of how it is possible for middle-aged LDS women to experience body image.

The idea of ontological authenticity is how “participants’ individual constructions are improved, matured, expanded, and elaborated” (Morrow, 2005, p. 252). Ontological authenticity was ensured through the process of member checks, in which we discussed interpretations and implications of the participants’ experiences. Through this process,

participants examined their own understandings of their body image and were able to integrate ideas that we coconstruct together.

Catalytic authenticity refers to “the extent to which action is stimulated” (Morrow, 2005, p. 253). Between the time of the second meeting and the participant check, the participants completed three audio journals. The transcription of the journals illustrated differing or changing ideas or actions. It was possible that by thinking about body image, these women inadvertently changed certain opinions or even behaviors.

The process of making sure that the participants’ meanings were truly understood was another vital component of trustworthiness. It was crucial to accurately represent participants’ meanings. I represented the participants in their own words and within a context that was true to their experiences. The use of actual quotes was one tool that facilitated this process. The fact that I am an “insider” helped. I know their language; however, I took care to not assume that I knew what they were saying, and always tried to ask for clarification.

Morrow (2005) argued that the level at which coconstruction occurs is vital to trustworthiness. This process was facilitated by my use of a self-reflective journal. By writing about my experiences, ideas, thoughts, evaluations, and biases in the journal before and during the study I attempted to examine how I impacted the study. Bias could not be removed, but it was described and illustrated. This helped me see, in part, how my biases affected the emerging topics. I was unable to ascertain if the participants were more or less willing to share insights with a researcher who comes from an insider’s perspective. It was possible that my interpretations did not fully reflect the participant’s views, but care was taken to limit that possibility.

CHAPTER 4

RESULTS

This study explored how 10 middle-aged LDS women experience body image, how the body images of married women with children compare to those of single women, and how individual spirituality and religiosity interact with body image. This chapter will illustrate these women's experiences with body image and spirituality.

Each participant is described through the use of individual vignettes. Following the vignettes, participant's comments are provided about body image, if there was an "LDS look," and body image behavior. In addition, the participants described their personal meaning of being a member of the LDS Church and its influence on their perceptions and experiences on marriage and motherhood. The participants defined spirituality and answered the questions "How does God view your body?" and "How do you feel the Spirit through your body?"

How Do Middle-aged LDS Women Experience Body Image?

Vignettes of Married Participants

AnneJeanette. AnneJeanette was 48 years old. Her father was in the Air Force and her parents moved to the Salt Lake area in Utah when she was 2 years old. Her father recently passed away, but her mother continues to live in Utah. She comes from a

family of three children. She has been married for over 20 years and has three children and two grandchildren.

She started a career as a dental assistant and then took time off to take care of her children. As her children entered high school, she rejoined the profession and continues to enjoy the “fast paced” (I1) nature of her work. She is a self proclaimed “city girl” (I1) who is energetic and enthusiastic about life. She said she is not “a real deep thinker” (J2), but her experiences reflect the wisdom and ability “to learn the good from the bad, the happy from the sad” (J2). She has served in leadership, music, and teaching callings with children, youth, and young adults for the LDS Church at the local level. She was deeply grateful for the example of a loving and physically active father who positively influenced her perceptions and attitude towards people and life. This contributed to her husband being her “best friend” (J3). Much of what drives her is the understanding that she is the daughter of a loving Heavenly Father.

In comparing reality verses ideal, she stated,

In a way, I’m very worldly in that I want my body, me personally – I want my body to look fantastic. . . . I want to be skinny, I want to be – you know eat right. I want to exercise . . . to look fantastic is you know, you’ve got the flat stomach and you’ve got unrealistic thighs. (I2)

But reality was:

I don’t have issues with my body. If I do it’s more the vain things, which I can kind of, you know, pop out of my brain. But I think maybe it’s because the Lord loves me and I know that. (J2)

Lora. Lora was 46 years old and grew up and spent her entire life in the Salt Lake Valley. She comes from a family of five children. She has been married for over 26 years and has five children and two grandchildren.

In her early years, she enjoyed running and began a nursing degree in college but was unable to complete it. Over the years, she was a caregiver for many with health concerns, including her immediate and extended family. Through the process of time, she suffered several injuries that left her in chronic pain. She said that she gained the perspective “to grin and bear it” (I2) and “do the best I can” (I2). She served in many LDS Church callings, but always felt like she served in the background. She has supported her husband through many time-intensive callings. Many of her comments reflected a considerate peacemaker with an enduring spirit. There were things she physically could not do, but she continued to do everything she could for her immediate and extended family.

For Lora, she expressed anger when describing her body because it could not function how she wanted it to due to a work-related low back injury.

I have a herniated disc. I have degenerative disc disease. I have – I have nerve damage down my legs. . . . It’s a really emotional thing because it – it makes me mad that I can’t do the things that I want to. (I2)

Shelley. Shelley was 53 years old and has lived in Salt Lake and Davis Counties. She moved out of the state for several years to attend college and served an LDS mission in Chile. She comes from a family of four children. She has been married for over 29 years and is the mother of six children and two grandchildren.

She discussed always wanting to be a nurse, which led to her attending Ricks College and receiving an Associate’s degree as a Registered Nurse. She worked for over 19 years in either hospitals, a pediatric office, or in the social justice system. The majority of her time was spent in pediatrics. At a young age, “we were just taught to work” (I1) and “I was always very obedient” (I1). In many aspects of her life, she came

to think of her personality as “a taker care of, a fix-it person” (I1) or a “care person” (I1). She has served in many leadership positions in the Relief Society and Young Women’s organizations. She stated that she was “always religious and always very, pretty dedicated to the church” (I1). She considered her dearest friends those that share or “have a deep spirituality” (I1) that seemed to help create “a different perspective on life” (I1).

When discussing her body as an ideal versus reality, Shelley usually described her perceptions in the third person description. She felt that:

My big thing is, it’s not so much of the-the weight you are and – but it’s how active you can be. . . . I think it’s very important to be in shape and fit. And you can be that way – at – not mostly any weight, but any body type, you know. You don’t have to be skinny to be fit, so – So that is my big push is to be fit, and . . . I still feel very strong about that . . . it just helps you in so many other ways. (I3)

Sue. Sue was 43 years old and lived within the Orem, Utah vicinity all of her life. She comes from a family of six children. Her parents divorced when she was a young girl and each parent remarried. Her father passed away a few years ago. She has been married for over 24 years and is the mother of three children and one grandchild.

After her children were raised, Sue returned to school and became an elementary teacher because the profession matched her family priorities. Education has always been important in her life. She has served in many leadership positions and musical callings within the LDS Church at the local level. She said she has always been an active member and “never went through [a] rebellious stage” (I1). Her tone seemed to always be upbeat and optimistic with an ‘I can do it’ attitude, and she does not make excuses. She liked structure, order, and was sensitive to time management. She summarized herself as a rule person, and stated, if “you tell me a rule – I’m a real rule person. You tell me the rules –

I have to live by them. I – it just – I can't break them. I wouldn't think of sneaking and breaking them" (I1). When looking back over her lifetime, she said "it is good to be older and wiser, matured a little" (I1). Sue illustrated how she struggled with reality versus a self imposed ideal:

Since we met, I've lost 15 pounds and it's interesting that my body image – I thought, I'm fine, but as I felt uncomfortable or clothes didn't quite fit – I thought, I really am not as comfortable in my skin as I would like to be. So I just decided to do it. It wasn't hard to take it off, it's been harder to maintain it, and I just feel so much better about myself – more confident, more – I actually feel healthier. I feel, um, I can pull anything out of my closet and put it on. (I3)

Valerie. Valerie was 53 years old and has lived in various cities in the northern and central parts of Utah. She comes from a family of four children. She has been married for over 30 years and has three children and two grandchildren.

Valerie grew up on a farm where she "learned to work" (I1). She obtained a teaching degree and has been teaching elementary school for over 19 years. She has served in a variety of children, youth, and adult teaching callings for the LDS Church at the local level. During her lifetime, she experienced many health challenges, including cancer. For her, it was possible to keep going when you "have some goals" (I1) and "you don't give up" (I2). Since experiencing her health challenges, Valerie made the conscious effort of "making good memories to replace that year of horrible memories" (I1). When asked several questions, she responded "I've always been me" (I2).

The reality of Valerie's physical health was challenging and she expressed frustration in being "robbed" (J1) of a healthy functioning body.

. . . my attitude about my body today is sadness for what I can no longer do. I am not very strong. I tire easily. My mental toughness is less. I feel worn out. I am not that old, but the cancer treatments robbed me of vitality. I feel the need to exercise and eat healthy. That has come because of the cancer. I want to get my body strong again. (J1)

Vignettes of Single Participants

Iddy. Iddy was 47 years old, single, never married, and had no children. She lived in Utah County other than attending college to earn an Associate Degree in General Education. She comes from a family of five children and has 16 nieces and nephews. Both of her parents passed away over 8 years ago.

She worked as a security manager before going into the police academy and has been a firefighter for over 18 years. She worked as a police officer, EMT, and volunteer firefighter. She talked about the neighborhood she lives in and said, “I love the elderly people. I love to sit with them and talk or sit next to ‘em” (I2). When on an EMT or police call, she made sure to “hold their hand and make sure they’re okay” (I2) to help them feel like “they’re not alone” (I2). She has served in various callings in the LDS Church (e.g., visiting teaching, Young Women’s, scouting, and the nursery). She has taught many scout and young women’s groups through the fire department. She has a soft spot for animals. She enjoyed horses and in high school she considered herself a “cowgirl” (I2). She grew up with cats and dogs, but currently she has cats. When speaking of her cats she simply stated, “I love ‘em” (I1).

She described how she felt society shifted in its view of an ideal body:

I think a lot of it is, you have to be thin. I think we went through the era of people having to be so thin, they were making themselves sick. . . . They were starving themselves to look nice and that’s you know, and it’s more so turning towards a trend of we don’t have to starve ourselves anymore. We still need to look nice, but it’s more of a ‘be in shape,’ ‘look nice,’ than it is to starve yourself. (I2)

Jane. Jane was 40 years old and lived in the Salt Lake valley for all of her life. She comes from a family of four children. She was single, never married, and had no children. Her parents separated and divorced when Jane was in high school. Over the

years, Jane experienced many chronic health problems but she wanted “to do those things that contribute to well-being and protect my body and help me to feel the best I can” (J2).

Jane obtained a degree in Business Management from the University of Utah. She worked in many different business settings, but was working as a self-employed software programmer at the time of the interviews. She has served in the youth sports program and as a teacher and in leadership positions in the Primary organization. She was in the process of searching for those things that “resonate” (I2) with her and learning how to find her “own voice” (I2). As she has aged, she noticed that “you look different and you know on paper that you’re a certain age, but you just don’t feel that much different” (I1). She would like to be regarded as an open-minded individual exploring different points of view and points along the journey with no real destination or fixed position. She did this through reading books and traveling.

Jane described how she has come to feel an “. . . uncomfortableness of being in my body” (J1) and she “. . . felt like that my body was betraying me” (I2). Her perception of her body seemed to be ever-changing, and she described it as:

it’s been kind of fascinating to me also to see how something like body image is. . . such a changing thing. I mean, you don’t really get to a place and you stay there. Or at least I should say I don’t really get to a place and stay there. (J1)

Jenny. Jenny was 42 years old, single, and never married. She was born in Arizona and moved to Utah at the age of 2. She has lived “all over the place” (I1) within Utah County and spent several years as a nanny in another state. She comes from a family of five children. She has one child that she adopted several years ago.

Jenny always had an interest in the health field. She earned her LPN and became a Registered Nurse. She has worked as a diabetes educator for over 14 years. In the LDS

Church, she has served in Relief Society callings, but the majority of her time has been spent working with children in the Primary organization. She always felt that she was “supposed to be a mom. I knew it my whole life. That’s what I had always waited for and worked for and believed in” (I1). This passion and love for children led her to adopt her daughter. Her time was spent working in a profession that she feels passionate about and with her daughter. Jenny was a woman of endurance and hope. In her own words she said,

I have a very strong faith and I know that things work out and I know, I know that there are things you must endure, if you just hang in there, I have moments where I don’t. But, I know there’s something better. I know there’s something better. And that’s what I hang on to. (J3)

In many ways Jenny stated,

I had a disease that cost them [her parents] money and they reminded me of that. And so, it very much shaped how I look at myself. . . . I think that diabetes stole the focus from me. It shifted the focus from me as a person to a disease. So it . . . stole my . . . sense of being carefree and you know, instead of being focused on how I looked and that, I had to focus on diabetes. So it took away a lot of freedoms from me. (I2)

Rachel. Rachel was 47 years old, single, never married, and had no children. Her family moved around northern Utah during her younger years. She comes from a family of seven children. Her mother passed away in the last few years.

Rachel received a degree in elementary education from Weber State University and has been a teacher for over 20 years. She continued with her education and pursued a master’s degree. She has held many different LDS Church callings, sometimes holding more than one calling at a time. Through many experiences while growing up, she had an overwhelming feeling of “I’ll never be good enough for men, for anyone” (I1).

Rachel loved music, writing, and singing her own songs. She used her music to

communicate the struggles she has gone through and to illustrate the spiritual solutions that she has experienced. She felt there was a need for balance in her life and is continually striving to achieve it.

Rachel experienced a constant battle between her physical ideal and reality:

And so then there's that, that contention that arises, that why was I born like this, why, why do I look like this when other people look like that? And why was my body so chunky and held onto every ounce of food I ever ate when someone else can eat like a tank and they look like, you know, Christie Brinkley or something. And I don't get it. It's not fair. So you can get caught up in that it's not fair, and I've known for years. (I2)

Top Gun. Top Gun was 47 year old, single, never married, and had no children. She lived in Davis County in northern Utah her entire life. She comes from a family of seven children and remains close to her siblings. Top Gun's parents divorced when she was 8 years old. She continued to have a complex relationship with her father but she had a supportive and loving relationship with her mother and stepfather. She described her stepfather as "a gem of a guy. For a guy to want to take on a woman with seven children – that is incredible" (I1). In addition to her six siblings, she has six step-siblings.

Top Gun experienced major health problems requiring many difficult surgeries. When she was 10 years old, she decided she either had to quit crying and be happy with her life as it was or to be miserable. She said, "I've learned how to deal with life and you just have to roll with the punches" (I1). She worked as a computer scientist at Hill Air Force Base and a hospital clerk but was currently retired due to her health. She was active in the LDS Church and had a strong testimony of faith. Top Gun's attitude towards life was to 'look it in the eye and keep going' and that "some people came down here to be tested and other people came down to do the testing and I'm one of the testers to see how people react" (I2).

Because of a disease that impacted her facial structure, Top Gun constantly experienced comparisons from others and herself; though, her attitude was one of facing a challenge. She stated,

I know that God's created a Monsterette in me, but you know, I have – seen people that are married and very alone. And you know, you have to be happy with where you are. . . . some people came down here to be tested and other people came down to do the testing and I'm one of the testers to see how people react. . . . And I think I'm pretty positive towards people. And I know a lot of people, especially 'cause of – my face looks a little bit different than most other people's. . . . once people get to know me, um, they'll say . . . I don't even notice that anymore. And I actually just don't think about it. And I just try to be positive about - and if people ask questions . . . I will tell 'em you know this is a birthmark and I've had tons of surgeries on it. Looks a lot better than it has, but, you know, it's just part of life. This was one of my trials, I guess, I was given. But, and-and it's really funny 'cause later on is when people will tell me, they'll say, you know, Top Gun, you are just, like, so positive, I don't even notice that anymore. And I think a-a lot of what people think of you is, it's a direct contrast of how you think of yourself. And so, you know, I-I think just because I'm positive it's been an asset to me, because other people think positively of me, so. (I1)

Similarities and Differences

Many participants commented on the female ideal and how they perceived men wanted a specific female body type. All of the participants reported that they wanted to lose weight, citing reasons ranging from health to the fit of clothes. Personal health problems and how these health problems affected their body image positively or negatively were discussed.

The pain associated with cancer, facial reconstruction surgery, and disc herniation was frustrating and, in some cases, physically limiting. Each of the participants who experienced pain, loss of function, and social disabilities made choices to reintegrate. Top Gun had a positive attitude and outlook and chose to reintegrate resiliently. This was

possible because of her faith and support from her family and friends. Jane described how these physical challenges brought her to the conclusion that “I am not my body” (I3, J2). She continued describing how the thought process shifted to “become less about body image in a superficial way and more about it in a fundamental health kind of way” (J1). Several participants described a type of an awakening, a moment when they realized they reintegrated with loss. They decided that what they had was not what they wanted. They made a choice to change.

All participants described the challenge of overcoming childhood experiences, especially those that occurred during the formative years. The hurtful experiences were etched into the participants’ memories and perceptions of body image. Most of the participants voiced that their experiences were unique and felt they were the only ones who had these types of hurtful experiences. This is in contrast to the idea of false consensus where individuals expect their behaviors, thoughts, and attitudes to accurately represent the perceived norms (Bergstrom & Neighbors, 2006). While there were similarities between experiences and resultant feelings and behaviors for the participants in this study, there was a consensus that their experiences were unique. This illustration suggests that individuals experience body dissatisfaction in an ‘aloneness’ but many have experienced the same things.

Generally, the single women expressed that, because they did not fit the perceived norm of the ideal female, they were not enough and would never be enough. Several married and single participants described how they did not fit the norm of the ideal female because they had a flat chest or did not have female curves as they developed physically, which impacted their ability to be attractive. In contrast, one participant felt

burdened by the early development of curves compared to her peers. Rachel described, “I’m not enough, there is something wrong with me. I’ll never be acceptable. I’ll never be good enough for men, for anyone” (I1). In part this came from childhood teasing and the nickname “tank” (I1).

The majority of the participants identified their fathers as positive role models. However, several participants had parents who were not supportive and the most damaging or abusive experiences for these participants involved fathers and brothers.

Jane described the impact of fathers and brothers:

But I think that’s particularly in the experiences of my own family, with the men in my family and their subsequent choices of wives and their choices, you know, would certainly lean toward those that were more in line with the societal image of women, or at least the thinner image of women. And I’ve kind of carried that with me, knowing that my brothers in particular, and my father, had those kind of expectations, so I therefore assumed that all men were going to be like that. (J1)

Generally, many of the participant’s experiences involved fathers or brothers, although some experiences were generated by mothers. Rachel described a negative experience with her mother:

My mom took me to a doctor. I remember sitting in the room with a scale. The nurse came in and had me weigh and when she left the room my mother got on the scale. I will never forget her obvious delight at weighing less than me. It hurt more than anything. (J1)

Iddy’s mother struggled with weight and even had her jaw wired shut to limit eating. During one dieting episode Iddy’s only emotional connection with the memory is being jealous of her mother’s special Weight Watchers meals. In contrast to the negative experiences, Top Gun identified she had a very supportive stepfather and protective siblings. She stated, “My family has always told me that I was cute” (I1) and that “my stepdad, he was just so good for my self esteem” (I2).

A majority of the married participants had chronic, life-changing illnesses. Those with worse health discussed how they believed or felt that their bodies had failed them. The process of aging illustrated that many came to an understanding that their body was changing. Several participants described pivotal moments in which they made a conscious decision to stop gaining weight resulting in activity level or eating habit changes.

The aspect of ‘doing’ was prevalent because many of the women felt fulfilled when they could do something that they viewed as productive. For the participants, the productive ‘doing’ included work, providing for their family, giving birth to children, and participating in religious and service-related activities. The body was an essential tool to facilitate this process of doing. Valerie described how the body is an “important tool to help us to learn whatever we need to learn” (I2). Sue described:

And I feel like His gift to me is my – my life, but my body. I really treasure it. I really think – and I think that’s why for 23 years I’ve taken the time and the effort to exercise and eat right and try to do those things I think that will help me keep a healthy body. (I2)

Ultimately, Lora stated that “I think LDS women put a lot on themselves” (I1). This reflected the views of many participants who felt there was an expectation to be productive in everything they did.

How Does the Body Image of Married Women with Children

Compare to Single Women?

A central teaching of the LDS Church is the importance of marriage and families. Because the process of courting, engagement, marriage, and having children involves another person, there is the potential for positive and negative influences on body image.

Conversely, it is possible that the lack of involvement in a marriage could impact body image. The participants illustrated these influences profoundly by describing how being single or married interacts with the process of marriage and motherhood and body image.

Marriage – Married Women

A spousal relationship has the potential to harm or affirm body image.

AnneJeanette described how “in the first part of our marriage it’s very – nerve racking I guess you would say because you know, it’s all there” (J3). But when asked how her body image would change if she was not married she said,

Not having a spouse, you wouldn’t have somebody to – to validate your feelings and to, you know, tell you oh bullwhacky when you’re saying oh, my thighs are too fat or my stomach, you know, needs to be flat or something. (J3)

Shelley went through a process of questioning and transforming herself for her spouse after she became married. She described:

And as I got married it seemed like that became – your body became a bigger issue. . . . I started feeling a little more inferior then and I think it’s because I felt like maybe my husband was comparing me to other people. . . . So, in my 20’s I think is when I started having – feeling more inferior and feeling more like I didn’t quite measure up to the rest of the world. And I started maybe thinking that they were true because I’m a pleaser. I wanted to please him and maybe I felt like I wasn’t pleasing him. Although he never said that outright – he would just say things about other people. . . . But I think a lot of it had to do with how my husband – how I perceived that my husband felt. . . . I got married when at – I was 23 and he was 22, and after about 4 or 5 or 6 years he started having depression. And I didn’t understand depression. Neither did he. . . . I kept thinking, you know, I could fix him if I were better he’d be more happily married and if the kids were better and if I looked better and stuff like that and so I kind of took his depression upon myself. Instead of it being his problem and his thing that he had to deal with and just a mental illness. . . . depression affects everything. . . . so I – I got a boob job for my 30th birthday and even to this day I think that is so funny. Because obviously I still have them. . . . I didn’t do it. The reason that most girls do it is because, you know, but I did it just for him. That’s the only reason. I wouldn’t have because I am not the type of person who would do that. . . . And I did it just for him and I totally remember too, after about 6 months of having the

boob job, him still being depressed and me still feeling inferior and going back to the doctor and asking if he could give me bigger ones because in my mind that was – that was – that was the problem. You know, I just needed bigger boobs and then he'd be happy. And so that was really skewed. . . . After a long time, I finally realized that it didn't matter what I did. He was going to be depressed and it wasn't me. (J1)

It was interesting that Shelley made assumptions about why other women would get a “boob job” (J1). Shelley focused on pleasing and helping her husband through rectifying a perceived anatomical weakness – increasing her chest size. However, in the end, changing her body did not help her relationship and she realized that he needed to work through his own depression.

In contrast to Shelley, Sue emphatically stated,

My husband has never – he never puts pressure on me in any way shape or form like that. . . . I mean, he doesn't necessarily on the other extreme compliment me. (I2)

Lora described how her husband provided positive experiences with body image.

He'll always go, oh, your hair looks beautiful, you know. And I'll ask him, well, should I cut it? It looks pretty every way that you've ever had it. You know, in other words do what you want, but then he'll still tell me, it, oh, it looks really pretty, um, you look really nice in that. And that helps to have someone say that because I think that you want to do your best to look good to – I think if you – you're told that you look good, then you do feel good and then you're going to feel good at any weight, shape, whatever it is. (J3)

Even with a supportive spouse, it is possible that the pressure to have a specific body and perfect body weight occurs internally. Valerie stated, “A sad experience was I wouldn't let my husband carry me over the threshold because I was afraid I was too heavy. I weighed 112 [lbs] the day I got married” (J1).

Marriage – Single Women

While a spouse can impact a woman's perceived body image, some of the single women expressed that their perceived body image was not dependent on a male spouse.

Top Gun discussed her feelings about marriage:

I used to think it was important that all LDS women should marry and have children. If that had been my main goal and primary focus in life, well, what can I say, I would consider myself a complete failure. (J3)

I have – seen people that are married and very alone. And you know, you have to be happy with where you are. (I1)

I have come to realize that we have to make our own happiness. Getting married does not solve problems. It just gives you a few more hurdles to jump over. (J1)

She repeated several times how:

And you know, I honestly have had five guys that I would have married. But they obviously wanted to marry somebody else. . . . And then there are five guys that wanted to marry me. But, you know, I figure this way. I don't have to marry someone to just be married. And they were not the guys I wanted to marry. (I1)

Iddy expressed her sentiment regarding marriage:

I don't think my marital status has anything to do with the way I look. . . . As I get older do I think my body has a lot to do with it? Yes, I think men look for more the perfect body women, and that's something that I am not. (J3)

Jane added:

I'd say that for me that it's the opposite (in other words, my view, attitude, and belief about my body has affected my marital status). I am self-conscious about my body weight in contexts with men and I know that affects my interactions with them. . . . My view of my body would either become irrelevant or much more positive knowing that a man had chosen me for his wife regardless of my appearance. (J3)

In contrast, Jenny and Rachel had strong feelings regarding how marriage affects body shape. Jenny said,

I think if I were married that I would try to make myself more attractive or I might try harder to lose weight or to be physically fit, because I don't wanna be a

burden to my husband. . . . I think we believe, you know, nobody's wanted me at this point, why change things? [referring to single status] . . . I think I would work harder if I were married. I think I would be more confident if I were married, not necessarily in the job or anything, but in relationship to my body because somebody did want me, somebody wanted me regardless of what I look like. They wanted me because of what I look like instead, you know. (J3)

Rachel said definitively that:

I feel I am not married because I wasn't thin enough, pretty enough, etc. It has played a huge role in my years of self-hatred and abuse. (J3)

I always felt like I failed my whole purpose for living 'cause I never married or had children. You know, I didn't, the church teaches what I'm supposed to do and I didn't do it and so obviously I failed my whole existence. . . . And some days I'm like, what is the purpose of this life? I mean, even though we know it. We're supposed to know it. I just don't, still don't get it. And He's [God] like, your job was to come here and work out your own salvation. Period. End of sentence. I know, but marriage is all part of that. I screwed it up! (I2)

Rachel felt that she could not fulfill her part in being married because she did not have the ideal body. However, she expressed frustration with what she described as a married woman's reaction towards her husband after marriage in that "he's stuck and so I don't need to take care of my body" (I1).

Motherhood – Married Women

In addition to the importance of marriage within the LDS Church, doctrine emphasizes the importance of motherhood. To reflect this teaching, each participant was asked how becoming a mother affected her body image. AnneJeanette explained,

I wanted all my children before I was 30 I wanted to be around and enjoy them. . . . I knew as you got older it was harder to lose weight and all that. So, I wanted all my children so I could get back into shape. . . . While I was pregnant it was okay because you know, you're pregnant and that's so different than just being fat. Even though you kind of feel fat you're not – I mean psychologically you know there's a difference. (I2)

Lora stated,

It's hard on your body to have children, but I wouldn't give it up for anything in the world . . . having children is far better than having – not having stretch marks or, or things like that. (J3)

In contrast to the positive experiences of AnneJeannette and Lora, Shelley described her pregnancies as:

I hated – I absolutely hated being pregnant, from the day I found out to the day I had a baby. And one of them was because I felt really, really sick most of the time. . . . I felt like I couldn't do what I wanted to do. (J3)

Shelley's body image was negatively impacted further by an experience with her husband:

While I was pregnant with my first baby and he came in and you know, I was standing – I was getting dressed. I'd just taken a bath and he came – well, I must have been pretty far along – I can't remember – and I was standing up in the tub and he came in and he looked at me and he says – ohhh – you're gross. And – and – and I – you know, I was just so taken back because I thought he was, you know, referring to – you know, he obviously was referring to my body, but I guess he'd never outright seen – cause I – you know, I kept – I can't remember what happened – I started crying or what, but he – you know, he says I didn't mean to hurt your feelings or anything, but I don't think he'd ever seen me standing in the tub and having this big belly sticking out and instead of thinking oh wow – there's a baby growing in there – I felt like I was becoming unattractive to him and so it really – and I remember after that I didn't ever want him to see me. (J1)

Sue perceived pregnancy and motherhood as an important purpose in her life.

Her perspective that helped her through the process indicated that she felt pregnancy, motherhood, and family was her priority.

...we went through like 8 or 9 years when we were having our children – that I viewed it as – that that was my purpose. You know, was to use this body that I'd been given and being able to create life. So, yeah, so I think during that, childbearing years, I looked at it differently. ...When you're able to bring a life into the world that is a very deeply spiritual experience knowing that that little baby just came from your Heavenly Father and has now been entrusted to you. And so, in viewing your body that way – that's deeply spiritual. (I2)

Similar to Sue, Valerie described motherhood as a purpose to life. She expressed an all consuming desire to help her kids:

Well, having . . . like I hurt for them when they hurt and I can't fix it, so I have a little understanding of . . . there are some things I can't fix for them, but I would fix them if I could (laughs). . . . cause I wouldn't have them go through anything hard if I could help it. (I2)

Motherhood – Single Women

The single participants described how they perceived motherhood. Iddy described how there is a motherly look:

. . . I think before it was just the old, and women who looked haggard. They didn't care really about themselves. They had the, a look. A haggard look. Of kids chasing around, doing all the housework, doing the yard work, having dinner ready. And, and I think that has changed a lot, especially where women are working more now. And everybody has to pitch in. You know, I mean, you still get those, you hear the women that, oh, yeah, I've gotta get this kid to this and this kid to that and so forth, but I think the look has changed. (I2)

Most of the single participants described a longing to become mothers. Rachel described her longing and how it would affect her:

. . . just knowing that you are desirable physically to someone and then . . . have[ing] a body that produces healthy children . . . that's a blessing. And so, as you put on the pounds I guess it's a sacrifice. You know, you're sacrificing in knowing – I would be like 'oh crap, now I have got to do all that work to take it off when this is over' you know. (I1)

...Pregnancy can certainly bring weight gain. Children and men cause stress so that's not good for the body either, but I think for myself, it would be so comforting to know that someone you love, loves you. Cellulite and all! I think my body issues could be compounded or lessened depending on the relationship I have with my husband and my children. (J3)

Jane's personal view of motherhood changed over the years because of not being married or becoming a mother:

I still haven't sort of embraced the idea of – marriage, in some ways. Obviously, umm and, in some ways not even the – parent, being a parent, having children. Because – cause it's kind of changed over time. You know, cause it's kind of like – I thought I wanted it, but then I think I wanted it because I was supposed to want it. And then I thought for a while that was sort of what gave purpose to life, and the now, I'm like, well, there's a reason that I've sort of been not – you know, I haven't embraced that... (I2)

Of the 5 single participants, 1 participant adopted a child as a single parent. Jenny felt very strongly that she “was supposed to be a mom. I knew it my whole life. That's what I had always waited for and worked for and believed in and whatever” (I1). This gave Jenny a unique perspective:

And so I may be single, but the focus is off being single. The focus is now that I'm a mother. And it may be that I'm a mother doing things a little bit differently than most . . . people got to be mothers, especially being single, but the whole focus shifted. It went from – it actually didn't' shift – it started. There was no focus on me before. There was no attention. (I2)

Unique to me is, being a single mom, I've had to verbalize a lot of stuff with my little girl because of questions she asks. I've had to think it through differently than how I did as an adult. . . . I guess you could say I have seen things about body image through a five-year-old's eyes. Where before . . . I just assumed we all knew – things about what was right, what was wrong. . . . That we're all children of God, that we're all good no matter what we look like, no matter what color we are – whatever. But even as early as kindergarten, there's already image stuff goin' on, so, it's amazing. . . . It blows my mind. So, very upsetting . . . to see that kids . . . can be cruel. (I3)

In contrast to expressing a longing to become a mother, Top Gun described how she perceived single women could react to being single:

Where sometimes you'll go to other wards and they'll talk about motherhood. And even though there were some single moms in the singles' ward, they would still talk about how singles still can have an influence on children. You know, you are a kind of a surrogate mother so to speak to even, like your nieces and nephews. And actually I love being that. I love it. 'Cause when you're tired you can send 'em home. (I2)

Married Participant Summary

Three of the married participants felt support from and were reassured by their spouses and described how their husbands would compliment them. Even though Sue felt support from her husband, she commented how her husband neither complimented nor criticized her appearance. Shelley, who was an exception, felt insecure about her body, which was compounded by her husband's negative comments about her body during pregnancy and his comments about other women. Shelley received a breast augmentation to try and please her husband after he was diagnosed with depression. However, after the augmentation, he continued to be depressed. Shelley successfully came to terms with the idea that she needed to be okay with her own body for herself. Many participants argued that maintaining a positive body image would be more difficult for single women because the stability offered by marriage was a benefit.

The participants felt motherhood was priceless even though pregnancy and morning sickness were challenging. The process of becoming larger had a detrimental effect on Shelley because of her husband's negative reaction to her body. Morning sickness was negative for Lora because it aggravated chronic back pain. Comments about the pregnant body usually included descriptions of pain and, for Valerie, an acknowledgement of the impossible process of losing the baby weight after childbirth. Even with all of the negative associations, all described that being able to have children was a blessing and a wonderful opportunity.

Single Participant Summary

Most of the single participants stated that they did not believe their marital status was affected by their body size or physical attractiveness, but felt their confidence and self-esteem affected their ability to feel desirable or attractive. However, these participants described that men were attracted to an ideal female body type. This was an interesting contradiction because the single participants expressed belief that their body size did not affect their status, but they also believed the possibility that being thinner would make them more desirable and, therefore, more attractive to men.

Most descriptions of motherhood were couched in the LDS belief that being a mother is one of life's greatest blessings. The single participants reported feeling a sense of failure and separation from what was culturally and personally important. The majority of the single participants felt something was wrong with them in the eyes of men (not being chosen) and in the eyes of God (a blessing withheld). All of the single participants described experiences that were pivotal in accepting and creating their path in life as single women. While motherhood was looked upon as a blessing, 4 of the single participants expressed that being a mother was not desirable, except for Jenny who was a single mother, because it represented a sacrifice of their body (i.e., gaining weight in pregnancy and struggling to lose weight) or a sacrifice of time (e.g., running around after the children, no time for themselves). Even though, if given the opportunity, most would choose marriage and motherhood.

Similarities and Differences

The doctrine and belief of marriage and motherhood were common threads between married and single participants. All participants, with the exception of Jane, discussed the experience of marriage or felt marriage and family was desirable. The married participants described the benefits and challenges associated with marriage. The single participants described how they would like to be married and they would need to be married to be fulfilled. However, Top Gun illustrated how she did not want to be married, just to be married. She wanted a husband who was worthy of her.

Marriage and the presence of grandchildren seemed to be a protective factor against negative body language. Several of the married participants illustrated how they would be okay with a little weight gain because they were grandmothers. The single participants seemed to lack a grounding mechanism and several described a lack of fulfillment or a yearning for marriage or children. Even though the single participants did not have children and may not have felt empowered, they lived empowered lives by teaching, serving, and giving through their family of origin, professions, and the LDS Church.

How Do Individual Spirituality and Religiosity Interact with Body Image?

Members of the LDS Church attend worship services for 3 hours every Sunday and are asked to hold different positions within a congregation to assist with teaching or other operational duties. Because of the amount of time each member donates each week in fulfilling the duties of their church positions, church members have frequent interactions with each other. These interactions may be influential on an individual's

perceptions of body image. Generally, the experience of church-related activity attendance was protective in many ways. Jane was an exception to this because she felt the LDS church put her in a “box” (I2) that she did not like. Members are told they are to “present our best selves...we should be as comely and respectful, as dignified and appropriate as we can be” (Holland, 2006, p. 28) and “we would keep the outside of our bodily temples looking clean and beautiful to reflect the sacred and holy nature of what is inside” (Tanner, 2006, p. 13). Thus, there is a perceived importance to having a good appearance while at church. This has translated into a cultural (peer) pressure to maintain a general ideal appearance.

Is there an “LDS look”?

Because it is possible there are cultural effects or pressures related to dressing and grooming standards within the lived experiences of attending a specific church or religion, each participant was asked if there was an LDS look or a typical LDS look. The participant’s answers were focused on what the LDS look is not. The descriptions can be discussed in two main categories – modesty and general appearance.

Modesty. The participants did not agree when describing one specific look but referred to a standard of modesty that included clothes and attitudes. Many responses about an LDS look focused on clothing, specifically what not to wear. AnneJeanette stated, “We want to be morally clean, which is part of our body image” (J2). For AnneJeanette this look was described as:

We have the longer skirts so there is a look in that way, you know, to have the longer skirts, and I know that when I see some that have the skirts above the knee and that, I do a double take, to always to see if it’s long enough. (I2)

This longer skirt look was further described by Valerie as “the black broomstick skirt. You have to have a black broomstick skirt” (I2).

Shelley stated that the LDS look is “Motherly. . . . conservative. . . . Very conservative. Very non-form-fitting and . . . stylish but within reason” (I2). She continued,

I think people think modesty as in – umm shoulders, you know spaghetti straps, low, short, which I do too. But I carry it a little bit further and I think it’s – an attitude – and attitude and it’s a – it’s a – it’s a way of being. So, I mean, cause you could have a very, a very modest top that comes up to here, but it’s extremely tight and shows everything and so to me that’s immodest. But as far as being immodest in the covering, it’s modest. (I2)

But to me there’s lots of girls who dress immodestly that are – that are good LDS girls but because of the way they dress, you know, in very tight provocative manner and – and whether they’re doing it to show off, whether they’re doing it for whatever I don’t know, but I think that’s what happens. . . . I think should be asked is why am I dressing the way that I am. Am I dressing the way that I am because it’s comfortable? Am I dressing the way I am to cover up my body. Am I dressing the way I am to get attention? Am I dressing the way I am to flatter – to flaunt? Why am I dressing the way I am? Because, you know, I mean, you know I’ve had people say, wow Shelley, you looked so good in that – you should wear things like that. You should flaunt that, and I think well, why should I – what is my reason – is my reason to have men look at me? You know, is that why I want to dress that way? So, that’s what I think modesty is – more than just the dress – is why are you doing it? What kind of reaction are you doing it for? Or is there a reaction? (I2)

Similarly, Jane illustrated how the LDS look did not emphasize a woman’s sexuality, which conflicted with societal pressure:

I would have to kind of perhaps generalize [an LDS woman’s experience with body image] . . . where the cultural ideal is kind of more thin and perhaps even have a sexual undertone to it, that would certainly conflict with an LDS woman’s experience with body image in the sense that they’d be trying to perhaps not consciously, but to meet different ideals, where one is, you know, of course, more modest and the other isn’t as much. (J2)

This conflict with maintaining an LDS look and societal pressure was further emphasized by Jenny because:

I think we are encouraged more not to look a certain way. Not to look suggestive, not to look revealing. I think we're taught to cover more of our body than most people do. (I2)

Sue's comments reflected how the LDS look was different from the modern societal norms:

Not the heavy make-up, it's not the multiple earrings, it's not the visible tattoos, it's not – umm, you know the little strapless dresses, or – I do think there's a very unique, very recognizable look to an LDS woman. (I2)

However, members of the LDS church are expected to maintain their appearance and to look their best. Rachel described this as:

Look at the women who have led the church, they don't dress shoddy . . . I mean they wear jewelry. They look like someone who would be accepted in the world. (I1)

These participants indicated that it was important to look nice but not how the 'world' would have you appear. It seemed as though how a person dressed was a representation of an attitude or belief set. Sue described it as:

I think it's a very clean, fresh look. I think it's a modest look. Ummm, I think there is a sense of happiness, a sense of – I don't know that I would say glow, but I do think there's something that looks different to me. (I2)

General Appearance. Because of the emphasis on modesty by the LDS Church and the tight-knit culture, it was possible that each participant perceived an ideal general LDS appearance. A common perception was described by Sue:

I would say they're generally overweight, due to either too many ward parties, too many potlucks, too many – you know – lots of – not too many but lots of children, lots of pregnancies. . . . I don't know if that's fair to say. I would say they're generally overweight. Because it seems to me that if you're very thin, very worried about your weight, it's more vanity – you know – vain things of the world. If you have cosmetic surgery and things like that, it's more things that LDS women wouldn't necessarily be involved in. So I would say, and I wouldn't say dumpy or frumpy. . . . Yeah, I would say that they're less trendy. And more, ummm, just less – almost not fashionable, but less contemporary in the everyday fashions. (I2)

The common perception about an ideal general LDS look was further described by Iddy who related how this perception has changed over time:

I think 10 years ago it was more so, um, the Capri pants with the sandals with a t-shirt type look. Um, I think LDS women are, I think they're more so now becoming more like I say, active as far as physically active . . . [*What do you think it is now?*] I think it's more of a . . . fitness look. And I think more women are competing. I think . . . the women have to look good, because they're all in the Relief Society together, the Young Women's, or whatever. And they're competing with how well they look and how, how well they can do something. (I2)

In her younger years, Lora described that the look was “. . . a skirt and a blazer” (I2), but emphasized that her Sunday appearance was important:

I still believe at least for myself that the best, my best Sunday best, but my best, taking into the fact with me what – I mean I can't wear heels. . . . I think my Sunday best makes me feel better. It puts me in a different frame of mind. It's like that putting on the armor – is putting on my Sunday best for my Heavenly Father, for my Savior. (I2)

Shelley also described the importance of looking your best by illustrating how appearance is a sign of respect:

If you enter the temple, you need to dress appropriately. You need to, like, go in your Sunday dress instead of just going like in flip flops and like you just got off the beach and going there. And I think it's because – it's showing of respect. (I2)

Sue summarized how she felt about her body image and how it was impacted by her beliefs:

I feel like my body is a gift and I will – I want to take care of it. And in doing that I'm not gonna be 300 pounds. And so, umm, but on the other hand, I'm not going to be 100 pounds – a stick figure – 100 pounds either. I think that's very worldly. (I2)

Because of the LDS teachings and beliefs about motherhood, Jane suggested that there was a perception of the body type due to motherhood and how that body type increased the qualities of being a mother:

The goal or the end result that most of the women are trying to achieve is becoming a wife and mother . . . it would seem at some point the LDS body type typically tends towards the softer, if we will, or perhaps you know, moundier. I know it is kind of weird, but, um and so, kind of when I think of LDS women, particularly of my mother and grandmother's generation, I think more of those qualities that are motherly, which are less about body and more about feeling. (J2)

In contrast to the beliefs about looking one's best while at church, Shelley stated that a person's appearance may reflect on the perceived value of the person by other members of the church.

When we're going to a reception or we're going someplace nice or we're going to a play or going to church, my husband is not a fashion statement. In fact, he prides himself, I think, on looking weird. So, I, you know, I say to him – you need to iron – that shirt needs to be ironed. You know. And he gets mad at me. And he says, why do you care? And the reason I care – one thing is sometimes it is a reflection on you as a wife or a mother. You know, people do look at you and they'll go, – I can't believe she let her kids go like that. (I2)

Because of this perceived pressure for a good appearance while at church, Lora stated that her body image has affected her church attendance.

I've even noticed there's been a couple of times I haven't gone to church because I don't feel good about my body, what I have to wear. What I have to wear, it's the clothes – but it's not the clothes. It's not their style. It's the body that has to go in the clothes. (I3)

When asked why there is a perceived pressure to have a certain appearance, Valerie shared,

Visiting Teaching. And I'll tell you why. When you go visiting teaching, and I have a story about my husband cause it happens to men too, but visiting teaching – you go into their living room and you sit down and they've vacuumed and they've dusted and they're making it look very pretty and very nice. They have their fine little knick knacks out or whatever, and then they leave and at some point you walk in your bedroom and – I'll just give you my bedroom for example. It has clean laundry in one basket. It has dirty laundry in another basket. I haven't put my shoes away for 3 days. I have a box of stuff to deal with that's half done, so half the box is here and half the stuff's on the floor next to it. I haven't dusted cause I didn't have time, and on and on and on. And that's what I judge myself on is my bedroom versus what I judge other people on are their living rooms.

And so if you take that to the body, we judge ourselves by what we know in here, but we judge others by what we see. And so people who don't have a strong what's in here [points to chest or heart] compete with what's on every body else's outside and that's that peer pressure, visiting teaching syndrome.

But you judge yourself by your bedroom and the mess that it is. So it's kind of the same with – you know, we judge ourselves by all the sins we know we've done versus none of the sins we see anybody do. (I2)

As a reaction to the perceived ideal image, Jane illustrated how individual choices within the religion may be expressed as a counter to the cultural pressure:

There was a hint of rebelliousness there because, like, I remember consciously not wearing dresses like other kids would have to wear . . . they'd wear dresses to school so they could be in dresses to go to . . . so there was a certain element of rebellion that I could remember from that. (I2)

How Does God View Your Body?

A basic tenant of the LDS religion is that there is a God who created and has a personal relationship with each individual. To discover how each participant was impacted by this belief, each was specifically asked how they felt that God viewed their body. Most of the participants described how they felt God loved them as individuals independent of the form or shape their body. AnneJeanette described that “God loves me – I know that. And I know He loves my mom and she totally has a different body type than me” (I2). While answering the question of how God views the body, the participants used many different words and phrases to describe God's view of the body, including stewardship, temple, important tool, and is given to teach us. These words illustrated descriptions of what the body is and described how teachings are possibly connected to behavioral choices.

Rachel described how she felt God's love and His help with her individual frustrations with her body:

At one point I was in the temple and I had – things were pretty bad – and I remember just going through my head – praying to Him saying, ‘Okay, I’m this old. I live in the upstairs of my parent’s house. I this, I this, I list – and I’ve gained 100 pounds. I’m fat and ugly and unappealing and no one wants me . . . this huge feeling and voice just in my head, ‘Do you think that makes me love you any less?’ That was huge turnaround for me in a lot of ways. (I1)

Shelley emphasized the love of God for her and for each individual because He has knowledge of who we really are by stating,

I don’t think He cares if I have short hair or if I have long hair, if I have blue eyes, if I have green eyes. I don’t think He cares if I – I think He cares that I – my body is a temple and that I am – I treat it with respect and that I . . . take care of it. (I2)

There is an emphasis that the body is to be cared for because the body is a temple.

Top Gun illustrated how her beliefs about her body being a temple lead to eating good foods:

I do consider that my body is a temple. I respect it. I try to keep it pure by obeying the Word of Wisdom and not put harmful things in it. That’s the inside story and I try to eat good foods to keep it going. (J2)

In addition to the treating the body as a temple, Valerie described how the body was an education tool and that through her illness she learned how to cope with added strength she felt came from God.

He must feel they’re an important tool to help us to learn whatever we need to learn. . . . I knew He could take this cancer away. I knew He could heal me before I was ever diagnosed. But, that was a no answer to a prayer. He would not take that away. I learned that this was mine to bear. . . . I think He supported me and He made it so I could have the strength to do what needed to be done. (I2)

Sue’s response was unique in that she described how God would help with our desires. But, that in some things, His help was contingent on prayers or representations of our motives and that His help could result in many different outcomes.

I don’t know that he cares about our body as far as what our weight is or anything like that. I feel like He would – if it was something we truly prayed to Him about, I feel like then He would help us. Whether to accept it or whether to have the

motivation to do something about it, or whether to, you know, kind of inspire us of maybe what we should be shopping for, or eating as far as our diet type thing. If that was something that- that you sought out from Him, I think He would help with that. (I2)

When reflecting on her answer to how God views our bodies, Jenny summarized what many of the participants felt and expressed:

I don't think that He looks at our body. I think He looks at our soul. I don't think, I don't think in a sense that He would – that He judges us in any way by our size or what we look like or things like that. I think He loves us and looks at our soul, but in the same breath, I think He wants us to be happy with who we are and love ourselves the way He loves us . . . I don't think Heavenly Father looks at our physical appearance as much as He looks at our spiritual appearance. (I2)

Definitions of Spirituality

In conjunction with the descriptions about God's view of the body, the participants described feeling God's love or feeling a connection as ways to experience spirituality. Jenny discussed that, for her, spirituality is having a relationship with God:

It's my relationship with my Heavenly Father, and it's knowing that Heavenly Father knows my heart and my desire and that what is important to Heavenly Father is not that I have a perfect beautiful body according to the worlds' standards, but that I'm trying to do what's right. I am trying to do what we've, you know, been told to do and following Christ's example and that there's no intent to purposely hurt or damage anybody and that I know at any time of the day I can, whether I'm walking, talking, kneeling, whatever, that I can communicate to my Heavenly Father. (I2)

Similarly, Sue described spirituality as a connection or communication with God:

I think spirituality is something bigger than ourselves. So something we think of as being bigger than us, and I don't equate it with church or the gospel necessarily – I think it's a relationship with your Heavenly Father and Savior, and I think it's very personal. (I2)

Shelley mirrored Sue's description that spirituality was a sense of connection:

Spirituality to me is directly connected to a higher being. So, spirituality to me is – is believing in a God and in a higher power that does know all and that does

have unconditional love for everybody but knows kind of the end from the beginning. So, so that can bring you peace. (I2)

Iddy indicated that the connection to God could be felt at any time or place:

It doesn't have to be in a place of worship. It can be anywhere. You know, and not even, not even in, in prayer or in meditation, you know, it - it can be in the back of an ambulance that's totally chaotic. (I2)

Top Gun did think that it is ". . . kind of your activity level in the church. No matter which church it is" (I2). In contrast to the other participants, Jane's experiences were descriptions of exploring spirituality and oneness that was not confined to religion:

I think what I didn't find in practicing Mormonism as a religion – I didn't find the spiritual part. And I think it was because – it may be because of this perceived box – That – like for me right now – spirituality is really trying to connect with God. (I2)

How Do You Feel The Spirit Through Your Body?

The participants illustrated the process of spirituality as a feeling of the Spirit using words that expressed the feelings as a physical expression. Each described how the spiritual connection or spiritual experiences could be felt through physical or body details and experiences. Top Gun described this physical feeling as "I just get this tingling that goes up and down my spine. You know, and it's a really warm feeling" (I2). This physical warmth was also described by AnneJeanette, who felt the spirit as:

. . . sometimes I just feel very warm in my stomach and it kind of goes up just a little bit. . . . A lot of times I – that time I usually don't have the warmth in my stomach – I cry. (I2)

Another common description was given by Iddy, who described a feeling of "peaceful calm" (I2) in the midst of chaos. This was mirrored by Lora:

I – sometimes it's just a matter of even calmness. Just feeling calm. Sometimes – sometimes it's like you even just feel like prickles, you know, I mean sometimes

it's just – it's a warm feeling. . . . I've felt tingles. . . . whoa – that's right. It was almost like an affirmation. (I2)

Valerie expressed she felt the spiritual connection not only as warmth, but also sensing a physiological response of her heart, “quickenings” (I2) of mind or understanding, and sometimes overwhelming emotions that were expressed through tears.

I cry. So I feel it in – in that emotional way and that's how it comes out. I have – I have the warmth here in my heart area. A pounding of the chest – a pounding of the heart. . . . kind of like I'm a little nervous so everything's just kind of sped up just a little bit. Mostly I cry. Well, quickening comes to mind, where everything quicken. . . . But that kind of is the word that comes to mind because everything just kind of - you're a little faster. You walk a little faster, your hands might be shaking but that's cause everything's just kind of moving and speeding along. (I2)

Sue's connection with God or feeling the spirit was expressed as a direct communication by having a sense of understanding or thoughts:

Ummm, let's see. I would not say a still small voice, because for me it's not anything I hear. And it's – I wouldn't necessarily, maybe you would label it an impression. But I literally just have thoughts come into my mind that I know aren't my own. (I2)

Shelley described the result of spiritual communication as physical manifestations that could enhance her quality of life:

I think it's the Holy Ghost – helping to enlighten your mind. Because there's this quote that – there's this quote that I just love about the Holy Ghost and it says that it helps, you know, it in – it invigorates your soul, it helps your organs, it – I mean it – it's an all encompassing thing. It's not just this little spirit that – it's – it's all encompassing and so I think it enlightens everything about you. . . . And I do – and I believe that. I think it – it enhances – it can enhance every aspect of your life – not just – spiritually, I think, it enhances – it can enhance. Physical it can enhance your memory. It can enhance – it can enhance everything in your life if you let it. . . . I truly believe that if your body – if your physical body is starving you – you – you have a hard time – your spiritual self suffers. (I2)

As a contrast, Jane had a different view of how the physical could impede feeling the spirit or being spiritual:

When I feel particularly spiritual I don't really have a view of my body. When I experience a "beingness" (or connection to spirit), I feel joy and my sense of self is more defined by that interaction than with external things. . . . It's in those moments when I can transcend the experience of the body and let the things of this world slip away. (J3)

Rachel summarized the similar descriptions, from each of the participants, of how a spiritual connection is felt through the physical body:

It has come to me in totally different ways. Sometimes it's just pure knowledge, just something that comes into your head that you've just, it wasn't from you. It's . . . just a knowing. Other times it's this, like, that burning in the bosom, I guess is what it is . . . I don't know how everyone experiences that kind of thing. You just have that warm feeling inside that this is right. (I2)

Similarities and Differences

These participants described how they believed that God did not focus on their individual body parts but viewed them as a complete person. There was more to them than just their body. Also, it was a responsibility to take care of the body because it was a gift from God. Most stated that they believed the body was a gift, but few expressed gratitude for it. In some instances, there was a sense of disappointment that they were 'stuck' with the body they had. Many expressed the idea that the body is a test while on earth, although Top Gun felt she, as a whole personality, was a tester. The idea that they are not their bodies was expressed with the idea that their body is a tool. It was unclear if the body, as a tool, was to help them become more spiritual or if the body was to be overcome, in order to progress. Sue described how God would help them accept or change their bodies, but it would be a process. Many of the participants described how the body was a tool to be used in God's service, meaning the body is there to serve their

fellow man. When asked about an LDS look, many described what it was not. It was important to be modest, but modesty had a deeper meaning or attitude.

CHAPTER 5

DISCUSSION

The relationships between body image and the beliefs of women have been studied extensively. One relationship is the interaction between perceptions of beliefs, culture, and body image. This study explored how perceptions of religion, religiosity, and spirituality influenced the body image of middle-aged LDS women. The women in this study reflect the teachings and values of many LDS women. Though their experiences were their own, application was possible through the eyes of the readers. The participants used words to describe experiences and general paradigms related to how these women viewed the world around them.

The findings from this study suggest LDS women function within three main influences: first is a higher power (God), second is the operational governance or how to live God's laws as taught by the LDS Church, and third is how the participants described the worldly society (Figure 2). These three influences impact how LDS women experience body image through the interrelation of experiences, doctrine, and interpretation or perception (Figure 2).

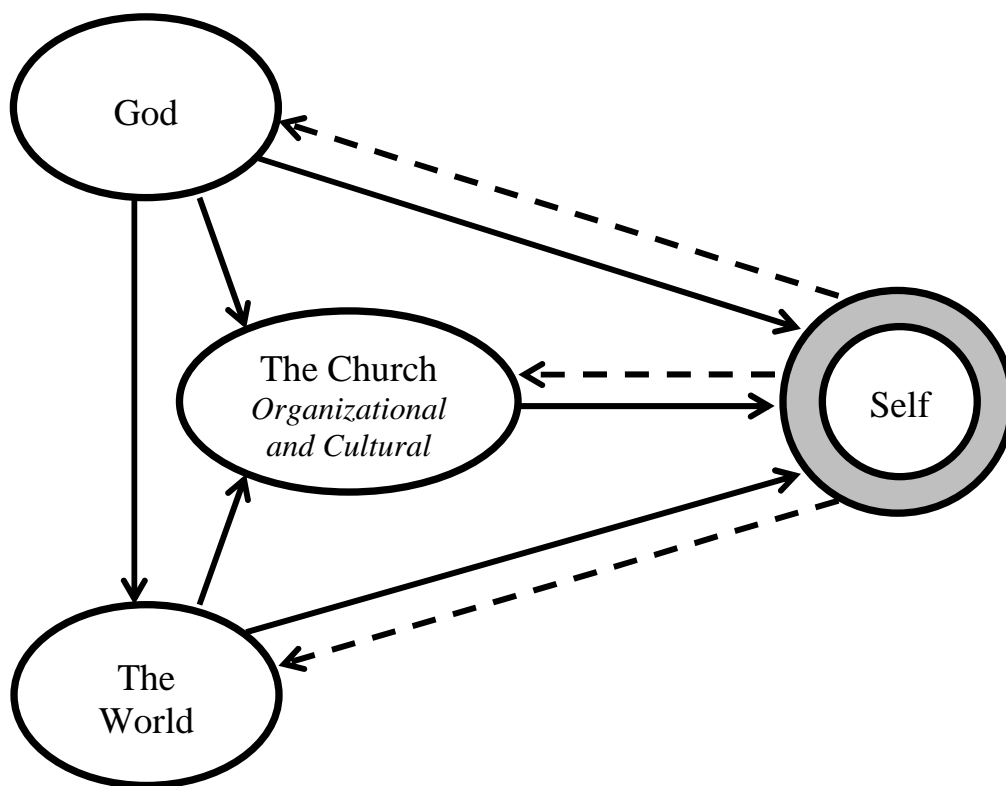


Figure 2.
Solid Line = influence, Arrow = direction of influence
Dashed Line = perception or interpretation, Arrow = direction of personal effort

Figure 2. Cultural Context

How Do Middle-aged LDS Women Experience Body Image?

Family

The middle-aged LDS women in this study experienced body image in a variety of ways but shared a common theme of identifying family members who influenced body image expectations and behaviors. The participants described that they were influenced by their fathers and brothers who taught them about appearance expectations from a male perspective. Fathers and brothers provided both negative and positive body image influences by both teasing and complimenting physical attributes. One participant was

called “tank” while another participant was told that she was beautiful. Women who had fathers with attitudes focused on the importance of appearance are more likely to accept and obtain cosmetic surgery because of a perceived extrinsic reward from society (Henderson-King & Brooks, 2009). Women may interpret their “fathers’ modeling and encouragement of attention to appearance . . . as a more accurate indicator of the importance of appearance in the real world (i.e., to male romantic partners and employers)” (p. 139).

In contrast, the influence of mothers and sisters was expressed as teaching participants how to maintain the expectation by showing how to diet or how to engage in self-talk regarding weight and the body in general. The experiences of these participants, regarding the comments about their body from their family, was consistent with the findings of Keery, Boutelle, van den Berg, and Thompson (2005) that 23% of teenagers experienced parental body-related teasing. A higher rate of paternal versus maternal teasing led to a higher level of body dissatisfaction and negative indicators. Within a group of Mexican American women, a strong family connection significantly moderated the effects of the U.S. societal norms for body image ideals (Bettendorf & Fisher, 2009). This may relate to most of the participants within this study because of the strong family connections that can occur within the LDS culture. The married participants may have an additional protection against the societal body image ideals because of the additional connections formed with their spouse and children.

Paternal teasing was significantly related to sibling teasing, with older brothers being the most frequent offenders. There are increased risks of derogatory teasing experienced by children who are outside the societal body ideals (Kostanski & Gullone,

2007). This derogatory teasing occurs because it is taught by adults to their children, who learn teasing is an adult behavior. Children who were teased because they had a visible facial cleft were more negatively affected during adolescence compared to childhood (Feragen & Borge, 2010). Top Gun experienced teasing when she was younger but made a conscious choice in how she would respond to the teasing. Additionally, she received positive support from her family during the years she was teased. In contrast to her childhood years, Top Gun did not describe teasing experiences after she reached adulthood. Since becoming an adult, Top Gun's experiences with people's reaction to her facial deformities have been one of answering questions instead of ridicule. Top Gun has achieved a level of acceptance about her body. However, research indicates that a combination of body dissatisfaction and body-related teasing is related to increased incidence of depression (Benas, Uhrlass, & Gibb, 2010). Thus, it is important to be aware of the harm of childhood or adolescent teasing that can continue well into the adult years.

Kluck (2010) found an appearance-focused family structure where mothers who commented or encouraged weight control and weight control behaviors were linked with daughters having a higher level of body dissatisfaction. Within a family setting, it is possible for parents and siblings to consciously and unconsciously negatively impact body image. Thus, it is important for parents to understand that they are extremely influential in facilitating a healthy body image and can be damaging to delicate self-concepts of children and adolescents (Green & Pritchard, 2003; Cowen, 1991). The importance of family is indicative of the benefit or description of the synergistic nature of relationships as described by Richardson (2006). Through relationships, it is possible to

create situations that have the potential to positively or negatively influence an individual's body image.

Three Theoretical Ideals

The participants in this study reported a constant comparison between a perceived ideal and reality. This comparison occurred between three different theoretical ideals: first, what God believes is an appropriate body image; second, what the LDS Church culture describes as appropriate; and third, what the world describes as appropriate (Figure 2). Figure 2 illustrates the interconnection between God, the LDS church, the world, and self. The solid arrows represent the methods of influence that can be felt from the organizations or entities and the dotted arrows represent a perception of each organization. Figure 2 is a graphical depiction of the three theoretical ideals. All three ideals – God, the LDS Church, and the world – could constantly be shifting in importance and level of comparison within a given moment or sequence of time. Historically in Christian theology, God is depicted higher compared to the world. The vertical orientation of the three ideals or the horizontal distance from the three ideals and the self is not indicative of strength of influence or order of importance.

During the process of continually comparing oneself to an ideal, LDS women decide which of the three ideals supersede the others in a given moment and may shift between which of the three influences is important within a short amount of time. For 9 of the women in this study, their beliefs were representative of someone who would be considered an active participant in the LDS faith. The exception was Jane who was in the

process of exploring and considered “being LDS” as her heritage. Yet, for all of the participants, there was a comparison between a perceived ideal and perceived reality. When asked about experiences and body image, the majority of the experiences were negative, but several of the married participants indicated they felt their husbands were supportive of their body image.

Many of the participants described how they were different or did not fit in during formative years. This idea is supported by Tompkins, Martz, Rocheleau, and Bazzini (2009) who suggested that there is a social norm to be discontented with or have a negative body image that can be represented by body disparaging conversations. Tompkins et al. found that many of the women in their study felt they had a unique or differing view than women in the general population.

When asked how God viewed their bodies, the participants’ responses were hopeful and became visibly less stressed through their nonverbal communication of body posture and facial tension. Through their words and actions, the participants communicated that God was less judgmental and did not care what their body looked like, but He cared about them as a complete person. God has power to give peace and teaches people to treat their body with respect and to honor its abilities. The world ideal was described as an expectation to conform to a specific appearance, which was conveyed through the media. The women described the media as pervasive in their lives and powerful in shaping an individual’s body image, but the world was less forgiving if an individual did not fit the perceived ideal. When asked about a specific LDS look or pressure to look a specific way within the LDS Church, most of the participants had to reflect on their answers for a period of time. Their responses suggested that the pressure

from the world is seemingly more powerful, because of the pervasiveness of media images, than the pressure from the culture of the LDS Church. However, the pressure within the LDS Church culture was significant enough that 1 participant had not attended worship services because of her appearance. Thus, if the participants perceived the appearance ideals set by the LDS culture were important, they had difficulty reconciling what was ideal from their reality. However, the women described powerful experiences from their personal connection with God that changed their body perceptions, which were built upon their perceptions of the world and the LDS cultural ideals.

The LDS women in this study vacillated between the three theoretical ideals. An example was explained by AnneJeanette who stated she wanted to look good but, in contrast, she's "ok" about her body. This suggests that AnneJeanette focuses on something bigger than herself (body). She understood that from the worldly view, she wants to look good, but she also understands her body and accepts how it was created by God. From the teachings of the LDS Church, she understands the need to care for her body, but she does not obsess about her body to achieve the world's ideal.

Rachel, who was single, illustrated the subconscious cognitive shift between the ideals. She described negative body image childhood experiences that were hurtful towards how she felt about her body. During her childhood, Rachel was taught, by the words and examples of her brothers, what men wanted in a woman, but her body could not become the image preferred by her brothers. As she aged, she found spiritual comfort and relief from pain regarding her weight and her body and came to realize that God's ideal was not the same as her brothers' ideals. In addition to the conflict of ideals, Rachel perceived an expectation, within the LDS Church, to marry and have children. This

expectation revived the pain and negative images taught by her brothers because she was not married nor had children and resulted in feelings of inadequacy and pain of perceived failure. Though Rachel continued to strive for spiritual peace and comfort regarding these conflicting ideals, she occasionally shifted from the spiritual peace and comfort she received through her personal connection to God and, instead, focused on her negative body image and her failure in the church. Yet, even as her focus shifted towards her failures in her perceived expectations of the world and the LDS Church culture, she continued to reach for spiritual peace. She could communicate which ideal she was describing, but ultimate resolution was not occurring because the childhood memories were pervasive and needed time and effort to overcome.

It was difficult to know exactly how or when these women vacillated between these three ideals. The women did not express exact moments when they vacillated but described situations when, upon reflection, they realized two or three of the ideals which were in disharmony. During the interviews and journal entries, the women were asked about how God viewed their body and if there was an LDS look. Their answers included descriptions of the world's expectations for appearance and how those expectations contrasted to both the LDS look and how God viewed their body. Specific questions were not developed for the interviews or journals that focused on these three ideals, but these three ideals resulted from the analysis of the interviews and journals.

Donaghue and Smith (2008) found that middle-aged women express negative body image when comparing their bodies to an ideal. A meta-analysis (Myers & Crowther, 2009) illustrated that social comparison is linked to body dissatisfaction with women at higher risk than men and has an inverse relationship with age, but there was no

difference between the object of comparison and the level of body dissatisfaction. These results are similar to the multifaceted comparison in this study. The participants in this study experienced a comparison between their perceived reality and the perceived ideal in the world and the church. The one exception to this could be the relationship between the self and God, which will be discussed in the spirituality section of this chapter.

How Does the Body Image of Married Women with Children

Compare to Single Women?

Marital Status

Because of the importance of marriage and family within the LDS Church, married and single women described their body image experiences differently. The importance of the family influence was illustrated by these participants when forming and regulating the idea or concept of body image. This study suggests that there are two types of family, birth and marriage. The influence of the birth family was discussed in the previous section. The second type of family occurs due to the choice to marry, resulting in a relationship that is an extension of the birth family influence from both partners.

Depending on the health of the relationship, marriage has the potential to be highly positive or highly negative. Pole, Crowther, and Schell (2004) suggested that the influence from the family of origin tends to be replaced by the influence of a spouse. Markey et al. (2004) found that wives wanted to lose weight because they expected their husbands to want them to lose weight. Even though there were instances in which the husbands wanted their wives to lose weight, the husbands were generally supportive of

their wives current weight. The authors evaluated what the husbands wanted regarding their wives' weight and concluded that wives may have an incomplete understanding of what their husbands really wanted. Similarly, 4 of the married women in this study felt that their spouses provided a necessary support system for buffering or decreasing negative perceptions of body imperfections.

In contrast to the other married participants, Shelley did not receive positive support from her husband and felt that their relationship was affected by his mood disorder. In addition, Shelley reported that her husband made comments about actresses' bodies that she internalized to mean that she needed to change or reconstruct her body. She took the drastic measure of receiving a breast augmentation to please her husband despite feeling no internal drive to increase her breast size. Surgery appeared to be an act of self-sacrifice, and she eventually realized that her husband needed to work through his own depression. Her comments reflected a sense or feeling of inadequacy that began while growing up, which was magnified in the marriage relationship. However, after much internal searching, she realized that her body was her own, and she needed to take care of her body for herself. Ultimately, Shelley ran an ultra-marathon because she wanted to and not to please another person.

Shelley's sense of inadequacy was not an unusual experience for this study's participants. Friedman, Dixon, Brownell, Whisman, and Wilfley (1999) demonstrated a relationship between low marital satisfaction and increased body dissatisfaction, but it remains unclear which occurs first. Swami, Chamorro-Premuzic, Bridges, and Furnham (2009) suggested that the personality characteristics of being "more conscientiousness, less agreeable, less open, and more emotionally stable were more likely to consider

cosmetic surgery” (p. 11). Likewise, they reported higher rate of conformity and the need to satisfy a partner increased the likelihood of cosmetic surgery. Shelley likely fit into many of these categories prior to her surgery. It is important to recognize that many of these perceived self-sacrificing characteristics are valued within the LDS Church, suggesting many LDS women may be vulnerable or in a position to use cosmetic surgery to mediate body dissatisfaction in marriage or in an effort to find a mate.

The topic of intimacy within a married relationship was not included and not volunteered during interviews with the married participants. It is possible that the women did not discuss being a ‘lover’ or intimacy for two reasons. First, the researcher was single and the married participants did not want to discuss specifics with her. Second, intimacy with their spouse is considered a sacred and personal experience that they may not talk openly about with anyone. Two of the married participants discussed the joy in having children and 2 other participants felt supported by their husbands within their relationship. One married participant discussed that she and her husband had intimacy issues. None of the women described any specifics in regards to intimacy. When asked general questions about marriage and children, none of the single participants described intimacy. This may be due to the teachings of the LDS Church in regards to not having sexual relationships prior to marriage. Also, the single participants may not have discussed intimacy with the researcher for the same reasons as the married participants.

Many of the single participants described a frustration and experienced pain associated with not being ‘chosen’ as a spouse. For them, marriage, in its essence, was the process of being chosen as significant or special by someone else. Many of the participants felt that their body or the shape of their body limited the prospects of men

asking them to marry. Ambwani and Strauss (2007) found that a group of single women who were in a relationship felt more secure with their bodies. However, this certainty does not automatically lead to an eventual marriage. Rachel longed to be chosen even though she strongly felt that, because she was overweight, she was not desirable and, therefore, not chosen. A spiritual experience, which strengthened her connection to God, began to buffer the pain she felt or the inadequacies that were etched inside. Dissimilarly to Rachel, Top Gun described how she had opportunities to be married but had declined because she did not want to be married just to be married. She chose to wait for a relationship that she deemed acceptable. Research indicates there is an equal level of body dissatisfaction between married and single women (Friedman et al., 1999). In contrast, Sanchez and Broccoli (2008) suggested single women have greater body self-objectification than married women when the women were artificially prepared for a romantic relationship. Thus, being married was a protective factor against body objectification. For the participants in this study, whether single or married, there appeared to be a need to reconcile the comparison between choosing one's marital status and with the feeling of not being chosen by a partner within either setting. This is reflected in Shelley's experience of choosing to be married but not feeling chosen within the relationship.

Maeda (2008) found that a group of never married Japanese women described how their identity was based on their role as daughter in the family dynamics, their concept of dating and marriage, and finding meaning in connections with other women. These ideas could illustrate many of the dynamics of body image in the single participants in this study. The body image created from the influence of the family of

origin has not been mediated or changed by the presence of a spouse. Though the repeated presence of positive and negative romantic or dating relationships may mimic the influence of a spouse, the level of uncertainty expressed by the single participants does not facilitate the grounding described by some of the married participants in this study.

Children

For the married participants, children provided a body image challenge due to pregnancy-related body changes and difficulty losing weight after the pregnancy. Pre-pregnancy body image is predicative of body image during late-pregnancy (Skouteris, Carr, Wertheim, Paxton, & Duncombe, 2005). Depression, social comparison, and teasing were also indicative of late-pregnancy body dissatisfaction. During pregnancy, there may occur a period of time where the social standards of maintaining a specific body type are suspended (Kamysheva et al., 2008). AnneJeanette reported that her body image remained stable throughout her pregnancy. She accepted the dichotomy of gaining weight during pregnancy even though she was larger than the norm because she felt the weight gain was to be expected. However, she did not like looking 9 months pregnant during her sixth month of pregnancy. It is possible the LDS focus on families and children help mediate and positively influence a woman's body dissatisfaction during pregnancy. However, a high level of social comparison within the LDS culture and society in general could negate that positive influence.

Participants reported a strong desire to lose baby weight, suggesting that a curvier figure was seen as a negative. This understanding of their postpregnancy body image

changed when several of the participants described that being a grandmother gave them some peace or reassurance that gaining a little weight and not losing it was acceptable in limited circumstances. The single women also felt it was appropriate for a grandmother to have a more round figure. Ironically, they seemed to feel that being a mother was a sacrifice of femininity or that having a larger body was not female and mothers were described negatively as looking “haggard” or “moundy.” Thus, the LDS single females expressed difficulty accepting the idea that marriage and children are expected with the realization that the process of having children is a sacrifice of the ideal body. As women age, there appears to be no change in women’s body dissatisfaction (Tiggemann & Lynch, 2001) possibly because the perceived acceptable norm for the body type of a mother and grandmother changes with age.

How Do Individual Spirituality and Religiosity Interact with Body Image?

Individual spirituality and religiosity interacted with body image in several ways (Figure 2). The participants described the influences of God on their body image by discussing how they felt God viewed their body. Their bodies were a temple, a gift from Him, and had a purpose. They were given a responsibility or stewardship of their bodies. God expected each individual to care for their body, which meant they were to keep it clean and to learn how the body functions optimally, which included behaviors such as washing their hair, learning what to eat, exercise, sleep, and going to the doctor when needed. The teachings in the Word of Wisdom were described as giving them direction on the need to keep harmful substances out of their bodies. The participants described

how God loved them regardless of their abilities or physical deformities. For Top Gun, this helped her focus on how she was more than her physical imperfections.

Interview and journal questions were posed to gather information about how the participants experienced religiosity and spirituality. The questions were divided into the two separate constructs, but the participants had difficulty separating religiosity from spirituality. This may be due, in part, to the participants using religious experiences to describe situations that put an individual in a mind frame to enhance spirituality. When Lora was asked about her personal definition of spirituality, her reply focused on the rite and ritual of the sacrament because it was a physical setting and act, which potentially enabled the spirit to communicate with her. This act or behavior enabled the mind and heart to try to access spiritual things facilitating spiritual communication. Another reply from Lora discussed how attending religious meetings was a way to access the spirit because it put a person in the correct mindset. Top Gun described how wearing certain types of clothing changed a person's mindset and could facilitate spirituality. However, all of the participants described spirituality as more than 'just going to church.'

Pargament and Mahoney (2005) argued that beliefs of the divine being manifested physically have health implications, because of the behavior of body sanctification or the belief in the divine nature of the body. These actions and beliefs lead to an increase in health-related behaviors like an increase level of seat belt use (Mahoney et al., 2005). This is reflected in the participants in this study who described how they respected their bodies enough to not ingest harmful substances like alcohol, tobacco, or illicit drugs.

Clothing

The function of clothing is related to body image with women, as they age, wearing clothing for comfort or assurance (Tiggemann & Lacey, 2009). However, body image may be more predictive than age to determine when clothing was used for assurance, fashion, or comfort, which was paralleled by some of the descriptions given by participants in this study. This also suggests the shopping experience may be challenging for LDS women because they need to negotiate between their desires for modesty and fashion. The shopping experience facilitates body dissatisfaction due to societal norms of fashion and the shopping environment. Thus, women may utilize clothing-avoidance behaviors (Trautmann, Worthy, & Lokken, 2007).

The participants described the LDS look by what it was not, which included not looking sexual, no tattoos, and being covered appropriately but dressing for function and comfort. This led to some descriptions of LDS women looking frumpy or nonstylish, which may occur because of clothing-avoidance behaviors (Trautmann et al., 2007). These behaviors may lead women to choose clothing that is loose or camouflages the body and avoid revealing, tight, colorful, or attention getting clothing. One participant indicated that a woman can dress fashionably while remaining modest in dress and attitude; however, another participant reported missing church when she felt she did not have appropriate clothes. These two participants described the delicate balance for LDS women who juggle the contrasting pressures from the LDS culture and broader society to maintain perceived appearance norms. This possible emphasis on modesty being more than physical appearance is supported by Peterson and Seligman (2004) because modesty is a way of being or attitude and more than appearance.

“Cultural learning profoundly shapes what we notice as well as what we believe, at levels outside conscious awareness as well as within awareness” (Erickson, 1986, p. 129). Participants described the negative influence of media, magazines, movies, music, and peers to maintain a perceived appearance norm or ‘worldly’ look. Reel, SooHoo, Summerhays, and Gill (2008) described how Caucasian and African American women, across the age span of 20-80 years, internalize this external description of what they should look like. Since there is an association between being more sexually provocative and being objectified (Gurung & Chrouser, 2007), women who subscribe to these norms, in some form, may accept the process of being objectified or treated as objects (Fredrickson & Roberts, 1997). As women are increasingly objectified, they are minimized as being competent and intelligent, with a greater value being placed upon appearance instead of the person, which may result in a decrease in perceived satisfaction, well-being, and quality of life (Mercurio & Landry, 2008; Gurung & Chrouser, 2007; Park, 2007).

For the participants in this study, this ‘worldly’ look was associated with vanity and pride. Individuals who subscribed to this look dressed in tighter and, possibly, more sexually provocative clothing. In addition, hair and cosmetics had to be perfect and, within the societal culture, size and weight was described as ‘smaller is cuter.’ Younger women feel it is important to be attractive and sexually appealing (Gosselink, Cox, McClure, & De Jong, 2008). But as women age, society may expect women to fade away because age decreases the beauty of the outward appearance (Gosselink et al., 2008; Reel et al., 2008; Halliwell & Dittmar, 2003). Thus, as women age, they may feel pressured to maintain a balance between “obsessing about or disregarding beauty culture

standards” (Gosselink et al., 2008, p. 319) because they desire to remain young and sexually attractive (Gosselink et al., 2008; Reel et al., 2008; Halliwell & Dittmar, 2003). The dichotomy of maintaining the balance between obsession and disregarding beauty declines as women reach the age of 70 or older. Thus, women who are middle-aged may experience the greatest discord between their current physical attractiveness and societal norms.

LDS Organization and Culture

Within the LDS Church, there is a specific organizational structure. The LDS Church doctrine foundation is based on the belief in prophets, revelation, and the priesthood and doctrines are taught from the Bible, Book of Mormon, and modern revelation. Members are taught it is important to access or gain a testimony or individual belief in God, Jesus Christ, and the LDS Church. The president and prophet of the LDS Church is male, and only male members of the LDS Church can hold the priesthood.

Within the LDS Church, it can be perceived that women are subjugated, but women have been celebrated in many ways. The women in the LDS Church can hold leadership roles within the Primary, Young Women, and Relief Society organizations. LDS women have been participating in the presidencies of these organizations from their inception. The Relief Society was created shortly after the formal organization of the LDS Church in response to the verbalized need of the women at that time. The Primary and Young Women’s organizations were created in 1874 and 1878, respectively (The Church of Jesus Christ of Latter-day Saints, 1989). The Primary organization is devoted to the teaching of children from the age of 18 months to 12 years of age and was

organized as a direct response to the requests of the women in the LDS Church. The Young Women organization directs the teaching of the female youth between the ages of 12 to 18 years of age. When a female becomes 18 years old, she automatically becomes part of the Relief Society organization. Within each of these organizations, women hold leadership positions of president, first and second counselors, and secretary. Women can also be teachers in these three organizations and in the Sunday School organization, along with positions in the Boy Scout program and many other organizations. Each of these organizations gives an accounting to the Bishop, or congregational leader, within the local congregational unit (ward).

Members of the LDS Church are expected to participate in weekly Sunday meetings and are encouraged to attend other activities or meetings held on other days of the week. These other weekly activities or meetings could include parties, teaching or service activities, learning opportunities, etc. These interactions are times for women and men to interact to facilitate social networks. Because of this close social network that forms in wards, the LDS Church culture is distinct from other societal cultures because of the development of unique terminology and jargon, close-knit families, and increased opportunities to develop close friendships with other people in a local, geographical region. The participants in this study lived their lives primarily in the same geographic region. Their experiences could be only applicable to that specific geographic region.

There is a stark contrast between the societal norm for appearance and the religious teachings of the LDS Church. Ballard (2010), a member of the Quorum of the Twelve within the LDS Church, stated,

Popular culture today often makes women look silly, inconsequential, mindless, and powerless. It objectifies them and disrespects them. And then suggests that they are able to leave their mark on mankind only by seduction.

They [young women] need to understand, that when they wear clothing that is too tight, too short, or too low cut, they not only send the wrong message to young men with whom they associate but they also perpetuate, in their own minds, the fallacy that a woman's value is dependent solely upon her sensual appeal. This never has been, nor will it ever be, within the righteous definition of a faithful daughter of God.

The challenge for these participants was that, by prescribing or focusing on a physical look, they were, in essence, denying spiritual or church teachings. Yet, the doctrinal teachings of the LDS Church include the overarching purpose of the body and how to care for the body and advocates treating the body in a healthy way. The doctrinal teachings emphasize self-worth, which is not predicated on appearance and, by doing so, has the ability to mediate the negative influences on perceived satisfaction, well-being, and quality of life.

When the participants discussed how God felt about their bodies, there was a level of acceptance for where they were at that given moment, but they expressed that it was difficult to maintain that level of insight and acceptance. This is similar to the Universal drive in resilience theory (Richardson, 2006). The connection to a higher power can give strength to overcome body dissatisfaction but a person must continually reconnect to their spiritual source of strength. Research indicated that body satisfaction among older women was related to a "more positive sense of life's meaning, purpose, and future" (Homan & Boyatzis, 2009). This relationship hints at a link between religiosity and a positive body image (Park, 2007).

Parks (2007) describes eight mechanisms or avenues how this relationship is effective.

1. Sense of meaning in life
2. Social support
3. Body sanctification
4. Health locus of control
5. Gratitude, hope, optimism, and compassion
6. Health behaviors
7. Positive affect / Negative affect / Stress
8. Mechanisms in context of illness (Parks, 2007)

All eight of these were found within the participants within this current study.

The participants described that part of the purpose of life was to experience a body which aided in their ability to gain a sense of meaning of their lives. Social support was found within the importance of family and the possible affects those relationships have on body image. Shelley found support amongst her friends when she did not have support from her husband. Her friends understood her at the level of her deep spiritual beliefs.

Many of the participants describe their bodies as a gift from God or, even, a manifestation of His love for them, which led for their desire to take care of or sanctify their bodies. Health locus of control is an extension of body sanctification. These participants felt their choices impacted their bodies and had a responsibility and an ability to make changes to improve their health. The married participants described that they were grateful to have children. There was a sense within many participants, having felt physical pain, to have compassion towards those in pain. Religious traditions within the LDS faith dictated health behavior traditions for the participants in this study (i.e., no alcohol, drugs, or harmful substances). These participants expressed that their spiritual experiences decreased their negative stress within their lives. Rachel described a spiritual experience when sitting within an LDS temple of feeling God's love for her. The outcome of this experience was a decrease of the negative affect or stress associated with her negative body image in relation to her physical size.

Mechanisms in the context of illness were illustrated by the possible mediating effects of spirituality on illness by several participants. Three of the married participants experienced chronic pain and each reflected daily on how God could help them through every day. This is possibly indicative of the population. By the age of 40, most women have experienced some major illness or disease. The life changing experiences of pregnancy, birth, and raising children could apply to this category. One single participant was born with a condition that visibly malformed her face. She found solace in religion and her individual sense of spirituality to get through, accept, and embrace her physical deformities and cope with the challenges of her uniqueness.

Many participants in this study experienced moments of spiritual reflection and understanding, which became a mechanism to buffer the perceived negative pressure they felt from the world. Increased spirituality not only effects a person's perception about meaning and quality of life, but it also enhances physical well-being (Lawler & Younger, 2002). Steffen (2009) found that an increase in spirituality allowed women, of a similar age to the participants in this study, to moderate the effects of menopause and the concurrent life changes. By accessing the Universal drive within a person, improvements in both mental and physical health may occur and may lead to resilient reintegration with increased life satisfaction.

Resilience

As described previously, the Metatheory of Resilience includes three waves (Richardson, 2002). Wave 1 includes the protective factors of coping attitudes, behaviors, or strategies (Choate, 2005; Steck et al., 2004; Richardson, 2002). Wave 2 is

the actual disruption, which may be a perceived positive or negative event (Figure 1). Wave 3 includes the drives or connections a person uses to develop a meaningful life. Wave 3 describes the abilities to access and use strengths that are greater than the individual. Any disruption to the homeostasis of a person's life requires the use of the protective factors of Wave 1 and/or the drives or connections of Wave 3.

Wave 1

Wave 1 includes the protective factors that are the abilities to protect an individual from being affected from a disruption, to function within a disruption, to minimize the disruption, and can assist a person with reintegrating towards a return to function after a disruption (Choate, 2005; Steck et al., 2004; Richardson, 2002). These protective factors have been studied extensively and include areas of positive psychology (Doak et al., 2006; Hogan, 2005; Snyder & Lopex, 2005; Kahn et al., 2002; Seligman & Csikszentmihalyi, 2000). The participants in this study reflected many protective factors including the social support from the LDS Church culture and organization, education, gratitude, and age.

LDS Church. The LDS Church culture and organization facilitates a social network of families and social settings within wards and stakes (a group of wards). This social network can be supportive in nature because of the familiarity between people and families within each ward. In addition, the Relief Society (RS), an organization for women 18 years or older, creates an additional social network for the women in each ward. The RS holds Sunday weekly meetings and at other times during each month for women to discuss issues relevant to their lives in context of home, family, religion, and

spirituality. This social network for women allows women to provide or receive education and assistance with the problems in their individual lives and contribute to the lives of the other women in their ward RS. Even as the RS and local wards assist in developing the social networks needed for the teaching of protective factors, it is possible for these social networks to cause harm by creating a disruption, but these networks can assist women through these disruptions.

Education. The women in this study were representative of women who continued with their formal education. Of the 10 participants, 7 obtained bachelor's degrees, 2 obtained associate's degrees, and one attended post-high-school courses prior to and after marriage. By continuing with their formal education, it is possible their body image perspectives were affected by the education process and, in turn, may affect how they teach body image to those in their sphere of influence. Education regarding what is healthy is important to maintain healthy perceptions of the body by shaping an individual's perceptions and locus of control (Cowen, 1991).

In addition, the participants were involved, in some way, in the education of others- whether it was the education of their children or nieces and nephews, as a teacher in elementary schools, or as an instructor within the LDS Church organizations of children or young women. Two married participant and 1 single participant were elementary school teachers, 3 participants worked with children within health fields, and all 5 of the married participants had children who they assisted in their children's education. All 5 single participants discussed teaching and caring for their nieces and nephews. By teaching children about body perception, an individual can influence or manipulate a child's attitude and behavior towards their own body (Green & Pritchard,

2003). Images about what is a culturally or socially acceptable appearance are everywhere. However, a person must be taught how to compare themselves with those images (Tiggemann, Polivy, & Hargreaves, 2009). This comparison is most likely taught by parents to children (Green & Pritchard, 2003). Independent of how a person is taught to compare themselves with the social or cultural norm, the comparison process may lead to body dissatisfaction (Tiggemann et al., 2009).

Gratitude. The protective factor of gratitude was evident in what each participant said and by the words they chose. These participants described their bodies as a gift from God. By using the word ‘gift,’ they expressed gratitude, rather than resentment, for their bodies. This gratitude might have buffered the effects of negative body image experiences. This is similar to Pargament and Mahoney (2005), who found that a belief in the divine in the body or body sanctification impacted health behaviors. Participants in this study described how they tried to take care of the body because it was a gift and that they had a stewardship over that gift. The protective factors of gratitude and optimism, when used to discover meaning in life in the presence of traumatic events, may assist in preserving mental and physical health (Taylor, Kemeny, Reed, Bower, & Gruenewald, 2000).

Age. It is possible that the age of these participants was protective. The participants in this study were between the ages of 40 and 55 and had experienced the uncertainty of their younger years but gained the protective factor of experience, which may have mitigated the disruptions that occurred over the years. Many of these participants described how they were more wise and mature because of their age. The participants who were closer to the upper age limit (55 years) for this study expressed

pleasure at being considered middle-aged instead of elderly. However, the participants who were closer to the lower age limit (40 years) for this study expressed a dislike of being included in a middle-age category. It was difficult for these women to fully describe the impact of the many specific experiences, but they did attempt to describe their current experiences with their bodies. These descriptions illustrated reflections on previous experiences and how their perceptions of their bodies changed as they aged, though most describe their body with a negative effect and with negative expressions. These negative expressions could be explained by culturally normative discontent (Littleton, 2008) or acceptability of describing the physical body in a negative way. Increased body surveillance or dissatisfaction may be related to age-related appearance changes but does not affect body esteem (McKinley & Lyon, 2008). Another explanation for these negative expressions might be that the participants were, at some level, truly dissatisfied with their bodies because of their experiences with their bodies. This dissatisfaction was expressed most clearly by the participants who were forced to change their perceptions of their personal identity because of their chronic illnesses.

Body dissatisfaction may not lead to negative health behaviors, but it is important to recognize that it may be culturally normal to express body dissatisfaction, and that, through the normal aging process or by a disease or illness, the body's physiological processes change as we age. These physiological changes due to age can be disruptions that challenge the identity of an individual. This disruption of a person's self-perception may or may not have lasting consequences (Doak et al., 2006; Hogan, 2005; Kahn et al., 2002). While being female is considered to be a protective factor (Werner, 1982), it was beyond the scope of this study to determine if this was a protective factor for these

participants. Each of the participants, who experienced disruptions because of the changes they experienced as they aged, used their protective factors, such as their social networks or gratitude, or their wave 3 drives or connections to understand and resolve some of their body dissatisfaction.

Wave 2

Wave 2 is the process of being disrupted and either 1) gaining protective factors from the experience of reintegrating resiliently after the disruption or 2) using in situ protective factors to decrease or limit the depth of the disruption curve and increase the likelihood of reintegrating resiliently or becoming stronger because of the disruption (Richardson, 2002; Richardson et al., 1990). A disruption is anything that disturbs the homeostasis of a person and causes an adaptation or compensatory process. The ability to *choose* an outcome or response to the disruption is the key component in wave 2. Because each individual experiences disruptions and since some disruptions are unavoidable, the ability to choose an emotional, intellectual, or physical response is an important concept. A well known example of this ability to choose was described by Victor Frankl (2006). Even though he lived in a concentration camp during World War II and had little to no choice with how his physical body was treated, he made the conscious choice regarding his attitudes and behaviors towards others, including his captors.

The participants in this study described many different disruptions, including those that occurred due to perceived expectations from family, church culture and organization, or the world or societal culture. However, many of the disruption descriptions with negative body image experiences throughout their life spans were

related to family. When specifically asked when they recognized that they had a body or that their body mattered, most describe negative experiences in their childhood connected to the teasing, about their body or body functions, they received from their brothers. It was during these experiences that their brothers taught them how a certain type of physical appearance was appropriate but they, the participant, did not have the specified appearance. These were moments of pain and the participants were taught the process of body comparison. For other participants, body recognition occurred during a time of physiologic change and injury or illness. This created memories that were imprinted with the realization that the body changes because of aging or other life events and experiences. Coping with illness and injury continued for many of the participants through adulthood. The experiences of acute and chronic injuries and illnesses created moments of reflection on life and the purpose of the body.

Body image disruptions also occurred in relation to marriage. While some descriptions of these disruptions were related to perceived expectations from the LDS Church culture or the general culture, most of the descriptions were related to how their body image was affected by their family of origin or by their spouse. Two of the single participants described the disruption of not being married because of their body appearance. In contrast, the married participants described the positive or negative disruption created by spousal comments.

The process of pregnancy was very poignant for several participants. For 3 participants, it was a time of frustration related to limited body function and changes in body aesthetics. Of these 3 participants, 1 participant stated that being pregnant was the worst period of her life. In contrast, other married participants described being pregnant

positively and expressed that being able to create a life was a wonderful ability. Three single participants experienced disruptions because they were not married nor had children. One single participant did not view being single as a disruption because she had been asked to marry but chose not to. She was waiting to marry someone whom she felt she wanted marry. Another single participant described a major disruption as not being a mother but resolved this disruption by adopting a child. One aspect of adopting and becoming a single parent is a vacillation between acceptance and being beyond the norm (Ben-Ari & Weinberg-Kurnik, 2007). For this participant, the disruption of becoming a single parent was a partial resolution with the LDS Church culture because of the emphasis on family.

Wave 3

Wave 3 includes the innate resilient drives of Childlike, Moral, Noble, Orchestrational, and Intuitive or Universal pursuits (Richardson, 2002; Richardson, 2006). These drives can be the forces behind the behavioral choices or motivation for a person to choose a specific outcome during a disruption.

Moral. The LDS Church teaches a code of health called the Word of Wisdom. This code directs LDS members to avoid alcohol, drugs, tobacco, and any harmful substance. Members are also directed to partake of fruits and vegetables in abundance. The participants described their perceived health benefits by living the Word of Wisdom. Specifically, they discussed how avoiding harmful substances helped to decrease the likelihood of addiction or of being diagnosed with diseases and the related consequences. These participants expressed an optimistic belief that adhering to the Word of Wisdom

was beneficial to their health. This is similar to findings suggesting that having meaning, control, and optimism within beliefs and behaviors may lead to improved health or a decreased rate of decline due to traumatic or life changing physical or mental events (Taylor et al., 2000). However, the participants were realistic in understanding that some diseases and disorders, like breast cancer or lumbar disc herniation, may not be completely avoided because of other genetic or environmental factors.

Part of the moral code the participants described was how they dressed. Many described the ‘clean’ look of an LDS member as an outward manifestation of an inward belief. The participants felt that the internal ‘heart’ was more important than the external appearance. However, this was contrasted by the descriptions of body comparisons with some of the participants expressing perceived inadequacies in how they dressed to attend church services.

Noble. Within the LDS Church, a form of religiosity may occur by participating in formal leadership positions and settings. The participants described that their choice of appearance was influenced by their desire to serve a certain way in their leadership positions or other church positions. Dressing a certain way was honoring themselves, the people they were serving, and God.

Worrying about the body’s appearance must be balanced with inner health (Balfe, 2008). However, these two needs may be difficult to balance especially if an individual has a chronic disease, disorder, or injury. One participant felt it was important for her to take care of herself because of her health condition. Fostering a balance between her inner health and her appearance was important to her because of her daughter. Her health behaviors to foster this balance were a noble act for her daughter.

Orchestrational. The orchestrational drive is subdivided into ecological and synergistic categories. The ecological drive is the connection with nature and things in nature. One type of the ecological drive expressed was the connection with pets. Of the 10 participants, 6 were pet owners. Several of the single participants found solace in their pets because they felt a personal connection and unconditional love. The physical sensations, such as petting a cat, were described as influencing body image.

Other participants described that being in nature assisted them to become closer to God. Nature was a place they went for solace and relief from a busy world. Jane described her travels as a way to experience and to learn new things that were important to her. Sue found outdoor exercise relieving and rejuvenating. Sue exercised so she could continue biking with her friends. This combination of exercising outdoors and with friends combines the ecological and synergistic drives.

The synergistic drive is the need or drive to connect with people. This drive was fulfilled by these participants through their children and friends, and by their service within the LDS Church and the local community.

Intuitive or Universal. This drive is described as the need to connect with a power greater than ourselves. This can be achieved by a belief in a God and feeling an influence or connection with Him. These participants described spirituality as the connection to something beyond themselves – God. This was different than a belief in something. It was a connection to a loving God that was important to each of the participants. However, 1 participant described how she did not know how she felt about the concept of God, but she was still exploring. She believed in and was looking for connection. The participants in this study described spiritual experiences that ranged

from thoughts, feelings, and physical sensations. Each experience was unique to the participant.

Directions for Health Education Practice

The purpose of this study was to examine body image in middle-aged Mormon women between the ages of 40-55 years of age. The following six suggestions can aid a health educator in developing positive body image programs that address the unique culture and beliefs of LDS women.

LDS Women

Being LDS, in the words of the participants, is a “way of life” or lifestyle that goes beyond religious affiliation. Many participants explained that being LDS dictated every choice they made in their lives, resulting in expectations to hold themselves to a “higher” standard of living. This higher standard may result in feelings of inadequacies because women perceive that they cannot meet this standard. The pressures of living to a higher standard may lead to depression or anxiety.

The women in this study experienced a continually changing process of comparing themselves to three theoretical ideals, which may be contradictory. These three theoretical ideals are experienced in any given moment and may increase stresses on women as they try to decide which ideal is dominate in a given moment. These three ideals were described by the participants when they explained how they, personally, thought about what God felt about them and their bodies; their perceptions of the ideals within the organizational and cultural aspects of the LDS Church; and, their perceptions

of what the world described as ideal. These participants' descriptions of what God felt about them included words illustrating comfort, acceptance, and love. The church influenced the women through its organizational structure and as an interactive culture. The world influence was described as 'a look' or what was portrayed in the media. The women in this study expressed a constant comparison of themselves to all three ideals. When they believed they fell short of their expectations or higher standard, they reported being less likely to engage in healthy behaviors (e.g., exercise). Interestingly, their spirituality assisted them in mitigating the perceived negative messages of society and the media.

As health educators, it is important to assist LDS women build the strengths associated with caring for themselves, because LDS women may feel the need to take care of their family first. In addition, it may be necessary to help them understand that a specific physical size is not the ideal. It is possible that LDS women, or women in general, do not realize that they may be functioning under more than one ideal that may be contradictory. Thus, health educators may need to develop programs that empower women to determine which ideal is most important to them in order to resolve some of their perceived pressures to live an expected way. It is also important to illustrate that the process of comparison is not beneficial. The focus should be on lifestyle, not outcome.

Health educators must also realize that there may exist a perception that the LDS Church subdues women because men hold the priesthood and positions of power within the church. The women in this study described being empowered and strong. These women had a purpose in life. The organizations for women in the LDS Church teach women how to become their best and, if needed, self-reliant. It is important for health

educators to understand how these organizations work and to utilize the organizations' strengths to assist women.

Marital Status

An additional factor to address by health educators is marital status. A health educator needs to understand the similar and different needs of each individual in order to develop and implement an effective program. It may be beneficial to create different programs for single or married women, single parents, or other possible marital conditions. While the same program may work for multiple people, each person has unique needs that might not be met within a generic health education program.

A program targeted to married women could focus on being healthy for their children by accessing the mother's Noble resilient drive (Richardson, 2002) to engage in healthy behaviors for their children. This may assist in overcoming the possibility that mothers may sacrifice their individual health for their children by advantageously framing how exercise and a healthy diet will help her support and care for her children and, at the same time, improve the health of her children. A program targeted to single women could focus on being true to their individual worth (Lockhart & Rencher, 1997) by accessing the Intuitive and Noble resilient drives (Richardson, 2002; Richardson 2006). All programs could illustrate that individual worth is not dictated by size (Bacon, 2008) but by the response to disruptions (Richardson, 2002).

The LDS Church emphasizes the importance of family. The family is a core structure and belief in the LDS Church. Because of the highly influential nature of family, it is important to educate parents, future parents, spouses, future spouses, siblings,

and children about the damage of body-disparaging communication or even appearance-dictating behaviors. Neumark-Sztainer (2009) described how to prevent obesity and eating disorders in adolescents and recommended that families do the following:

1. Discourage unhealthy dieting; instead, encourage and support the use of eating and physical activity behaviors that can be maintained on an ongoing basis
2. Promote a positive body image
3. Encourage more frequent and more enjoyable family meals
4. Encourage families to talk less about weight and do more at home to facilitate healthy eating and physical activity
5. Assume that overweight teens have experienced weight mistreatment and address this issue with teens and their families. (p. 206)

Families within and without the LDS Church can utilize these suggestions to facilitate healthy body-image related behaviors. Health educators can utilize the LDS Church's Family Home Evening program (FHE) to facilitate these behavior changes. Families who participate in the FHE program get together once per week to spend time together as a family, which may strengthen the bonds within the family. In addition, LDS families are encouraged by the LDS Church to have regular family meals together.

Spirituality and Body Image

In addition to developing programs that address the physical body, programs that address spirituality may assist in helping build a positive body image (Homan & Boyatzis, 2009). By concentrating on the resilient drives of Intuitive, Nobility, Moral/Character, and Childlike, as described by Richardson (2002), it may be possible to facilitate the use of a spiritual connection to change behavior. It is important to remember spiritual dimension of health because it is an aspect of wellness models used in health education (Hawks, Smith, Thomas, Christley, Meinzer, & Pyne, 2008).

Discussions about the effects, ideas, and concepts related to spirituality are finding their way into many different professions, including physical therapy (Sargeant, 2009). Within the health fields, some people have voiced concern about discussing spirituality; but conversely, other people actively talk about holistic paradigms or body-mind concepts (Read & Stoll, 1998). The participants in this study illustrated how a belief in a loving Heavenly Father or God, by accessing Intuitive or Universal resilient drives (Richardson, 2002; Richardson 2006), may help ground them and give them the strength to overcome many health challenges. It is important to help individuals find their own sense of spirituality and help them explore how they can feel or access that connection. Spirituality was very important for these participants, but it is also a very private and sacred experience for them. Health educators must take care to not violate personal choice in any aspect of spirituality.

Focus on Lifestyle

The focus of health programs should be on actual behaviors or lifestyle rather than outcomes because body weight or the thin ideal should not represent an individual's value (Vartanian, 2009; Bergstrom & Neighbors, 2006). Weight loss focus is related to the onset of eating disordered behaviors. The shift away from weight and weight loss is supported by the movement, the research, and the general idea that it is possible to have 'Health at Every Size' (Bacon, 2008). Education alone is not sufficient for changing nutrition, physical activity, and building positive self-image (Glanz, Rimer, & Viswanath, 2008). Laliberte, Newton, McCabe, and Mills (2007) described the importance in

promoting personal responsibility for behaviors and, ultimately, healthy lifestyle behaviors.

It is important to emphasize the process of changing or reacting to life's disruptions through what is described as wave 2 of the Meta-Theory of Resilience and Resiliency (Richardson, 2002). Focusing on the progression or movement in a healthy direction may be more effective in achieving a finite outcome. Each individual will respond differently to the process (e.g., individuals with chronic pain may not respond to certain exercise programs), thus, the focus, for educators and individuals, needs to be on process not outcome because having a positive body image is protective against weight gain (van den Berg & Neumark-Sztainer, 2007) and negative health behaviors (Neumark-Sztainer, Paxton, Hannan, Haines, & Story, 2006).

Program Design

A meta-analysis of eating disorder programs by Stice, Shaw, and Marti (2007) found that target-specific programs were more effective than universal programs and experiential programs were more effective than didactic programs. By extension, target-specific programs are important for creating health programs to decrease body dissatisfaction or to increase body image acceptance. Experiential activities should be incorporated so that participants can practice healthy behaviors and coping strategies by accessing their Childlike drives (Richardson, 2002) to find meaningful activities that are personally rewarding. It is possible that health educators, in an effort to illustrate the perceived susceptibility and perceived severity of illness or health behaviors, do not utilize the perceived benefits associated with positive behavior changes (Glanz et al.,

2008). Rasberry (2008) recommended that health educators build in sensitive information about body image into curriculums because body image issues affect every person. Health education research should focus on interventions and utilize health advocacy to impact society as a whole. These recommendations fit into the findings of this study.

Body Image of the Health Professional

Health professionals must first come to terms with how they perceive their body and body image. Health professionals are not immune to body dissatisfaction and eating disorders (Rasberry, 2008; Jaworowska & Bazylak, 2009). Rasberry (2008) described her own struggle with body image even though she is a health educator. How health educators talk about and present their own body will influence those they come in contact with. Lowell and Meader (2005) recognized how a therapist must account for their own body when counseling patients with eating disorders. Thus, it is important that any health professional work through or account for their own perceptions and biases before trying to help others.

Limitations

Because this comparative case study focused on a narrow population of LDS women, findings cannot be generalized for all LDS women or for the general population. It is also important to note that the LDS Church may offer different philosophies and doctrines than other religions about the purpose of the body and gender roles. Thus, how these participants perceived their bodies reflected their association with and beliefs in the

LDS religion, and, therefore, may not be generalizable or related to other religions. It is also possible that the geographical region has an impact, and these findings may not be similar to LDS women in other areas of the world. The LDS doctrines are consistent throughout the entire church, but the application may be portrayed differently in different congregations possibly due to the local cultural impact. This may account for the different experiences between women.

All the interviewees were Caucasian and came from a specific geographical area (i.e., Wasatch Front in Utah) and their experiences may not be representative of LDS members from other geographical regions or ethnic backgrounds. This study reflected individuals who were raised in the LDS Church and does not reflect members who became members of the LDS Church at another time during their life. Also, through the sampling procedure, there was a degree of self selection that may have impacted the findings. Socioeconomic status and race were not delimiting factors and are not definitively represented in the participants.

Another limitation is that participants were limited to individuals the investigator could access through the gatekeeper networks. These participants may have been more likely to be active members of the church or more representative of the ideal or self-selected due to the voluntary nature of the study.

Directions for Future Research

This study examined how spirituality and body image interacted in married and single lifetime members of the LDS Church. Further research into the LDS community could be based on age, church activity, gender, race, relationship status (e.g., single,

married, divorced, remarried, widowed), socioeconomic status, as well as different ways to become a mother (e.g., adoption, step children, no children after marriage, and infertility treatment and procedures). The effect of pregnancy (before, during, and after) needs further research. Any combination of demographic listed above would add to the understanding of how spirituality and religiosity relate to body image within the LDS community. Additional research is needed to compare female body image from the male perspective and male body image. Future research is needed to examine how different religions affect a person's perceptions of body image, and how spiritual connections interact with body satisfaction and dissatisfaction.

Conclusion

The purpose of this study was to examine the body image experiences of female members of the Church of Jesus Christ of Latter-day Saints. The interviews and journals helped facilitate the sharing of real experiences, triumphs, struggles, insights, and questions. Through the voices of these women, it was possible to see how individuals make choices to respond to challenges. From an LDS perspective, choices are made as a Soul - body and spirit – suggesting that the body is an integral part of the experience and the choice.

APPENDIX A

INTERVIEW GUIDES

Potential 1st Interview Questions

1. I would like to confirm that you have read and signed the Informed Consent?
2. In general, tell me about your history.
 - a. Where did you grow up?
 - b. How many in your family?
 - i. Tell me about your brothers and sisters and where you fit in?
 - ii. Tell me about your parents?
 - c. Where did you meet your husband?
 - d. Tell me about your kids?
 - e. How long have you been married?
3. Tell me about your church involvement.
 - a. Activity
 - b. Callings
 - c. How do you feel about the church?
4. Describe your work history?
 - a. What did you major in, in school?
 - b. How did you get involved?
 - c. What is your workplace like?

Potential 2nd Interview Questions

As an LDS woman there are many influences on how you view, feel about and experience your body. I would like to ask you a few questions about those influences.

1. What are some of the church doctrines associated with the body?
 - a. What is the body?
 - b. What are the body's purposes?
 - c. What is the soul?
 - d. What direction have you learned in church on how to treat the body?
 - e. Describe an experience where you learned the importance of one of those doctrines.

2. As you have gotten older, how has your understanding, attitudes or beliefs about your body changed?
 - a. Throughout your life, what experiences have had the most influence on how you view your body?
 - b. What age was the most influential on how you view your body? What happened and why was it influential?
 - c. How has your sense of spirituality been related to or affected by these experiences?

3. We are taught that we are a spirit that is housed in or connected with a physical body. What does the Holy Ghost or Holy Spirit feel like in and through your body?
 - a. How have you felt Gods' love through your body?
 - b. Describe an experience that taught you how Heavenly Father or God feels about your body?

4. Some people say that there is a specific culture associated with the LDS church.

What, if any, social pressures or influences within the church are there that have affected how you feel about your body?

- a. Society in general suggests that there is an ideal physical appearance. Is there a specific 'look' for an ideal LDS woman?
 - b. What other non LDS pressures have you felt that I have not asked about?
5. Are there any other questions that I should have asked? Is there anything else that you would like to share with me?

APPENDIX B

JOURNAL QUESTIONS

Journal # 1

Thank you so much for your time and your insights. The following questions ask for you to reflect on personal experiences, at different ages, which influenced or shaped how you view or feel about your body. Please read through each question and take some time to reflect on some of your experiences and the feelings that came from those experiences. When you feel comfortable, please answer each question in your written or audio journals.

- a. Describe experiences that occurred in your teens or younger that positively *and* negatively affected your understanding, attitudes or beliefs about your body?
- b. How did your positive *and* negative experiences affect you in your 30's?
- c. Describe how your understanding, attitude or beliefs about your body changed between your 30's and today?
- d. Describe several experiences that have occurred in the past 2 decades that changed your perception.
- e. If you have any other thoughts ideas or experiences that you would like to share please feel free to do so.

Journal #2

Thank you for your time and insights from journal #1. Please answer each of the following questions in your written or audio journals. These questions are related to church teachings and experiences. Specifically, how have actual church teachings and social experiences within the church affected how you view or feel about your body.

- a. How do you 'work through' or 'find peace' amidst the mixed messages about your body being a temple and the images of the media, diet programs and weight loss?
- b. How do discussions about body shape and weight loss help or detract you from feeling Gods love?
- c. Talk generally and then give an example of how a church function and/or meeting influenced how you view or feel about your body?
- d. In general, how would you describe an LDS woman's experience with body image?
- e. How does your sense of spirituality influence how you view your body?
- f. If you have any other thoughts ideas or experiences that you would like to share please feel free to do so.

Journal #3

Single Women

Thank you for your time in answering questions from Journal #2. Please answer each of the following questions in your written or audio journals. The following list includes several sensitive questions. If you feel comfortable, please share an experience and describe your thoughts and feelings for each question response.

- a. How has your marital status positively and/or negatively affected your views, attitudes and beliefs about your body?
- b. How would your view of your body be different if you had children and a spouse?
- c. How does your sense of spirituality or sense of being a daughter of Heavenly Father affect or influence how you feel about or view your body?
- d. If you have any other thoughts ideas or experiences that you would like to share please feel free to do so.

Journal #3

Married Women

Thank you so much for your time and your insights. Please answer each of the following questions in your written or audio journals. The following list includes several sensitive questions. If you feel comfortable, please share an experience for each question that illustrates your response.

- a. How has your marital status positively and/or negatively affected your views, attitudes and beliefs about your body?
- b. How would your view of your body be different if you did not have children or a spouse?
- c. How does your sense of spirituality or sense of being a daughter of Heavenly Father affect or influence your view of your body?
- d. If you have any other thoughts ideas or experiences that you would like to share please feel free to do so.

APPENDIX C

WORD OF WISDOM

THE
DOCTRINE AND COVENANTS
OF THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS
SECTION 89

Revelation given through Joseph Smith the Prophet, at Kirtland, Ohio, February 27, 1833. HC 1: 327–329. As a consequence of the early brethren using tobacco in their meetings, the Prophet was led to ponder upon the matter; consequently he inquired of the Lord concerning it. This revelation, known as the Word of Wisdom, was the result. The first three verses were originally written as an inspired introduction and description by the Prophet.

[1–9](#), Use of wine, strong drinks, tobacco, and hot drinks proscribed; [10–17](#), Herbs, fruits, flesh, and grain are ordained for the use of man and of animals; [18–21](#), Obedience to gospel law, including the Word of Wisdom, brings temporal and spiritual blessings.

1 A ^a[WORD](#) OF WISDOM, for the benefit of the council of high priests, assembled in Kirtland, and the church, and also the saints in Zion—

2 To be sent greeting; not by commandment or constraint, but by revelation and the ^a[word](#) of wisdom, showing forth the order and ^b[will](#) of God in the temporal salvation of all saints in the last days—

3 Given for a principle with ^a[promise](#), adapted to the capacity of the ^b[weak](#) and the weakest of all ^c[saints](#), who are or can be called saints.

4 Behold, verily, thus saith the Lord unto you: In consequence of ^a[evils](#) and designs which do and will exist in the hearts of ^b[conspiring](#) men in the last days, I have ^c[warned](#) you, and forewarn you, by giving unto you this word of wisdom by revelation—

5 That inasmuch as any man ^a[drinketh](#) ^b[wine](#) or strong drink among you, behold it is not good, neither meet in the sight of your Father, only in assembling yourselves together to offer up your sacraments before him.

6 And, behold, this should be wine, yea, ^a[pure](#) wine of the grape of the vine, of your own make.

7 And, again, ^a[strong](#) drinks are not for the belly, but for the washing of your bodies.

8 And again, tobacco is not for the ^a[body](#), neither for the belly, and is not good for man, but is an herb for bruises and all sick cattle, to be used with judgment and skill.

9 And again, hot drinks are not for the body or belly.

10 And again, verily I say unto you, all wholesome ^a[herbs](#) God hath ordained for the constitution, nature, and use of man—

11 Every herb in the season thereof, and every fruit in the season thereof; all these to be used with ^a[prudence](#) and ^b[thanksgiving](#).

12 Yea, ^a[flesh](#) also of ^b[beasts](#) and of the fowls of the air, I, the Lord, have ordained for the use of man with thanksgiving; nevertheless they are to be used ^c[sparingly](#);

13 And it is pleasing unto me that they should not be ^a[used](#), only in times of winter, or of cold, or ^b[famine](#).

14 All ^a[grain](#) is ordained for the use of man and of beasts, to be the staff of life, not only for man but for the beasts of the field, and the fowls of heaven, and all wild animals that run or creep on the earth;

15 And ^a[these](#) hath God made for the use of man only in times of famine and excess of hunger.

16 All grain is good for the ^a[food](#) of man; as also the ^b[fruit](#) of the vine; that which yieldeth fruit, whether in the ground or above the ground—

17 Nevertheless, wheat for man, and corn for the ox, and oats for the horse, and rye for the fowls and for swine, and for all beasts of the field, and barley for all useful animals, and for mild drinks, as also other grain.

18 And all saints who remember to keep and do these sayings, walking in obedience to the commandments, ^a[shall](#) receive ^b[health](#) in their navel and marrow to their bones;

19 And shall ^a[find](#) ^b[wisdom](#) and great ^c[treasures](#) of ^d[knowledge](#), even hidden treasures;

20 And shall ^a[run](#) and not be ^b[weary](#), and shall walk and not faint.

21 And I, the Lord, give unto them a promise, that the ^a[destroying](#) angel shall ^b[pass](#) by them, as the children of Israel, and not slay them. Amen.

APPENDIX D

RECRUITMENT FLIER

Body Image in Middle-Aged LDS Women: A Comparative Case Study

My name is Janette Olsen and I am a Doctoral student at the University of Utah. I am a life-long member of the LDS church. As part of my final research project, I am conducting interviews of women, who are life-long members of the LDS church, to illustrate their lived experiences of body image and religion. Specifically, how do LDS teachings impact how a woman understands her body? I can offer you no compensation for your time, except a listening ear. I want to hear about your experiences and your stories.

Estimated Time Commitment (5 hours)

- 1) Be willing to commit to 3 separate interviews on 3 separate days. Interviews will be conducted at a place and time that is *convenient* for you. The interview location will need to be quiet and free from distraction.
 - a. Initial interview (30-45 minutes) – Acquaint you with the study.
 - b. Interview (1–2 hours) – Main interview.
 - c. Follow-up (30-45 minutes) – Used to follow-up with additional questions and clarify your responses from the primary interview.
- 2) Be willing to answer a few questions between interviews. Your responses can be recorded in the form of an audio or paper journal. (An audio recorder will be provided).

All interviews will be recorded and transcribed. Your responses will be combined with the responses from nine other LDS women. Throughout the entire process your personal identification information will be kept confidential.

Participation Requirements

1. Life long member of The Church of Jesus Christ of Latter-day Saints
 - a. Baptized between the ages of 8-9
2. Lived in Utah *most* of your life
 - a. Could participate if you only left the state for 1-2 years for any reason
 - b. Could participate if you served a full time LDS mission
3. Must currently reside in Salt Lake or Utah Counties, Utah
4. Between the ages of 40-55
5. Marital status in either of the following
 - a. Single, never married, without children
 - b. Married, with children (first marriage)

If you fit within the above participation requirements and are interested in participating in this study, please contact me at the following e-mail address or phone numbers. Thank you for considering participating in this study. I look forward to meeting with you.

Janette Olsen, Ph.D. candidate
 Department of Health Promotion & Education
 University of Utah
 (801) 360-4312
 (208) 282-5194
 e-mail: olsejane@isu.edu

APPENDIX E

INFORMED CONSENT

Consent Document

BACKGROUND

You are being asked to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Ask if there is anything that is not clear or if you would like more information. Take time to decide whether you want to volunteer to take part in this study.

Within The Church of Jesus Christ of Latter-day Saints (LDS) there are consistent doctrines that are specific to the physical body. These doctrines can influence individual choices, decisions, and ultimately personal experiences. The purpose of the study is to explore the personal descriptions of how middle-aged LDS women experience the physical body. The collective experiences of all participants will potentially help others understand how a religion and religious culture are related to choices and lived experiences of body image.

STUDY PROCEDURE

It will take you approximately 5 hours to complete this study. As part of this study you will be asked to take part in three separate interviews. There will be an initial interview lasting between 30 to 45 minutes. The main interview will last between one to two hours. The third or follow-up interview will last approximately 30 to 45 minutes. Each interview will be audio taped. Also, between interview sessions you will be asked to answer several questions in an audio or written journal. Questions will be related to body image, LDS theology, spirituality and religiosity.

RISKS

The risks of this study are minimal. You may feel upset thinking about or talking about personal information or experiences related to body image, spirituality and LDS teachings. These risks are similar to those you experience when discussing personal information with others. If you feel upset from this experience, you can tell the researcher, and she will tell you about resources available to help. You can stop an interview or withdraw from this study at any time.

BENEFITS

I cannot promise any direct benefit for taking part in this study. However, one possible benefit is a listening ear. I want to listen to your experiences and I want hear your stories. I hope that the information from this study will help develop a greater understanding of how culture and a specific religion can impact lives.

CONFIDENTIALITY

Your interview data will be kept confidential. Data and records will be stored in a locked filing cabinet or on a password protected computer located in the researcher's work place. Your name will be kept with your signed informed consent. Only the researcher and the researcher's graduate committee chair will have access to your personal identification. In recordings, presentations and publications, your name will be protected through the use of a pseudonym.

However, if you disclose actual or suspected abuse, neglect, or exploitation of a child, or disabled or elderly adult, the researcher or any member of the study staff must, and will, report this to Child Protective Services (CPS), Adult Protective Services (APS) or the nearest law enforcement agency.

PERSON TO CONTACT

If you have questions, complaints or concerns about this study, you can contact Janette Olsen at (801) 360-4312 or (208) 282-5194. If you feel you have been harmed as a result of participation, please call Glenn Richardson at (801) 581-8039 who may be reached during normal business hours.

INSTITUTIONAL REVIEW BOARD

Contact the Institutional Review Board (IRB) if you have questions regarding your rights as a research participant. Also, contact the IRB if you have questions, complaints or concerns which you do not feel you can discuss with the investigator. The University of Utah IRB may be reached by phone at (801) 581-3655 or by e-mail at irb@hsc.utah.edu.

VOLUNTARY PARTICIPATION

Participation in this study is completely voluntary. It is up to you to decide whether to take part in this study. Refusal to participate or the decision to withdraw from this research will involve no penalty or loss of benefits to which you are otherwise entitled. This will not affect your relationship with the investigator.

COSTS AND COMPENSATION TO PARTICIPANTS

The cost to participating in this study is time. Each participant will be asked to spend time in interviews and answering journal questions. There will be no compensation for the time or energy spent in participating in this study.

CONSENT

By signing this consent form, I confirm I have read the information in this consent form and have had the opportunity to ask questions. I will be given a signed copy of this consent form. I voluntarily agree to take part in this study.

Printed Name of Participant

Signature of Participant

Date

Printed Name of Researcher

Signature of Researcher

Date

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