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**Body Dissatisfaction and Commitment to Train as a Competitive
Bodybuilder**

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This thesis is submitted in partial fulfilment of the requirements for the
degree of

Doctor of Clinical Psychology

Coventry University, Faculty of Health and Life Sciences

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Abbreviations

BDD	Body Dysmorphic Disorder
BDDF	Body Dysmorphic Disorder Foundation
CAT	Cognitive Analytical Therapy
CBT	Cognitive Behavioural Therapy
ED	Eating Disorder
GP	General Practitioner
INBA	International Natural Bodybuilding Association
IPA	Interpretative Phenomenological Analysis
IPT	Interpersonal Psychotherapy
NAMH	National Association for Mental Health
NEDC	National Eating Disorder Collaboration
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta- Analysis
UK	United Kingdom
USA	United States of America

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Declaration

This thesis is my own original piece of work, it has been conducted under the supervision of Jacky Knibbs, who has read drafts of my work. Lesley Pearson has read and offered comments on my literature review and Sarah Simmonds has read and offered comments on my empirical paper. This work has not in part or as a whole been submitted for an award or degree at any university or institution.

Summary

This thesis explores body dissatisfaction and the commitment to train within a competitive sport. Given the rise of social media and different forums for people to make social comparisons, including on their physical appearance the implications on an individuals' psychological wellbeing is interesting to explore. The first chapter is a systematic review of the relationship between body dissatisfaction, anxiety and / or depression. Throughout the review the studies are critically appraised and themes that emerged from the studies are discussed ('Relationship between body dissatisfaction, anxiety and / or depression'; 'No relationship between body dissatisfaction, anxiety and / or depression'; 'Self-esteem'). Limitations, future directions for research and advice and suggestions for health professionals working with people describing body dissatisfaction are also discussed.

The second chapter explores the lived experiences of committing to train as a competitive female bodybuilder. Seven women were recruited for this study and a qualitative methodology, Interpretative Phenomenological Analysis (IPA) was used. Three themes emerged from the data: 'Challenging self', 'Perfectionism and unrelenting standards' and 'Self in relation to others'. Findings are discussed in the context of clinical implications and future research is considered. The third chapter is a reflective account of the research process. Highlighting areas of personal and professional learning throughout the process.

Word count (excluding tables, figures, references and appendices)

Total: 16,907

CHAPTER ONE

Literature Review

**The Relationship between Dissatisfaction with Body Image,
Anxiety and Depression:
A Systematic Review**

In preparation for submission to the *Body Image: An International Journal of Research* (See Appendix A for author instructions for submission)

Word Count: 6960.

1.1 Abstract

Aim. A negative body image can lead to unhealthy behaviours that may result in anxiety and depression (Fardouly, Diedrichs, Vartanian & Halliwell, 2015). This systematic review aims to critically review the literature regarding body dissatisfaction, and its relationship to anxiety and depression.

Method. A systematic search of relevant databases in psychology, nursing and medicine, identified 11 papers which were then synthesised and subject to a quality assessment.

Results. The review highlighted three broad themes: The relationship between body dissatisfaction, anxiety and / or depression; No relationship between body dissatisfaction, anxiety and / or depression and Self-esteem.

Conclusion. The relationship between body dissatisfaction, anxiety and / or depression was found to be complicated and connected to the development of maladaptive behaviours. Further research is needed using a variety of research methodologies to understand the relationship between body dissatisfaction, and the development of anxiety and / or depression.

Key words: body dissatisfaction, anxiety, depression

1.2 Introduction

1.2.1 Body Image

Body image may be described as a combination of how someone perceives their physical self; not necessarily how they actually are but how they think and feel about their physical appearance (National Eating Disorder Collaboration [NEDC], 2011). An individual can have a positive body image, where they feel confident about their body, and have an accurate perception of their physical self. In contrast, an individual may have a negative body image, where they feel uncomfortable with their body and perceive their body in a negative way (Cash & Pruzinsky, 2002; Muehlenkamp & Brausch, 2012).

Different cultures have different body ideals and these have changed over time (Jackson, 2004). The body ideals for Western cultures for women have changed. The ideal in the 1950s was of a full-figure, then for a longer period in the 1960s to the early 1990s the ideal for women was to be 'thin'. This has been replaced more recently, with an ideal of body 'fitness' (Wiseman, Gray, Mosimann & Ahrens, 1992; Jackson, 2004). However, it is important to note that much research in this area often refers to the ideal of 'thin' rather than 'fitness.' These descriptions can be thought of as distinguishing the level of body fat, muscle definition and level of fitness someone has. For example, someone can be thin, but also have no muscle definition or fitness (Tiggemen, 2004). The body ideals for men within Western culture have been for an 'average' body shape, but there has also been a move to a more body 'fitness' ideal for men, with an ideal for greater upper body muscle tone, definition, and a flat stomach (creating a 'V-shaped' figure) (Leit, Pope & Gray, 2001;

Tiggemen, 2004). Research has demonstrated links between cultural pressures to develop these body ideals and consequent body dissatisfaction (Demarest & Allen, 2000; Fardouly, Diedrichs, Vartanian & Halliwell, 2015; Muehlenkamp & Brausch, 2012; Tiggemann & Slater, 2014).

In addition to cultural pressures, Levine and Smolak (2002) highlight the importance of early adolescence and the stages of puberty on the development of body image. The authors note how physical changes, occurring for girls during puberty such as weight gain, create the potential for them to develop a negative body image and embark upon behaviours (such as dieting) to achieve the 'thin' ideal (Levine & Smolak, 2002). It has been suggested that an increase in the acceptance of slim, sexualised images of women in magazines and in the media, has led to women, and young girls in particular, developing greater anxiety in relation to their body image (American Psychological Association [APA] 2007; Derenne & Beresin, 2006).

Research into body image and the impact this can have on behaviour (for example, dieting and exercise) has grown in recent years (Tomas-Aragones & Marron, 2016). Tiggemann (2004) highlighted how, unlike height or eye colour, people have some control over their body shape and weight and therefore may feel compelled to change it. It is important to note that issues of body image are not isolated to females; the concept of body image has an impact on males too, although this is an area that is relatively unstudied within the literature (Cohane & Pope, 2001; Jones, 2001; McCabe, Ricciardelli & Banfield, 2001).

1.2.2 Body Dissatisfaction

The anxiety associated with body image could contribute to the negative thoughts and feelings an individual may have about their body image and result in body dissatisfaction (Davis, 1992). Body dissatisfaction may result in the development of unhealthy behaviours in an attempt to achieve their body ideal, such as extreme dieting, excessive exercise, the use of medication or cosmetic surgery (Drewnowski, Kurth & Krahn, 1995; Goldfied, 2009; Yazdandoost, Hayatbini, Gharaee & Latifi, 2016).

Social comparison theory suggests that people have a need to evaluate themselves against others; this comparison can be on a number of different factors, such as career, wealth, body shape and relationships (Festinger, 1954). Social media has changed the way in which people share information with others, making social media a platform for social comparisons to occur (Bearman, Martinez, Stice & Presnell, 2006). Festinger (1954) suggested that people are driven to compare their abilities and status to others and it is these comparisons that affect how people behave. Festinger (1954) also suggested that individuals are motivated to improve their own status and therefore make comparisons to seemingly more superior individuals; this is described as an upward comparison. Individuals can also make downward comparisons (Wills, 1981). However, downward comparisons may not always be possible. For example, if a student score the lowest score on an exam, there is no one for them to make a downward comparison to (Wills, 1981). Downward comparisons have been suggested to be motivated by someone's desire to

protect their self-esteem which may have been threatened (Pomery, Gibbons & Stock, 2012).

Gibbons and Buunk (1999) developed a scale to measure the number of comparisons individuals typically made, their results highlighted that some people were more likely to make comparisons than others. Women were found to be more likely to make comparisons than men. There were also differences in how making more comparisons affected thoughts about self and on emotions. Gibbons and Buunk (1999) found that people who were more self-conscious and self-aware tended to make more social comparisons. Results also indicated that people who made more comparisons were more likely to experience changes in mood, have lower self-esteem, and be more depressed than individuals who made less social comparisons (Gibbons & Buunk, 1999).

There are approximately 10 million photographs shared on Facebook every hour (Fardouly et al, 2015; Mayer-Schonberger & Cukier, 2013). Facebook provides its users with access to posts from their friends and peers about their lives that they have not sought out. Access to this information can lead to users comparing their own social lives, status to their peers, and could have potentially harmful effects. For example, a young person could see pictures of her friends enjoying a meal or a trip somewhere, without her. These pictures could lead her to a social comparison or ask questions, such as “Is my life as exciting?” “Am I happy with my life?” “Am I boring?” “Why was I not invited?” Researchers have highlighted a concern about the potential effects of these comparisons and questions on someone’s self-esteem, mental health and

behaviour, however, there is little research which has focused on this area of research (Bearman et al, 2006).

One area of research which has been explored is the relationship between social media and body dissatisfaction (Bearman et al, 2006; Fardouly et al, 2015; Riccardelli & McCabe, 2001; Tiggemann & Miller, 2010). Research has shown that people who tend to engage in social comparisons, particularly on appearance, have high body dissatisfaction (Fardouly et al, 2015; Myers & Crowther, 2009; Vartanian & Dey, 2013). It is important to note that these findings are not exclusive to women. Men also have been shown to demonstrate high body dissatisfaction after being exposed to different forms of media (Agliata & Dunn, 2004; Mulgrew, Volcevski-Kostas & Rendell, 2014). These findings suggest that regular use of social media and traditional media as well as thoughts of what the 'ideal' body shape aspirations are linked to someone making more social comparisons and body dissatisfaction for both men and women (Fardouly et al, 2015).

Fardouly and colleagues (2015) studied 112 women and examined the effect of using Facebook in comparison to online fashion magazines, on mood and body image. The authors found that participants who used Facebook reported a more negative mood in comparison to those viewing online fashion magazines (Fardouly et al, 2015). The authors suggest that this is due to Facebook exposing participants to their peers, rather than models or celebrities. The peer is a closer target for comparison against a matched thin ideal and it is this that increases a women's body dissatisfaction (Hew, 2011;

Fardouly et al, 2015; Krones, Stice, Batres & Orjada, 2005). Some caution is needed in interpreting these results, due to limitations of these studies, in that the sample size was small and it is unclear what the participants were viewing on Facebook (Fardouly et al, 2015).

Much of the research into body image and body dissatisfaction is conducted with samples from schools and colleges, hence the age range of studies is limited to 18 to 25 year olds (Grogan, 1999; Tiggemann, 2004). Studies that have examined body image over the lifespan, suggest that the importance of appearance, body shape and weight decreases with age for both men and women (Cash, Winstead & Janda, 1986; Pliner et al, 1990; Pruis & Janowsky, 2010; Tiggeman, 2004). Although body dissatisfaction has been found to be stable over time, a desire to change one's body decreases with age, and a reduction in restricted diets and other behaviours has been observed (Peat, Peyerl, Muehlenkamp, 2008; Tiggeman & Lynch, 2001) Other studies have found that appearance anxiety also decreases with age (Tiggeman & Lynch, 2001; Tiggeman, 2004). Bedford and Johnson (2006) argue that this is due to greater societal pressure on younger women to match the ideal for the female body, in comparison to older women (Pruis & Janowsky, 2010). Callan, Kim and Matthews (2015) found that social comparison tendency also decreased with age for both men and women.

In addition to anxiety being related to body dissatisfaction, low mood and associated behaviours are also linked with these presentations. The link between body dissatisfaction and self-harm has been examined by researchers

(Orbach, 1996; Hilt, Chia & Nolen-Hoekesema, 2008; Muehlenkamp & Brausch, 2012). A study conducted by Muehlenkamp and Brausch (2012) found that body image was a mediator in the relationship between low mood and self-harm in adolescents. This highlights the importance of how body dissatisfaction can impact mood and behaviour (Muehlenkamp & Brausch, 2012).

A study investigating the effects of the male 'muscular' ideal, presented in television advertisements with adolescent males, showed no increase in body dissatisfaction (Hargreaves & Tiggemann, 2004). Whilst some boys were willing to talk about concerns they had with their body image, others were not comfortable talking about any issues they had with their appearance. This is perhaps due to a level of shame or gender bias (Gilbert & Miles, 2002; Pope et al, 2000). It is interesting to note that feelings of shame are associated with Body Dysmorphic Disorder (BDD). Leit, Gray and Pope (2001) found that body dissatisfaction for males was about body muscle, rather than body fat. Therefore highlighting a potential gender difference in the focus of body dissatisfaction (males focusing on body muscle and females focusing on body fat), but also highlighting a potential link between body dissatisfaction and development of body dysmorphia (Cash, Phillips, Santos & Hrabosky, 2004; Leit et al, 2001).

1.2.3 Body Dysmorphia

BDD can be described as an obsessive worry about one or more imperfections of bodily appearance, which may or may not be noticeable by others (MIND,

National Association for Mental Health [NAMH] 2016). People with BDD place an importance on their appearance and judge any imperfections harshly. It is these negative thoughts about appearance that can lead to anxiety, shame and depression, as well as maladaptive coping strategies (Tomas-Aragones & Marron, 2016; Phillips, 2007). The rates of suicidal ideation and suicide attempts amongst people with BDD are high (Phillips, 2007; Nock et al, 2008). It is thought that 25% of people with BDD have attempted suicide at some point in their lives (Body Dysmorphic Disorder Foundation [BDDF] 2017). It is likely that this is in part due to the shame that people with BDD feel; as they tend to regard the focus that they have on physical appearance as negative, and therefore do not feel able to talk about the worries they have about their physical appearance (Williams, 1997). There is some overlap between BDD and Eating Disorders (ED), in respects of body dissatisfaction, and worrying about physical appearance (NAMH, 2016).

1.2.4 Eating Disorders

Research has shown that body dissatisfaction is a risk factor in the development of an ED (Thompson, Heinberg, Altabe & Tantleff-Dunn, 1999). Due to the links between body dissatisfaction and disturbed eating (Drewnowski, Kurth & Krahn, 1995; Goldfield, 2009). Adolescents and adults with anorexia or bulimia have been reported to have issues with body image and have body dissatisfaction (Carr & McNulty, 2006; Gilbert, 2005; Goldfield, 2009). Halmi, Marchi, Sampugnaro, Apple and Cohen (1991) found that most people with anorexia and bulimia describe themselves as being depressed. It

is important to note that anorexia has the highest mortality rate of any mental health illness (National Institute for Health and Care Excellence [NICE] 2004).

1.3 Rationale

The research highlights links between body dissatisfaction, BDD and ED (NAMH, 2016; Stice & Shaw, 2002). The research also indicates an association between with anxiety and depression in both clinical diagnoses. Examining the relationship between body dissatisfaction, anxiety and / or depression is therefore important and may inform early detection of anxiety or depression related to body dissatisfaction and help develop suitable treatments (Goldfield, 2009). Using a non-clinical population has the potential to reduce any suggestibility in the participant group, as we know body dissatisfaction is linked to disordered eating and body dysmorphia (Stice & Shaw, 2002). However, there is little known about whether there is a relationship between body dissatisfaction and anxiety and / or depression. It is also noteworthy that many people can be dissatisfied with their body, but that these feeling never lead to disordered eating, however may affect mood (Fairburn & Cooper, 1993).

Although there has been a great deal of work carried out on body image, body dissatisfaction and body dysmorphia, the relationship between these conditions and anxiety and depression has not been fully explored (Chandler, Grieve, Derryberry & Pegg, 2009; Freimuth, Moniz & Kin, 2011). Due to the high suicide rates for people with BDD, and the high mortality rate for anorexia, it is important to understand the relationship between body

dissatisfaction and depression (Hargreaves & Tiggeman, 2004; Williams, 1997). Furthermore, factors of anxiety and self-esteem that have been indicated by the literature to impact someone's overall mood and ability to talk about their issues with their body (Hargreaves & Tiggemann, 2004; Levine & Smolak, 2002; NICE, 2004; Pope et al, 2000; Williams, 1997).

1.3.1 Review Aims

The aim of this systematic review is to identify research that highlights a relationship between body dissatisfaction, anxiety and / or depression. Exploring research with a non-clinical population, who are not known to services will allow the researcher to identify whether body dissatisfaction, anxiety and / or depression is found within the general population. This may therefore represent early signs of disordered eating or a preoccupation with physical appearance. This review will critically examine the quality of the research found.

1.4 Literature Search

1.4.1 Search Process

A systematic search of the literature on body image and its relationship to anxiety and depression was conducted between July 2016 and November 2016. In order to ensure that a good range of studies were identified, the most relevant databases within psychology, nursing and medicine were searched. The databases included: Web of Science, EBSCO, OVID (Medline, PsychINFO and Embase), CINAHL and the Cochrane Library. A search for online literature and relevant websites was carried out using Google Scholar and the British

Library Electronic Thesis Online services. Manual searches of book catalogues and article reference lists has also been conducted.

1.4.2 Search Terms

The key search terms used are presented in table 1.1 These terms included the main concepts of the systematic review (e.g. body image, anxiety, depression), common variations and synonyms (body dissatisfaction, body dysmorphia, body dysmorphic disorder) and the location of the key word within the database search (title, abstract).

Table 1.1 Systematic Review Search Terms

Main Concepts	Variation / Synonym	Location
Body Image	Negative body image	Title
Dissatisfaction	Body dissatisfaction Body Dysmorphia Body Dysmorphic Disorder	Abstract
Anxiety	anx*	Abstract
Depression	Low mood depress*	Abstract

1.4.3 Inclusion and Exclusion Criteria

Research that included participants with a diagnosis of an eating disorder were not included in this review, on account that the review focused on the relationship between body dissatisfaction, anxiety and / or depression, rather than on the maladaptive behaviours.

1.4.4 General Initial Screening

Both male and female participants were included in this review, as research has shown that both sexes develop a sense of body image and may develop body dissatisfaction (Davis, 1992; Jones, 2001). The age range of participants was broad to in order to include longitudinal studies. However, adults over the age of 35 were not included, unless they were recruited at a younger age and part of a longitudinal study, for the literature on body dissatisfaction suggests that the importance of appearance, body shape and weight decrease with age (Tiggemann & Lynch, 2001).

To ensure that the search included articles that reflect changes in society, studies from 2000 were included. These changes include an increasing number of images of men and women on the internet, which are easily accessible by smartphones with internet capability. Smartphones were introduced to the mass market in the late 2000s (Arthur, 2012). It was also after this time that social media platforms were developed, for example, Facebook was introduced in 2004, and Instagram in 2010 (Fardouly et al, 2015). A combination of the number of images of peers on the internet and social media usage are thought to have impacted upon an individual's sense of body image (APA, 2007; McCabe, Ricciardelli & Benfield, 2001). Due to cultural differences and the impact of the media, certain geographical areas have been excluded from the search as they have less access to social media and hold different ideals of the male and female form, for example China (Jackson, 2004) (See Table 1.2).

Article titles and abstracts were initially screened and retained if they (a) were written in English; (b) were peer reviewed (c) described either qualitative or quantitative studies; (d) empirically looked at the relationship between issues with body image and anxiety and / or depression and (e) the full text was accessible. Following initial screening, full text articles were obtained and assessed for eligibility for review according to the following set of specific inclusion criteria.

1.4.5 Specific Inclusion Criteria. Table 1.2 highlights inclusion and exclusion criteria. **Participants:** Studies were included if they had participants that were: 1) male and female; 2) recruited between the ages of 11 and 35 years old and 3) included measures for either body image, body dissatisfaction, as well as 4) measures for anxiety and / or depression. **Methodology:** No limits were put on the type of research design, the sample size, recruitment method used or method of data collection. **Variables:** Studies were included for review if they assessed either anxiety or depression in relation to body image.

1.4.6 Specific Exclusion Criteria. Participants: Articles that included participants with physical health difficulties which resulted in them having body dissatisfaction or body image difficulties were not included. The reason for this is that any associated anxiety or depression may not be solely related to body image, but the physical health problem. Participants who are transgender were not included in this literature review, due to other complicating factors e.g. their sense of identity in their biological body.

Articles scoring a quality rating below 18. **Methodology:** Reviews and commentaries were excluded from this review, as was non-primary research. Articles that did not focus on body image, or include a body image measure were also excluded.

Table 1.2 Inclusion and Exclusion Criteria

Criteria	Inclusion	Exclusion
Gender	Males and Females	Transgender
Age	11 – 35	<11 or >35
Study Type	Peer reviewed qualitative and quantitative empirical studies.	Reviews and commentaries.
Language	English	Non-English
Accessibility	Full-text access (including those requiring ArticleReach of document supply service)	Title or abstract only
Date	Articles from 2000	<2000
Geography	UK, USA, Canada, Australia, New Zealand and Europe.	Turkey, Pakistan, Iran, South America, Asia, Africa, China
Quality Assessment	>18	<18

1.4.7 Search Strategy

The process of study selection was recorded on a 'Preferred Reporting Items for Systematic Reviews and Meta-analyses' (PRISMA) flow diagram (see Figure 1). In total, 578 articles were initially identified, of which 210 were duplicates, resulting in 368 to be considered in line with the inclusion and exclusion criteria. Following a manual review of the title and abstracts, a further 340 records were excluded as body image was not being measured in relation to anxiety and / or depression. The full text for the remaining eligible 28 articles were reviewed and a further 17 were excluded as they either discussed non-primary research, included reviews or commentaries or research that was not peer reviewed. This resulted in 11 relevant studies which satisfied the inclusion criteria and were retained for quality assessment consideration within the systematic review.

1.5 Quality Assessment

1.5.1. Quality Assessment Tool

To assess the quality of the 11 studies identified from the systematic review process, the assessment framework developed by Caldwell, Henshaw and Taylor (2005) was used. This framework was thought to be appropriate for the current review because it has broad applicability and is regularly used within the field of psychology (Belcher, Rasmussen, Kemshaw & Zornes, 2016)

1.5.2. Scoring

The studies were all quantitative studies and were scored against 18 criteria from the assessment framework (Caldwell et al, 2005). Each question could be rated as 0 if the criteria was not met, 1 if the criteria was partially met and 2 if the criteria was fully met. The rating for each article was calculated by adding the scores for all 18 questions, so that each article received a score between 0 and 36 (see Appendix C). It was proposed that papers which scored below the midpoint of 18 would be excluded as not reaching a satisfactory level of rigour in terms of the quality assessment framework.

1.5.3. Reliability

To enhance the reliability of the quality assessment another researcher rated all the articles independently, against the same quality assessment criteria and an inter-rater reliability analysis using the Kappa statistic was performed. The results (Kappa = 0.86) suggest strong inter-rater reliability.

1.5.4. Summary

All 11 papers resulted in an above average score on the quality assessment framework, consequently no papers were excluded through the quality assessment process.

Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA) flow diagram

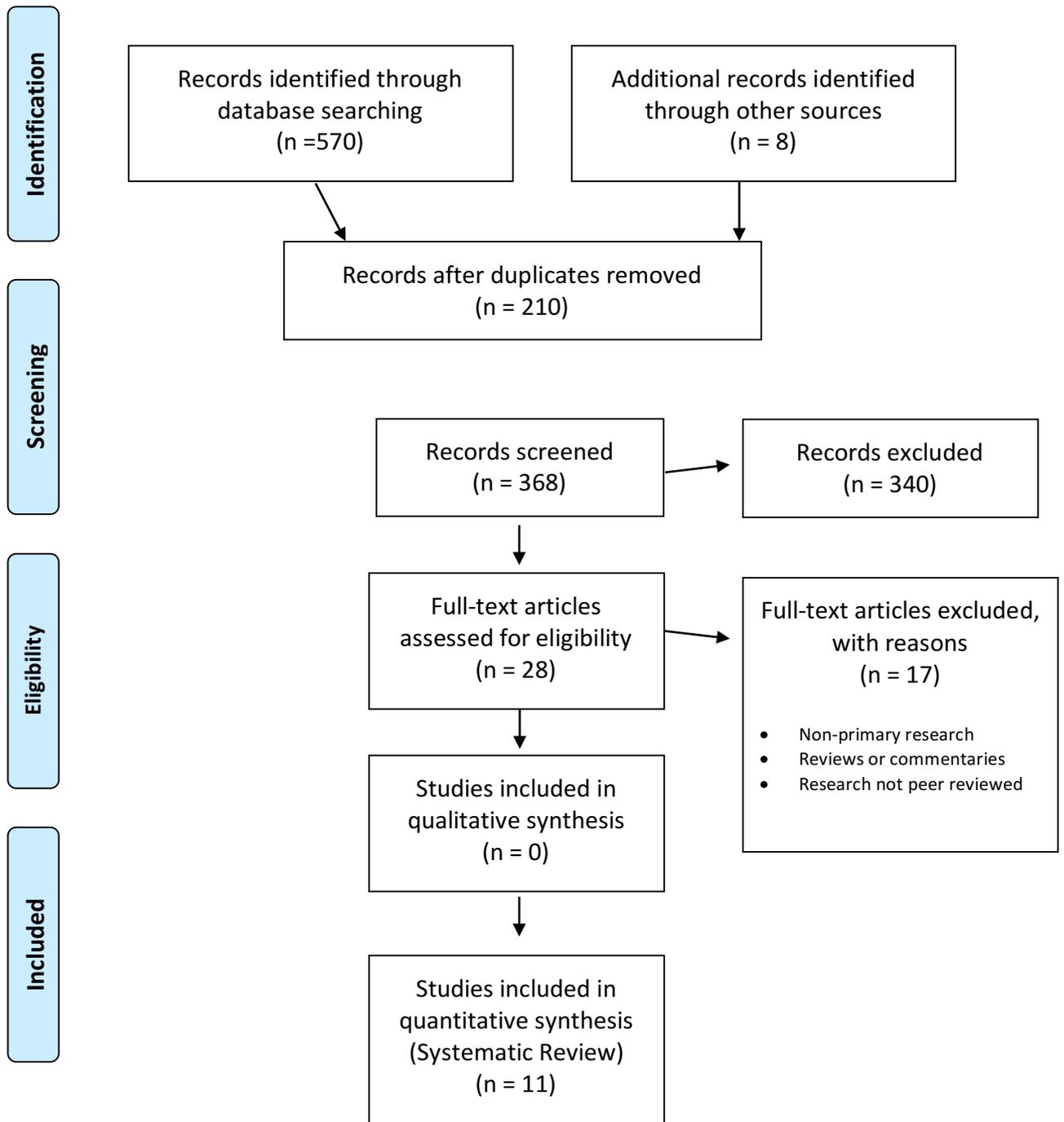


Figure 1. A PRISMA flow diagram of the study selection process (Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009).

Table 1.3 Summary of the key characteristics of the literature reviewed

Authors /year/country/aim	Design & Measures used. Abbreviated measures reported in full at the end of the table	Sample Information	Data Analysis	Key Findings	Quality Assessment (Kappa)
<p>Quick, V. M., & Bryd-Bredbenner, C.</p> <ul style="list-style-type: none"> • 2013 • USA <p>Study Aims To explore disturbed eating and associated psychological characteristics.</p>	<p>Quantitative Cross-sectional study Survey: 3 sections:</p> <ol style="list-style-type: none"> 1) Demographic characteristics (age, sex, race, ethnicity), self-reported height and weight. 2) Eating behaviours 3) Psychographic characteristics associated with eating behaviours <p><u>Body image attributes:</u></p> <ul style="list-style-type: none"> • The Weight Concerns scale from EDE-Q (Fairburn & Beglin; 1994; Mond et al, 2004; Fairburn et al, 2008). • The Self-Evaluative Salience and Motivational Salience scales from the, Appearance Scheme Inventory-Revised (Cash & Labarge, 1996). <p><u>Psychological characteristics:</u></p> <ul style="list-style-type: none"> • The Patient Health Questionnaire-8 (Spitzer et al, 1999; Kroenke et al, 2001). 	<p>18-26 year olds enrolled in college n=2604 63% female 68% were at a healthy weight</p>	<p>Cronbach-α internal consistency scores were obtained for the measures in sections 2 and 3 of the survey. All measures were good to excellent, apart from the Inappropriate Compensatory Behaviour Scale.</p>	<ul style="list-style-type: none"> • Female participants significantly had greater concerns about their shape and weight. (Shape – Mean 2.40 (1.64), $p < 0.001$; Weight – Mean 1.99 (1.61), $p < 0.001$). • Female participants felt more pressure to attain the media physical appearance standards and were more aware of them than the male participants (Mean = 3.39 (1.02), $p = < 0.001$) • Males scored significantly higher on rates of excessive exercise (Mean = 0.76 (1.46), $p = 0.05$) • Mean scores for depression and anxiety were mild for almost half of the participants. Female participants scored 	<p>29/36 (K=0.88)</p>

	<ul style="list-style-type: none"> • The Generalised Anxiety Disorder scale (Spitzer et al, 2006). • The Florida Compulsive Inventory (Storch et al, 2007). • Rosenberg Self Esteem Scale (Rosenberg, 1965). • The Dichotomous Eating subscale from the Dichotomous Thinking in Eating Disorders Scale (Byrne et al, 2008) <p><u>Socio-cultural environment</u></p> <ul style="list-style-type: none"> • Socio-cultural Attitudes Towards Appearance Questionnaire (Thompson et al, 2004). <ul style="list-style-type: none"> - The Internalisation-General scale - The Pressures-Media scale - The Information-Media scale • Childhood Family Mealtime Questionnaire scales (Miller et al, 1993) • The Appearance Weight Control scale 			<p>significantly higher on both these scales than males. (Depression – Mean 6.10 (4.98), $p < 0.001$; Anxiety – mean 6.25 (4.99), $p < 0.001$).</p>	
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<p>Koronczai, B., Kökönyei, G., Urbán, R., Kun, B., Pápay, B., Nagygyörgy, K., Griffiths, M., & Demetrovics, Z.</p> <ul style="list-style-type: none"> • 2013 • Hungary & United Kingdom <p>Study Aims</p> <p>To examine the relationship between body dissatisfaction, social avoidance and increased internet use.</p>	<p>Quantitative</p> <p>Measures used</p> <ul style="list-style-type: none"> • Problematic Internet Use Questionnaire (PIUQ) (Demetrovics et al, 2008). • Hungarian version of Rosenberg's Self Esteem Scale (Rosenberg, 1965). • State-Trait Anxiety Inventory (Spielberger et al, 1970) • Center for Epidemiological Studies Depression Scale (Radloff, 1977). • Satisfaction with body appearance was measured using an 8-item questionnaire designed by the authors. 	<p>N=694 14-34 years old 58% male</p>	<ul style="list-style-type: none"> • Descriptive analyses • Cronbach's alpha • Independent t tests to assess gender differences • Path analyses within structural equation modelling (SEM) to test mediation model. 	<ul style="list-style-type: none"> • Satisfaction with body image is directly and indirectly associated with problematic internet use. (Directly - $t=2.13$, $p<0.05$) • "Body appearance - self-esteem - depression - problematic internet use" (standardised indirect effect was -0.086, $p<0.001$ for males and -0.85, $p<0.001$ for females). • It is tentatively suggested that this is a possible reason why individuals immerse themselves in the internet, where they do not have to tackle issues with their own body image. • Self-esteem has an indirect effect on problematic internet use primarily via depression, because anxiety and PIUQ, the path coefficients proved to be non-significant ($p>0.05$). 	<p>29/36 (K=0.77)</p>
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<p>DeBraganza, N., & Hausenblas, H. A.</p> <ul style="list-style-type: none"> • 2010 • USA <p>Study Aims To examine whether ethnicity moderates the body dissatisfaction and mood of women exposed to media images.</p>	<p>Quantitative Repeated Measures Design</p> <ul style="list-style-type: none"> • Demographic questionnaire • Body mass index • Ideal Body Stereotyping Scale-Revised(Stice et al, 1996) • Body-Areas Satisfaction Scale (Cash, 2000). • Mood Visual Analogue Scale(Heinberg & Thompson, 1995). • Stimulus slides – taken from fashion magazines as well as control slides. 	<p>N=61 31= Caucasian women 30=African American Undergraduate Students 18-23 years old</p>	<p>One-way ANOVAs</p>	<ul style="list-style-type: none"> • No significant changes pre and post in body dissatisfaction for African American women in either slide condition ($p > 0.05$). • Caucasian women scored significantly higher for body dissatisfaction after viewing the model slides and significantly lower body dissatisfaction scores after viewing the control slides ($F(1,11) = 7.30$, $p = 0.08$, $n_2 = 0.58$). • For anxiety, no significant main effect for time or slide were found. However a significant main effect for group was found, $F(1,118) = 6.73$, $p = .01$, $n_2 = 0.5$. White women had higher overall pre-test and post-test anxiety than did the African American women. 	<p>30/36 ($K = 0.87$)</p>
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<p>Abebe, D. S., Lien, L., & von Soest, T.</p> <ul style="list-style-type: none"> • 2012 • Norway <p>Study Aims To examine trends in bulimic symptoms and identify risk factors.</p>	<p>Quantitative Longitudinal study Questionnaires given at four time points.</p> <p>Measures used</p> <ul style="list-style-type: none"> • BMI – self-report of height and weight • Self-report of Alcohol consumption • Bulimic Investigatory Test Edinburgh (BITE) (Henderson & Freeman, 1987). • Body Areas Satisfaction Scale (BASS) (Brown et al, 1989). • Depressive Mood Inventory (Kandel & Davies, 1982). • For anxiety – six times were derived from the Hopkins Symptom Checklist (Derogatis et al, 1974). • Global Self-Worth subscale (Wichstrom & Harter, 1995). 	<p>N = 2890</p> <p>Males and Females</p> <p>Study covered the age span of 14 to 33 years old.</p>	<p>Linear mixed effects models, random coefficient models.</p>	<ul style="list-style-type: none"> • By comparing mean BITE scores at each time point, a significant reduction in BITE score for females over time ($\beta=-0.3$) was observed by the authors, but there was no change in BITE score over time for males participants. • Female participants reported higher levels of depressive and anxiety symptoms compared to males at each assessment Males Anxiety - $\beta(SE) = -0.01(0.01)$, $p<0.05$; Depression - $\beta(SE) = -0.01(0.01)$, >0.05. (Females Anxiety - $\beta(SE)=-0.10(0.01)$, $p<0.001$; Depression - $\beta(SE)= -0.13(0.01)$, $p<0.001$). • BMI was positively associated with bulimic symptoms in both genders ($p<0.001$). 	<p>26/36 (K=0.76)</p>
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<p>Edman, J. L., Yates, A., Aruguete, M., & Draeger, J.</p> <ul style="list-style-type: none"> • 2008 • USA <p>Study Aims To investigate any gender differences in eating attitudes in young adolescents.</p>	<p>Quantitative Survey</p> <p>Measures used</p> <ul style="list-style-type: none"> • Eating Attitudes Test-26 (EAT-26) (Garner, 1991). • Center for Epidemiologic Depression Scale (CES-D) (Radloff, 1977). • Revised Children’s Manifest Anxiety Scale (RCMAS) (Reynolds & Richmond, 1978). • The Self-Loathing Sub-Scale (SLSS) (Yates et al, 1999). • Body dissatisfaction was measured using Figure Drawings (Stunkard et al, 1983) and participants were asked to pick the picture that resembles them and the preferred figure. 	<p>N=66 boys N=80 girls Average age 12.</p>	<p>ANOVAs</p>	<ul style="list-style-type: none"> • Males reported higher Body dissatisfaction scores $F(1,139) = 9.51, p = .002$, than females. • There were no gender differences in the relationship between predictor variables and EAT-26. • Anxiety, $r(69) = 0.558, p = 0.001$. CES-D, $r(65) = 0.474, p = 0.001$. SLSS, $r(69) = 0.363, p = 0.002$, related to EAT-26 among females. • Only SLSS correlated with the EAT-26 among males, $r(54) = 0.428, p = 0.001$. 	<p>24/36 ($K = 0.77$)</p>
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<p>Woodman, T., & Steer, R.</p> <ul style="list-style-type: none"> • 2011 • UK <p>Study Aims</p> <p>To investigate whether, ought and feared body fat discrepancies are predictors of social physique anxiety.</p>	<p>Quantitative Survey</p> <p>Measures used</p> <ul style="list-style-type: none"> • Demographic questionnaire • Body discrepancies – asked participants to rate themselves on 4 questions. • Social Physique Anxiety (SPAS) (Martin et al, 1997). • Beck Depression Inventory-II (Beck et al, 1996). 	<p>N=100 women Mean age 30.</p>	<p>Hierarchical regression analyses</p>	<ul style="list-style-type: none"> • A significant relationship was found between social physique anxiety and the 'ought' self (referring to body fat in relation to personal or external pressures). • This relationship was stronger when women were far from their feared self (how fat they could be). • Positive relationship between ought fat and social physique anxiety was stronger when women were further away from their feared self ($\beta=0.92$, $p<0.001$) than when they were close to their feared self ($\beta=0.31$, $p<0.005$). 	<p>30/36 ($K=0.77$)</p>
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<p>Davison, T. E., & McCabe, M. P.</p> <ul style="list-style-type: none"> • 2006 • Australia <p>Study Aims To examine different aspects of body image to understand gender differences in the construct of body image.</p>	<p>Quantitative</p> <p>Body Image measures</p> <ul style="list-style-type: none"> • Body Image & Body Change Questionnaire (Ricciardelli & McCabe, 2001). • Physical Attractiveness scale (Davison & McCabe, 2006). • Body Image Behaviour scale (Davison & McCabe, 2005). <ul style="list-style-type: none"> - The Body Concealment scale - Body Improvement Scale • Social Physique Anxiety Scale (Hart et al, 1989). • Physical Appearance Comparison Scale (Thompson et al, 1991). <p>Psychosocial functioning measures</p> <ul style="list-style-type: none"> • Rosenberg Self-Esteem Scale (Rosenberg, 1965). • The Depression scale and the Anxiety scale, from the Depression Anxiety Stress Scales (Lovibond & Lovibond, 1995). • Same Sex Relations and Opposite Sex Relations Subscales of the Self-Description Questionnaire (Marsh, 1989). 	<p>12-15 year olds n=245 boys n=173 girls</p>	<p>MANOVA – to determine any gender differences</p> <p>Hierarchical Multiple Regression - to investigate the relationship between body image and psychosocial functioning</p>	<ul style="list-style-type: none"> • Body Image was significantly different for boys and girls (F(7,328)=12.17, p<0.001). • Girls had greater body dissatisfaction scores than boys (F(1,334)=44.82, p<0.001). • Girls were more concerned about other people judging their appearance (F(1,334)=57.09, p<0.001). • The inclusion of body image variables significantly increased the prediction of self-esteem among boys (F(4,148)=11.98, p<0.001) and among girls (F(7,139)=10.17, p<0.001), This finding was above the effect of the control variables. 	<p>32/36 (K = 0.87)</p>
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<p>Gestsdottir, S., Aranarsson, A., Magnusson, K., Arni Arngrimsson, S., Sveinsson, T., & Johannsson, E.</p> <ul style="list-style-type: none"> • 2015 • Iceland <p>Study Aims</p> <p>To investigate gender differences in self-esteem development.</p>	<p>Quantitative Longitudinal study Questionnaires given at two points</p> <p>Measures used</p> <ul style="list-style-type: none"> • Rosenberg Self-Esteem Scale (Rosenberg, 1965). • Satisfaction with Life Scale (Diener et al, 1985). • Body and Self-Image subscale of the Other Self-Image Questionnaire (Offer et al , 1992). • Anxiety, Depression and somatic difficulties were assessed using Subscales of the Symptoms Checklist 90 (Derogatis et al, 1974). 	<p>At follow up</p> <p>N= 201 N=92 women N=109 men 23 years old</p>	<p>MANOVA</p>	<ul style="list-style-type: none"> • Male participants had better scores than women, independent of age, for body image, anxiety depression and somatic difficulties. <p>Body image, F(1, 400)=15.9, p<0.001 Anxiety, F(1,400)=24.2, p<0.001 Depression, F(1,400)=13.8, p<0.001 Somatic complaints, F(1,400)=12.6, p<0.001</p>	<p>28/36 (K=0.89)</p>
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<p>Fløtnes, I. S., Nilsen, T. V. L., & Augestad, L. B.</p> <ul style="list-style-type: none"> • 2011 • Norway <p>Study Aims To examine the relationship between physical activity, sport participants and body composition on mental health difficulties.</p>	<p>Quantitative Longitudinal Study Survey</p> <p>Measures used Participants all clinically examined – measurements of height, weight and waist and hip circumference were taken. Depression and Anxiety assessed using the Hopkins Symptom Checklist-5 (Strand et al, 2003; Tambs & Moum, 1993). The Leisure Time Physical Activity Questionnaire (Holeman et al, 2002; Tollefsen et al, 2006).</p>	<p>N=1959 N= 1009 girls N= 950 boys 13-19 years old</p>	<p>Log-binomial model</p>	<ul style="list-style-type: none"> • Female participants who considered themselves very “fat/chubby” or “thin/very thin” (the RRs were 1.4; 95%, 1.0-1.7 and 1.7; 95% CI, 0.8-1.4, respectively) and male participants who considered themselves to be “thin/very thin” (RR of 1.6; 95% CI, 0.8-3.2) were found to have significantly higher risk of anxiety and depression symptoms than those who rated themselves about average. (p<0.05) <p>CI = Confidence interval RR = Relative risk</p>	<p>26/36 (K=0.89)</p>
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<p>Murray, S. B., Rieger, E., Karlov, L., Touyz, S. W.</p> <ul style="list-style-type: none"> • 2013 • Australia <p>Study Aims To examine a trans-diagnostic model of eating disorders to muscle dysmorphia</p>	<p>Quantitative Survey</p> <p>Measures used</p> <ul style="list-style-type: none"> • Muscle Dysmorphia Disorder Inventory (MDDI) (Hildebrandt, Langenbucher & Schlundt, 2004). • Rosenberg Self-Esteem Scale (RSES) (Rosenberg, 1965). • Multidimensional Perfectionism Scale (MPS) (Hewitt, Flett, Turnbull-Donovan & Mikhail, 1991). • The Inventory of Interpersonal Problems (IIP-32) (Barkham, Hardy & Startup, 1996). • The Difficulties in Emotional Regulation Scale (DERS) (Gratz & Roemer, 2004). 	<p>N=119 males Undergraduate students 18-25 years old</p>	<p>Correlational analyses</p> <p>Regression analyses</p>	<ul style="list-style-type: none"> • Strong negative correlations between self-esteem and Muscle Dysmorphia symptomatology ($\beta=-0.43$, $t(112)=-4.96$, $p=0.000$) • Only self-esteem was a significant predictor of drive for size. ($\beta=-0.24$, $t(112)=-2.3$, $p=0.035$) 	<p>32/36 (K=0.85)</p>
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<p>Lampard, A. M., Macle hose, R. F., Elsenberg, M. E., Larson, N. I., Davison, K. K., & Neumark-Sztainer, D.</p> <ul style="list-style-type: none"> • 2016 • Australia / USA <p>Study Aims To investigate the pattern of eating behaviours and physical activity of adolescents</p>	<p>Quantitative Survey</p> <p>Measures used</p> <ul style="list-style-type: none"> • Eating and Activity Teens – 2010 (EAT) (Berge et al, 2014). - Survey consisted of 235 items. • BMI was calculated • Healthy weight control behaviours • Unhealthy weight control behaviours • Socio-demographic variables <p>Psychosocial Variables</p> <ul style="list-style-type: none"> • Body Shape Satisfaction Scale (Pingitore, Spring & Garfieldt, 1997). • Rosenberg Self-esteem Scale (Rosenberg, 1965). • Depression Scale (Kandel & Davis, 1982). 	<p>N=2793 53% female 14.4 mean age</p>	<p>Regression models</p>	<ul style="list-style-type: none"> • Male and female participants with high self-esteem were significantly more likely to engage exclusively in healthy weight control behaviour (31.6 among girls and 39.2% among boys, $p < 0.05$) than those with low self-esteem (16.0% among girls and 18.9% among boys, $p < 0.05$). • Participants with low depressive symptoms were significantly more likely to engage in healthy weight control behaviours (33.5% among girls and 31.7% among boys, $p < 0.05$) than those with higher depressive symptoms (17.4% among girls and 23.8 among boys, $p < 0.05$). 	<p>27/36 (K=0.89)</p>
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1.6 Results

The intention of this review was to identify and evaluate research which explored body dissatisfaction in relation to anxiety and / or depression.

1.6.1 Characteristics of the Literature

A summary of the key characteristics of the 11 studies included in this review can be found in Table 1.3.

Of the 11 articles identified, all comprised quantitative studies with the earliest being published in 2006. All the studies used a mixture of self-report questionnaires, with some validated measures for body image / body dissatisfaction, anxiety, and / or depression. However, there was little consistency of the measures used, especially for body image / body dissatisfaction. In all of the studies a measure of Body mass index was taken. This was either gained by the research weighing the participants, or asking participants to self-report their weight and height. It is important to consider the impact of asking young people to report their height and weight and then to also ask them about their eating behaviours, exercise routines as well as asking them to comment on their mood, as it could be suggestive and introduce bias in the results (Quas et al, 1999; Barker et al, 2002). Research has shown that children and young people can be suggestible by what information they are presented with, caution is therefore needed in interpreting the results as it is unclear what participants were told about the studies they were involved in (Quas et al, 1999). The population sample within these 11 examples were mainly adolescents, with the age range being

from 11 to 35 years old. Five of the studies were with both male and female participants, whilst two were with female participants and two were with male participants. Four of the studies were conducted in the USA, two in Australia, 2 in Norway, 1 in Iceland, 1 in Hungary and 1 in the UK. Three studies used a longitudinal design to assess changes in body perception, as well as other factors over time, seven studies used a cross sectional design to investigate possible relationships across males and females in relation to body image. One study used a repeated measures design to compare body dissatisfaction scores in Caucasian and African American women.

1.6.2 Overview of the Studies.

Levels of anxiety and depression have been measured by each of the studies included in this review. The measures used for body image and body dissatisfaction vary between each study, with no study using the same measures. There is some similarity between the measures used for anxiety and depression, but again there is variety across the studies. A summary of the key findings of the relationship between body dissatisfaction, anxiety and / or depression is presented below.

1.6.2.1. Relationship between body dissatisfaction, anxiety and / or depression

Of the 11 papers, eight suggested a relationship between body dissatisfaction, anxiety and / or depression (Abebe, Lien & von Soest, 2012; Edman, Yates, Aruguete & Draeger, 2008; Flotnes, Nilsen & Augestad, 2011; Gestsdottir et al,

2015; Koronczai, et al, 2013; Quick & Bryd-Bredbenner, 2013; Woodman & Steer, 2011). All of the papers also included other factors such as gender difference, eating and exercise behaviours, as well as others. The results of the 11 papers are summarised here in relation to body dissatisfaction, anxiety and / or depression.

Quick and Bryd-Bredbenner (2013) found that anxiety and depression, as well as Obsessive Compulsive Disorder (OCD), was present amongst their sample of college students. Most were of a mild level, with one in five presenting with moderate levels of anxiety and depression. Quick and Bryd-Bredbenner's (2013) study also explored the use of unhealthy eating behaviours among college students. It is noteworthy that Quick & Bryd-Bredbenner's (2013) study had a lower quality rating for generalisability due to the methodology used and the lack of diversity of the sample used (Caldwell et al, 2005).

Fløtnes and colleagues (2011) examined the physical activity and mental health of adolescents over a 4-year study. The findings of this study indicate that anxiety and depression symptoms were twice as high for girls compared to boys (22.7% in girls and 11.1% in boys). The risk factors of anxiety and depression for girls were found to be perceiving themselves as 'fat or chubby', whereas for boys it was for them to perceive themselves as 'thin or very thin' (relative risks (RRs) were 1.7; 95% confidence interval (CI), $p < 0.05$). This is the opposite to the cultural ideals (Jackson, 2004). Although Fløtnes and

colleagues (2011) highlight a relationship it is not possible to determine causation due to the correlational methodology used (Barker et al, 2002).

A longitudinal study conducted by Gestsdottir et al (2015) found that male participants had significantly better scores for body image, anxiety and depression compared to women, regardless of age ($p < 0.001$). Caution is warranted when interpreting the results due to the self-reported nature of data collection (Barker et al, 2002).

However, Edman, Yates, Aruguete & Draeger (2008) found that there was no gender difference in the reports of disturbed eating and body dissatisfaction. It is worthy of note that this paper had a lower quality rating, primarily due to methodology, hence caution should be used when viewing this result (Caldwell et al, 2005).

Abebe, Lien & von Soest (2012) found that female participants reported higher levels of anxiety and depression symptoms compared to males at each time point (males $p < 0.05$, females $p < 0.001$). A limitation of this study is the single use of a questionnaire to assess bulimic symptoms, which gives no indication of the level of severity of the bulimic symptoms (Abebe et al, 2012; Barker, Pistrang & Elliot, 2002). It is also worthy of note that this paper scored a moderate score for quality, primarily due to the methodology, caution is therefore needed when interpreting the results (Caldwell et al, 2005).

One of the eight papers focused on the relationship between body dissatisfaction and anxiety (Woodman & Steer, 2011). This study investigated the factors which may predict social physique anxiety. The authors describe that social physique anxiety can be predicted by a statistically significant two-way relationship between an ought and feared self, in relation to body fat ($p < 0.001$). The findings suggest that how fat someone worries or fears being (the feared self) moderates the relationship with how fat someone feels they need to be (the ought self). A significant relationship was found between social physique anxiety and the 'ought' self (referring to body fat in relation to personal or external pressures) ($p < 0.001$). This relationship was stronger when women were further away from their feared self (further away $p < 0.001$; closer to feared self $p < 0.005$) (Woodman & Steer, 2011).

Two of the eight papers focused on the relationship between body dissatisfaction and depression (Koronczai et al, 2013; Lampard et al, 2016). Koronczai and colleagues (2013) demonstrated an association between low self-esteem, depressive symptoms, a dissatisfaction with ones' own appearance and inappropriate internet use ($t = 2.13$, $p < 0.05$). Koronczai et al (2013) suggested that individuals who are dissatisfied with their appearance may engage in a virtual reality, on social media sites and chat rooms, where they can conceal their physical appearance; although no measure of body concealment was completed in this study. The authors do highlight the possibility that the virtual appearance reinforces the dissatisfaction with the actual physical appearance of the individual (Koronczai et al, 2013). Caution

is needed in interpreting the results, due to the limitations of a correlational design (Barker et al, 2002).

Lampard et al (2016) found that male and female participants with high body dissatisfaction (in relation to fat or build), low self-esteem and depressive symptoms were related to engaging in unhealthy weight control behaviours, compared to adolescents who reported low body dissatisfaction, higher self-esteem and lower depressive symptoms ($p < 0.05$). This suggests a more complicated relationship between body dissatisfaction, anxiety and / or depression and focuses on the maladaptive behaviours associated with body dissatisfaction and risk factors associated with developing an eating disorder.

1.6.1.2. No relationship between body dissatisfaction and anxiety and / or depression

Three papers suggested no specific relationship between body dissatisfaction, anxiety and / or depression (Davison & McCabe, 2006; DeBraganza & Hausenblas, 2010; Murray et al, 2013).

In the study conducted by DeBraganza and Hausenblas (2010) the scores of body dissatisfaction for African American women and Caucasian women were compared across different conditions. The different conditions involved each participant being asked to complete a questionnaire about their body satisfaction, before and after being shown either: model slides of women who emulated the ideal physique portrayed by the media or control slides. All participants experienced both condition, the order of the condition

was counterbalanced. African American women in this study had no reaction to the model slides. A reason for this could be that the women in the model slides were all Caucasian. Social comparison theory suggests that we make social comparisons to those most like ourselves, this result might therefore support this theory (Festinger, 1954; Morrison, Kalin & Morrison, 2004).

No relationship between body dissatisfaction, anxiety or depression was indicated from the results of this study. The authors suggest that this is due to the flooring effects of the Mood Visual Analogue Scale used to measure participants anxiety, depression, anger and body dissatisfaction scores pre and post study conditions. As all of the participants were reporting levels of anxiety and depression pre testing, there was minimal change that could be observed in the scores post condition (DeBraganza & Hausenblas, 2010).

Another limitation of this study is the small sample size, with 30 and 31 in each group. This makes it difficult to make generalisations about the results. The slides included in the study could have included images of several different ethnicities to further assess the social comparisons theory, as the African American participants reported a better body image than Caucasian women, regardless of their actual body weight and shape. The authors suggest that Caucasian participants were habitually making comparisons and perhaps unable to make objective observations due to shared characteristics with the model slides (Barker et al, 2002; Caldwell et al, 2005; DeBraganza & Hausenblas, 2013).

Two of the papers which found no relationship between body dissatisfaction, anxiety and / or depression, suggest a relationship between body dissatisfaction and low self-esteem (Davison & McCabe, 2006; Murray et al, 2013).

1.6.1.3. Self-esteem

The finding of a relationship between body dissatisfaction, and self-esteem is interesting due to self-esteem being a long-term predictor of anxiety and depression (Sowislo & Orth, 2012).

Davison & McCabe (2006) demonstrated that dissatisfaction with body image was not found to be related to anxiety or depression when controlling for self-esteem (Davison & McCabe, 2006). Their findings are suggestive of a strong relationship between having a high body dissatisfaction and low self-esteem in both boys and girls ($p < 0.001$) (Davison & McCabe, 2006). The authors argue that body image needs to be understood within a social context (Davison & McCabe, 2006). For boys, their own perceptions of how attractive they thought they were was shown to have an impact on their social interactions with girls; whereas body image in girls was found to be related to social interactions with other girls. Girls reporting higher dissatisfaction with their appearance also reported having poor connections with other girls (Davison & McCabe, 2006).

Whereas, Murray, Rieger, Karlov and Touyz (2013) investigated the possible predictors of body dysmorphic symptoms. The results from the study

demonstrated that perfectionism, self-esteem and mood intolerance were all significant predictors of muscle dysmorphia ($p < 0.001$), and that self-esteem was a significant predictor of body dysmorphia ($p = 0.035$) (Murray et al, 2013). The authors of this paper and that of Davison and McCabe (2006) suggest the importance of self-esteem in issues with dissatisfaction with body image. The study by Murray and colleagues (2013) is limited by its small sample size and the lack of diversity within the sample (Barker et al, 2002; Caldwell et al, 2005).

1.7 Discussion

The aim of this review was to explore the relationship between body dissatisfaction, anxiety and / or depression.

1.7.1 Summary of findings.

Of the eleven studies, eight highlighted a relationship between body dissatisfaction, anxiety and / or depression. Whereas, three of the studies did not find a relationship between body dissatisfaction, anxiety and / or depression. One of these studies did not find a relationship perhaps due to a flooring effect of the measure used, whilst the other two found a relationship between body dissatisfaction and low self-esteem.

The measures used for assessing body image / body dissatisfaction vary between the studies, which may highlight the different aspects of body image and how complex the concept of body dissatisfaction is (Tiggemann, 2004). The use of different measure may also be due to the different geographical

areas in which the research took place. Of the eleven papers, four were conducted in the United States of America, two were conducted in Australia, two in Norway, one in Iceland, one in Hungary and one in the UK (Barker et al, 2002). This may also impact the results in terms of generalisability to a UK population, due to different terminology and research guidelines, however this impact has been reduced by the inclusion and exclusion criteria (Barker et al, 2002).

The age range of the sample reflects the recruitment process used, many of the studies recruited through schools, colleges and universities, which means generalisations to the general population cannot be made (Barker et al, 2002). In terms of cultural differences within Western society, only one of the studies included looked to compare body dissatisfaction across Caucasian and African American women. This highlights a need for greater research to be conducted in this area.

Most of the studies included in the review also investigated other factors, such as self-esteem, and the development of maladaptive behaviours to manage body dissatisfaction, for example disturbed eating, exercise, and medication use. This may have impacted the statistical power of the sample when looking specifically at the relationship between body dissatisfaction, anxiety and / or depression (Barker et al, 2002).

This systematic literature review has highlighted the potential role of self-esteem as a factor in the relationship between body dissatisfaction, anxiety

and / or depression. For example, Gestsdottir et al (2015) found that women had improved self-esteem scores between the ages of 15 and 23, which were significantly more than that of the male participants. Women at the age of 23 were found to be more satisfied with life than men. These findings illustrate that gender differences in self-esteem and satisfaction with life change over time.

In terms of gender, the studies reviewed show a balance between the inclusion of male and female participants. Seven of the studies focused on both male and female participants, two focused on female participants and another two focused on male participants. The results of the studies generally support the idea that men and women experience body dissatisfaction differently, for example, women are focused on body fat, are concerned about being judged on their appearance and men are focused on body build and appear to not be as affected by the media as women (Davison & McCabe, 2006; Flotnes et al, 2011; Lampard et al, 2016).

As the review only included participants from non-clinical populations, this presents challenges in assimilating the information within the articles as each had a different focus. None of the papers were specifically looking at the relationship between body dissatisfaction, anxiety and / or depression, but used measures of all of them in connection to other factors, such as, disordered eating. This highlights a possibility of suggestibility within some of the samples described in the articles, as participants were being asked about their weight, asked about their eating and exercise behaviours, as well

as to comment on their mood and levels of anxiety and depression, which could be considered to be suggestive. Research has demonstrated that children and young adults are vulnerable to suggestibility (Quas et al, 1999).

1.7.2 Limitations.

There are limitations within the papers reviewed. All the papers apart from one, used correlational designs. Seven of the papers used a cross-sectional design, where scores were collected at one time, the other three papers used a longitudinal design whereby scores were collected over more than one time point. The main restriction with correlational research is that it is not able to make causal conclusions (Barker et al, 2002). So, whilst, studies may suggest a causal relationship based on the correlations found within the data, this does not confirm a causal relationship.

The different measures used for body image, anxiety and / or depression make it difficult to draw the findings of the studies together. Caution is needed when thinking about measures which have not been validated for the sample being tested, for example the BITE scale, used by Abebe et al (2012) where the validity for the scale being used with males has been questioned. (Abebe et al, 2012).

Small sample sizes can contribute to less statistical power and may have resulted in some studies not finding significant relationships (Murray et al, 2013). Another limitation was the drop-out rate for two of the longitudinal studies included (Fløtnes et al, 2011; Gestsdottir et al, 2015). A lack of

diversity within the sample population, as well as small size makes generalisations from the findings difficult (Barker et al, 2002; Murray et al 2013; Quick & Bryd-Bredbenner, 2013). The lack of cultural diversity within the samples mean that the results are not transferable (Barker et al, 2002)

1.7.3 Suggestions for future research.

The review has highlighted that there is a lack of qualitative research in the literature regarding body dissatisfaction, anxiety and / or depression. Such qualitative measures might explore the experience of modern comparisons, in relation to the participants' experiences of anxiety and / or depression. Similarly, the use of different quantitative research designs might allow the research to explore more about the causal relationship between a negative body image and the symptoms of anxiety and depression. Future research might include larger samples and samples which are more representational of the population, for example recruitment outside of schools, colleges and universities, which would allow for the results to be generalised and highlight differences within the general population. Future research might also focus on body dissatisfaction, anxiety, depression and low self-esteem over a longer period of assessment and explore any predictive relationships.

1.7.4 Clinical Implications.

The findings suggest that high body dissatisfaction can contribute to symptoms of anxiety and depression and may result in unhealthy weight management strategies being used. Furthermore, the results suggest that there are times that both males and females are at risk of developing

maladaptive strategies to manage their dissatisfaction with their weight. The findings of the review indicate the importance that adolescents place on physical appearance and body image (Davison & McCabe, 2006).

Literature has shown a relationship between BDD and attempted suicide, as well as known high mortality rate for people with anorexia nervosa (NAMH, 2016; NICE, 2004; Williams, 1997). It is therefore important for health professionals to provide adolescents with a space to talk about how they feel about their body. Research has shown that body dissatisfaction can be a difficult topic for individuals' to talk about, and may be missing as topic on assessments for clients currently accessing services (Tomas-Aragones & Marron, 2016; Williams, 1997).

NICE guidelines for BDD focus on Cognitive Behavioural Therapy (CBT) (NICE, 2005). Whereas, the guidelines for anorexia nervosa and bulimia nervosa include: CBT, Cognitive Analytic Therapy (CAT) and Interpersonal Psychotherapy (IPT) (NICE, 2004). It may therefore be helpful for clients who report body dissatisfaction to receive CBT in the first instance. Psychoeducation about the connection between their thoughts, feelings, physical responses and the effect this has on behaviour could enable clients to develop healthy management strategies for their body dissatisfaction. Therefore, potentially avoiding the development of unhealthy behaviours, such as restricted diet, excessive exercise and medication use, which may lead to an eating disorder or BDD.

1.8 Conclusions.

This review has highlighted the possible impact of body dissatisfaction on eating behaviours and weight management strategies, the potential impact this has on relationships with peers, as well the development of anxiety and or depressive symptoms. A need for further research in this area has been emphasised, and the importance in understanding the effects of body dissatisfaction is clear to prevent difficulties from developing into BDD or an eating disorder which could have life threatening effects.

1.9 References

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CHAPTER TWO

Empirical Paper

Exploring the Experience of Commitment to Train as a Female Bodybuilder: An Interpretative Phenomenological Analysis Study.

Prepared for submission to *Body Image: An International Journal of Research*
(please refer to Appendix A for instructions for authors for submission)

Word Count: 8337.

2.1 Abstract

Aim. The aim for the current research was to explore the experiences of women who commit to training as a female bodybuilder. There is a noticeable lack of research within bodybuilding that focuses on the experiences of participants, especially with women.

Method. An Interpretative Phenomenological Analysis (IPA) research was chosen to explore in detail the participants experience of committing to train as a competitive female bodybuilder.

Results. Three superordinate themes emerged from the data: 'Challenging self', 'A sense of control', and 'Self in relation to others'.

Conclusion. The experience discussed by participants highlight some interesting potential links with eating disordered groups.

Keywords: female bodybuilders, body dissatisfaction, eating disorders

2.2 Introduction

2.2.1 Competitive bodybuilding

Bodybuilding is a sport that has grown in popularity, perhaps due to technological advances and the introduction of social media sites, as well as fitness magazines (Pope, Olivardia, Borowiecki, & Cohane, 2001; Hale & Smith, 2012). It can be differentiated from other recreational activities, such as regularly attending the gym and fitness classes (Richardson, 2004). Competitive bodybuilders undertake an intense programme of training that includes both cardiovascular workouts and weight training, in addition to a potentially restrictive diet (Parish, Baghurst & Turner, 2010; Spendlove et al, 2015). The purpose is to develop a muscular and toned physique, reducing body fat and increasing muscle (Hale & Smith, 2012).

To be successful in competitive bodybuilding, an individual needs to gain muscle mass, muscle definition that is clearly visible and overall symmetry of the body. Unlike other competitive sports, bodybuilders are purely judged on their physique and 'aesthetic' and not on an objective ability where physical appearance is secondary (Bjornstad, Kandel & Anderson, 2013; Suffolk, 2015). An example would be to compare bodybuilding to weight lifting. In weight lifting the goal is to lift a greater weight than your opponent, in competitions like the 'strongest man' or 'strongest women', where there is no focus on appearance but ability (Lantz, Rhea, Cornelius, 2002). Competitive bodybuilders present themselves on a stage and are judged by a panel against a set of criteria, which is defined by that particular bodybuilding federation (Holm, 2000; Suffolk, 2015).

The increasing number of women taking part in competitive bodybuilding has led to different classes being established (International Natural Bodybuilding Association [INBA] 2014). These classifications may differ between federations and countries, but enable more women with different levels of muscle and definition to compete. The categories are: bikini, figure, fitness and physique, with physique being the largest category for women (Spendlove et al, 2015; Suffolk, 2015).

Bodybuilders describe having an 'on-season' and 'off-season'. 'On-season' is described as a time of 'cutting', where the diet becomes more restricted and training focuses more on cardiovascular workouts in preparation for competitions. 'Off-season' is a time of 'bulking' where the diet is less restrictive, but requires a balance of macronutrients (protein, carbohydrates and fat) and weight training increases to build muscle (Spendlove et al, 2015).

Competitive bodybuilders need to become extremely lean to achieve the desired aesthetic required by different bodybuilding federations; this may make bodybuilders vulnerable to developing unhealthy behaviours (Cole, Smith, Halford & Wagstaff, 2003; Goldfield, 2009, Richardson, 2004). Suffolk (2015) suggests a potential bias within the literature that mirrors a societal view of bodybuilding, in that there is a focus on pathologising competitive bodybuilders and focusing on maladaptive behaviours, such as substance use (both supplements and steroids), excessive exercise and extreme dieting, rather than exploring the motivation and potential positive psychology of

training and competing as a bodybuilder (Pope, Katz, Hudson, 1993; Scott, 2011, Suffolk, 2015).

2.2.2 Physical appearance and society

The assumptions and judgements someone can evoke in others by their physical appearance, especially when different from the 'norm' is well documented in social psychology (Berry & McArthur, 1985; Goffman, 1963; Kunda, 1999).

Bodybuilding pushes the boundaries of gender stereotypes, due to the pursuit of a muscular physique (Bolin, 1992; St Martin & Gravey, 1996). It could be argued that this sport is more socially acceptable for male bodybuilders than female bodybuilders due to traditional views of women being weaker physically and non-competitive. However, male competitors engage in activities to prepare for competitions that are often deemed more socially acceptable for women, for example, hair removal, tanning and the use of make-up (Bjornstad et al, 2014; Bolin, 1992, Daniels, 1992; Scott, 2011).

Interestingly, bodybuilding competitions affirm cultural ideas of femininity by placing expectations on female competitors, to make an effort with their hair, makeup, wearing high heels and decorated skimpy bikinis (Rosdahl, 2014; Scott, 2011; Spendlove et al, 2015). Bjornstad et al (2014) suggests that competitive bodybuilders not only challenge social 'norms' by their appearance, but also by their suspected drug use. This negative stereotype

separates bodybuilding from other sports, where drug use or 'doping' is not usually assumed by the general public (Spendlove et al, 2015).

The negative stereotypes have been reinforced by some researchers, suggesting that bodybuilders have psychological issues, categorised by narcissism and feelings of inadequacy and it is these feelings which are compensated for by competing as a bodybuilder (Bjornstad et al, 2014; Klein, 1993).

2.2.3 Motivation and psychological characteristics

Much research into bodybuilding has focused on psychological characteristics, such as: perfectionism, narcissism, dissatisfaction with body image, self-esteem and body or muscle dysmorphia (Goldfield, Harper & Blouin, 1998; Peter & Phelps, 2001).

Other research has attempted to understand the motivation behind becoming a competitive bodybuilder (Roussel & Griffet, 2000; Shilling & Bunsell, 2009; Probert, Leberman & Palmer, 2007). Roussel and Griffet (2000) found that female bodybuilders reported a sense of belonging and of achievement. This result was also found by Sparkes, Batey and Brown (2005) who suggest that being part of the bodybuilding community helps create an identity and inclusion to the group. Other researchers suggest that the motivation comes from achieving a revered physique, rating this as more important than the negative comments the women in this sample received (Shilling & Bunsell, 2009). Probert et al's (2007) findings suggest that the benefits from being

involved in bodybuilding include a sense of control of one's life and well-being (Bjornstad et al, 2014).

Some research suggests that bodybuilders commit to their training and diet regimes to deal with issues with their own body image and self-esteem (Hale & Smith, 2012; Thompson & Cafri, 2007). Body image is a term that brings together someone's perceptions of themselves, including their thoughts and feelings about their body (Ricciardelli, McCabe & Banfield, 2000; Hale & Smith, 2012). The relationship between a positive body image and good mental health has been suggested in the literature; whereas a negative body image has been shown to lead to unhealthy behaviours, such as excessive exercise, disordered eating and the use of medication to burn fat and build muscle (Anderson & DiDomenico, 1992; Blouin & Goldfield, 2006; Goldfield, 2009; Hale & Smith, 2012; Walberg & Johnston, 1991).

Typical body image concerns in male bodybuilders tend to be associated with the desire for a large body mass. Such motivation to increase body mass sometimes to excess can leave bodybuilders vulnerable to develop a form of body dysmorphia, called muscle dysmorphia, which is where they perceive themselves as smaller than they actually are. This results in behaviours such as mirror checking, following strict diet and exercise programmes, which have an impact on social activities and relationships (Bolin, 1992; Choi, Pope & Olivardia, 2002; Gruber & Pope, 1999, 2000; Hale, Dehl, Weaver & Briggs, 2013; Grieve, 2007; Guthrie & Castelnovo, 1992; Klein, 1992; Mosley, 2009; Suffolk, Dovey, Goodwin & Meyer, 2013).

Suffolk and colleagues (2013) used a cross-sectional design to compare competitive bodybuilders to regular gym users over time. The findings demonstrate an increase in disordered eating and commitment to exercise in bodybuilders in the 'on-season' months leading up to a competition. The authors highlight that such disordered eating and commitment to exercise decreases after competing (Suffolk et al, 2013).

Other research has focused on the motives of bodybuilders using anabolic steroids, with the findings suggesting a relationship between wanting to acquire the desired physique, muscle mass and to be successful within competitive bodybuilding (Wright, Grogan & Hunter, 2000). The authors suggest that a more detailed understanding of motivation will help develop interventions in promoting the awareness of the dangers of using anabolic steroids and other unhealthy behaviours (Wright et al, 2000).

A qualitative study conducted by Bjornstad et al (2014) aimed to understand the experience and lifestyle of six male competitive bodybuilders. Participants in this study discussed the importance of dieting correctly, being part of the bodybuilding community and gaining support and recognition from peers within the industry. Participants also discussed the impact that sticking to the regime had on their relationship and social interactions. The experience of competing was reported as positive (Bjornstad et al, 2014).

Suffolk (2015) highlights an absence of research with female competitive bodybuilders. Suffolk (2015) conducted a study to examine the motivation for becoming and continuing as a competitive female bodybuilder. Suffolk (2015) reviewed 96 videos of female bodybuilders (classed in the physique category, where a greater muscle mass is expected) available online talking about their experiences. The findings suggest that most of the women in these interviews had some involvement in sport in the past, and that they all wanted to achieve a physique they admired. The author highlights that a sense of body dissatisfaction was the prominent factor for becoming involved with bodybuilding (Suffolk, 2015). The main limitation of this study is the use of video clips of female bodybuilders, rather than use of more standardised, systematic interview data.

2.2.5 Rationale for aims of current research

To date research in bodybuilding has predominately been with male competitors, with limited studies focusing on female competitors. Research which has been conducted with female competitors has been hampered by the use of secondary data, such as the video clips used by Suffolk (2015). Thus far research has not been conducted which uses a methodology that allows for the participants' experiences to be fully explored. A detailed understanding of the experience of female bodybuilders may highlight a potential way of managing eating disorders and dissatisfaction with body image.

The aim for the current research is to explore women's experiences of becoming and being a female bodybuilder. This will involve the following research questions:

- What is the motivation for choosing bodybuilding?
- What it is like to live as a female bodybuilder?
- What is the impact on self-esteem, body image and mental health?

2.3 Method

2.3.1 Research design

Due to the exploratory aims of the study, a qualitative research design was chosen (Smith, 2008). The qualitative methodology selected was Interpretative Phenomenological Analysis (IPA). IPA has a commitment to the detailed understanding of the participant's experience, producing a thematic description of commonalities or core essences, instead of generating a theory (Barker, Pistrand & Elliot, 2002; Smith & Osborn, 2008; Smith, Flowers & Larkin, 2009).

2.3.2 Participants

Participants are female bodybuilders who have competed within the last 18 months. This time takes into account the time a competitor can take in their 'off-season' to build muscle (Spendlove et al, 2015). All participants will also be actively training; this is so that their experiences are current and that they are not drawing on events in the past. Further inclusion and exclusion criteria are shown in table 2.1.

Table 2.1 Participant inclusion and exclusion criteria

Inclusion Criteria	Exclusion Criteria
i) Competed in a bodybuilding show within the last 18 months.	i) Male Bodybuilders
ii) Be actively training	ii) Non-English speaking
iii) Participants will all be over the age of 18 years old	

Seven participants were recruited. Seven was deemed an appropriate number of participants for this IPA study, in order to enable a detailed interpretative account of each individual participant experience, whilst also enabling an investigation of the similarities and differences, convergence and divergence (Gubrium & Holstein, 2002; Smith, Flower & Larkin, 2009). All participants described themselves as White British, and aged from 32 to 45, demonstrating good sample homogeneity of the sample. All participants had competed at bikini level, with three of the participants now competing in the next stage of bodybuilding, 'toned figure.' Table 2.2 provides further participant details. All names are pseudonyms.

Table 2.2 Participant details

Participant	Age
Jane	40-45
Anne	40-45
Dawn	40-45
Sarah	40-45
Kate	32-35
Mary	40-45
Carly	40-45

2.3.3 Procedure

2.3.3.1 Ethical procedures

The research was designed following the guidance of the British Psychological Society (BPS, 2010). Ethical approval was gained from Coventry University (Appendix D).

2.3.3.2 Materials

A semi-structured interview schedule was used (see Appendix E), as suggested for IPA methodology (Smith, Flowers & Larkin, 2009). This interview schedule was developed to be broad and flexible, including non-leading, open ended questions which allowed participants to lead the dialogue, conveying information about their experiences which they felt were most pertinent to them. Questions were developed with consideration to the research aims, as well as current literature and discussions with the supervision team.

2.3.3.3 Recruitment

A snowballing sampling method was used to gain access to participants, as bodybuilding is a discrete group of people (Barker et al, 2002; Roussel et al, 2010). Contact was established through a local bodybuilding gym, as well as through social media, Facebook and Instagram.

2.3.3.4 Interview procedure

Participants were provided with the participant information sheet (see Appendix F) and given an opportunity to ask the researcher any questions. Written consent was then given by the participant (see Appendix G for a copy of the consent form). Basic demographic information was collected to assess the homogeneity of the sample. A semi-structured interview was conducted with participants at their preferred location, which for some was at their home and for others at a gym. The majority of interviews lasted for approximately 60 minutes, with one lasting 25 minutes and another lasting

120 minutes. All interviews were audio-recorded. Following the interview, participants were given another opportunity to ask the researcher any further questions. All participants requested information about the outcome of the study.

2.3.4 Analysis

Each audio-recording of the interviews was then transcribed verbatim. Any identifiable information was removed and participants provided with a pseudonym. All data was then analysed using the IPA methodology detailed by Smith et al (2009) (see appendix H, for analysis steps). A transcript with initial exploratory comments and the emergent themes for one participant is included in Appendix I. This process was repeated for all participants, before patterns across the interviews were examined and overall themes were identified. These themes were then organised to provide super-ordinate themes and their related sub-ordinate themes.

2.3.4.1 Validity of the study

Yardley (2000) describes four principles for assessing quality of qualitative research. These criteria include: sensitivity to context, commitment and rigour to the attention given to each participant's experience, transparency and coherence to the stages of the research process, and impact and importance. All of these criteria have been considered throughout the research process to enhance the validity of the study. Exploratory comments and emergent themes for each participant, as well as final themes were discussed with the researcher's supervisor and the coding of a single

transcript was conducted by a clinical supervisor in order to identify similarities and difference between the coding which could be reflected upon.

2.3.4.2 The researcher's position

The researcher is a Trainee Clinical Psychologist with no prior involvement or relationship with any of their participants. The foundation of the IPA methodology involves the researcher being committed to exploring their own thoughts, assumptions and beliefs, in relation to their engagement with the data (Smith et al, 2009). To aid this process a bracketing procedure incorporating an interview and ongoing reflective practice was employed (Speziale & Carpenter, 2007). Prior to the research starting, the researcher expected the role of a competitive attitude and great motivation to prove themselves to be an important factor in the experience of female bodybuilders; perhaps this has been constructed from the researcher's exposure to male bodybuilders. This assumption was highlighted through the bracketing process and enabled the researcher to become aware of it and place it to one side, during the interviews and analysis of the data.

2.4 Results

Following analysis of the data, three superordinate themes emerged: 'Challenging self', 'A sense of control', and 'Self in relation to others'. These superordinate themes, as well as a number of subthemes are shown in Table 2.3. These are then discussed with attention to the convergence and divergence within the themes.

Table 2.3 Superordinate and Subordinate themes

Superordinate theme	Subordinate themes
Challenging self.	a) Endless striving b) Perfectionism and unrelenting standards c) Body dissatisfaction
A sense of control.	a) Focus and control on diet b) Exercise and attention to detail
Self in relation to others.	a) Social interactions and relationships b) Dealing with misconceptions and comments c) Being seen, being judged, a different side to 'me'

2.4.1 Challenging self.

All participants described a sense of being competitive, particularly with themselves. This superordinate theme encompasses the importance of having a goal, as well as personality traits, such as perfectionism and standards that were mentioned by all the participants. Another component of this theme is how all the participants describe admiring the bodybuilding physique (particularly in the 'lower' categories – for example, 'bikini') and

how this compared to their own physique before undertaking training. This theme is discussed below in relation to the subthemes.

2.4.1.1. Endless striving.

All participants described the need to set goals for training and dieting, for most of the participants the goal was the competition itself, as it provides something to work towards. Kate, for example talked about competing as being the goal, as a way of keeping her focused:

It gave me a goal, rather than doing it just aimlessly. Looking back, it was quite easy to go to the gym and obviously on days when you are feeling quite tired, it was easy to say, 'I can't be bothered today'. Let's have a pizza at the weekend and there's no reason not to, so having something to aim for reined everything a little bit tighter.

(Kate, 12-15)

All the participants talked about a fear of failure, and letting others and themselves down, most describing this as a factor to motivate them to stay on track and focused, Jane talked about a strategy that she used to maintain focus when she felt her enthusiasm was waning:

You've got to stay focused, I used to have a picture on my fridge actually of bikini girls that were competing on my fridge, just so that I could look at it every now and then

just to [pause] you know to remind me why I was doing
this and I had the whole thing of no I wanted to achieve
this. (Jane, 197-200)

A sense of proving something to themselves, as well as others was evident through all the transcripts. For example, Sarah talked about her initial introduction to bodybuilding through watching a video clip on a competition:

I could prove a point here and I'm the type of person that
if someone says you can't do that. I will. So, I was just
interested in it and I knew I could look better than that
girl on the DVD. So that was the challenge then.

(Sarah, 19-21)

All participants described thoughts about there always being something to improve on, and setting new goals for themselves. Whether this was for greater muscle definition, or symmetry. The improvement could therefore be within a bodybuilding category, for example, where they placed in a competition, or whether this would-be progression to the next category, and therefore building more muscle. Carly for example, talked about wanting to see where her boundaries were, and that over years of training she is yet to find them, whilst Jane talked about aiming to compete in a different category next time and what this would mean:

So, I would put on a bit more muscle, a bit more size, not major, a bit more athletic and that was my next goal.

(Jane, 601-602)

An interpretation of the competition and standing on stage as being the goal, could be that it provides an end to the restricted diet and exercise, as all participants talked about training for competitions as being all consuming, and the preparations taking a focus in the participants' lives.

2.4.1.2 Perfectionism and unrelenting standards.

Two participants described perfectionism as a personality trait they felt was needed to commit as a female bodybuilding. Sarah, offered the following thoughts about the qualities she felt were needed:

You've got to be a perfectionist, you've got to be determined. You have also got to be a bit selfish...

(Sarah, 389-390)

Whilst the other participants did not label their behaviours as perfectionism, it is suggested through some of the dialogue offered by participants that they do set high standards for themselves against what they perceive is required by different bodybuilding federations. For Dawn the process of self-scrutiny is described by looking at the professional photos of herself at competitions. She described this as a way of assessing her current physique and identifying areas that need improvement:

I always get the professional photos, it's so worth paying for them. Pictures taken by friends and the ones that my husband take are at an angle, and they don't pick up your lines and you can't critique them properly you can get an idea but you can't properly critique. I need to see exactly where the conditioning is needed and I need to see what the judges have seen the photographers are right there, square on and they zoom in and they have got the proper equipment and looking at them I can see what work I need to do. (Dawn, 371-377)

Four of the participants talked about being on stage and not feeling like they had done enough in comparison to the other competitors. Describing a body part as being too fat and not lean enough. This potentially highlights a link to a form of body dysmorphia, which is associated to perfectionism and attention paid to a specific body part, as well as body dissatisfaction.

2.4.1.3 Body dissatisfaction.

All the participants talked about admiring the body shape of competitive bodybuilders and aspiring to this. Six of the participants talked about some sense of body dissatisfaction before training to compete as a bodybuilder and described experiences of suffering from an eating disorder. For example, Sarah talked about her relationship with food:

I always had an issue with food and was borderline anorexic, umm I just didn't want to eat, I just felt that I was always a big girl. (Sarah, 244-245)

Two of the participants highlighted the possible danger of becoming obsessive and developing an eating disorder or body dysmorphia, due to the attention needed on your physique within this sport. Mary demonstrates this by talking about her experiences whilst training and losing weight:

You find that you can start to become quite obsessive about it and you begin to become a bit body dysmorphic and even though you are losing your weight and your friends are saying you are looking fantastic and you are still not seeing what you want to see in the mirror so you are constantly going at it and then I started training with the weights and my body was changing in a way that I was liking it. (Mary, 13-17)

These issues with body dissatisfaction do not disappear through committing to train as a bodybuilder. Two of the participants discussed the thoughts they had about their bodies whilst on stage. Jane for example, had talked about some of the negative thoughts she had about her body whilst on stage:

You think I hope my bum doesn't look fat and you're thinking about all the angles and then you need to turn around, oh my god I hope my bums not fat.

(Jane, 558-560)

For Sarah, she discussed thoughts about wanting to maintain the look she had on stage:

So, I'll look at myself and that's not the way I want it to be and most people would be like oh (Sarah) I'd love to look like that. For me it's not where I want to be, I want to look like what I looked like on stage.

(Sarah, 155-157)

All participants talked about how they feel about their bodies currently and the differences between 'on-season' and 'off-season'. For the six participants that described experiences of an eating disorder, they all found the concept of 'bulking' off season difficult, as this meant gaining muscle, but gaining weight. Anne described how she felt at the time of the interview, when she was 'bulking':

I feel fat right now. I know that it is in my head.

(Anne, 266)

These excerpts of the transcripts highlight the complex nature of body image and its relationship to the individual participants challenging themselves. It

appears that body image and comparisons to an ideal, are factors in the motivation of the participants to continue to place high standards on themselves.

2.4.2 A sense of control.

All participants described that control and discipline was needed when committing to competitive bodybuilding. This superordinate theme encompasses the evident control participants had over their diet and exercise regimes. This theme is discussed below in relation to the subthemes.

2.4.2.1 Focus and control on diet

The participants were asked about their diet and whether there were any differences between 'on-season' and 'off-season.' Four participants described maintaining a similar diet across both, this may highlight difficulty with the concept of bulking, or highlight wanting to maintain a healthy balance and avoid 'yo-yo' dieting. These four participants did restrict their diets further closer to the competition to aid with losing body fat. Sarah for example, talked about her feelings about 'bulking' during 'off-season':

I struggle, in my head I don't like the way I look, unless I am on stage. I know I need to, I really just need to let go and think who cares what I look like I physically can't do it. I do nothing but moan the whole of my off season.

(Sarah, 239-241)

For two of the participants it appeared that they felt very comfortable talking about their diet and focused on this at length, often bringing the conversation back to their focus on their diet. This possibly highlights the level of control these participants felt they had on their diet, as well as its importance to them.

All participants talked about the concept of a 'Cheat Meal'. A 'Cheat Meal' is a meal that competitors could have once a week and it could be anything they wanted, participants also stated that you could have a cheat window, where you could eat anything you wanted in a time limited period, usually 2 to 4 hours. Anne, Dawn and Sarah, talked about a difficulty with this concept, this appeared to be linked to their issues with their weight in the past and body dissatisfaction. Anne describes how she struggles with the concept of a 'Cheat Meal':

I end up in the situation where my head is on diet, so a cheat meal will freak me out. So, my cheat meals will get more and more like a normal meal and less cheat meal...I do struggle. (Anne, 185-187)

Following a competition, participants described the likelihood of gaining weight, as many competitors would take food to eat post competition. Some of the participants had done this in the past, but felt that this was unhealthy, choosing a nice meal instead. It was evident from the interviews that control was needed post competition, to avoid quick weight gain, all participants talked about a reverse diet, where they slowly reintroduced food. It was

evident though for six of the participants that there was a fear of gaining weight post competition.

It is important to note that for the one participant who described no history of an eating disorder, was not concerned about gaining weight as they had a reverse diet plan in place for after the competition. Kate describes how she felt post competition:

I'm glad it's over and it's good to embrace this side of it
putting a bit of weight back on I remember the downside
of losing weight. (Kate, 522-523)

The control over the diet also required a lot of effort in meal preparation and most participants talked about how this was needed to avoid temptations. Three of the participants said that they would find it difficult to make choices, if they did not have their food prepared and with them.

2.4.2.2 Exercise and attention to detail

All participants talked about the importance of balancing their diets with physical training. Participants shared commonalities in that they all described a different structure during 'on-season' and 'off-season' to reflect the aims of the time period. All participants talked about the focus on different body parts and at times how the focus can lead them to change their training to improve a certain area, for example, Sarah talks about focusing on her glutes:

Different body part each day, but I do train, if I see something on my body that I think is behind, um for me I've learnt that I watch my own body and I've learnt I can't over train a body part. So, I needed to build bigger glutes, need a bigger bum, so I trained it six times a week.

(Sarah, 125-128)

The amount of attention to a body part could potentially become obsessive and two participants talked about the potential for obsessive behaviours, such as over training and one participant talked especially about body dysmorphia, previously mentioned under body dissatisfaction.

Three of participants talked about the frustration they felt if they were unable to train. This frustration potentially demonstrates the value that these participants place on their exercise regimes and the role they have within their lives, perhaps as a way to channel their emotions. Carly talked about her frustration:

I get frustrated if things get in my way, but I will still do my training but not at the level that I particularly want to, probably due to tiredness, I might only have had 4 hours sleep but I need to get the training done.

(Carly, 308-311)

All participants described that they would always train in some form, as it is very much part of their lives. Both Carly and Sarah talked about always wanting to be able to present themselves on stage and competing, possibly indicating the addictive nature of this competitive sport:

I see some of the 50 odd year olds on stage in the master and think they look great, yeah, yeah that will be me. I'm not really sure like when I can give up. It's that much of an addiction. (Sarah, 377-379)

There was also a sense that bodybuilding for some of the participants provided a purpose that perhaps was lacking in other areas of their lives. This leads onto the next superordinate theme, discussed below.

2.4.3 Self in relation to others.

All participants talked about the impact of committing to train as a competitive bodybuilder on their social lives, as well as the impact on friendships and family. This theme also highlights how participants have dealt with comments from others and their thoughts about the misconceptions in the media and the general population. This theme is discussed below in relation to the subthemes.

2.4.3.1 Social interactions and relationships.

Two of the participants offered examples of how training had impacted on their social interaction with friends, when they were not able to drink

socially. Jane described losing a closeness to two of her friends due to her commitment to train:

But it was hard friendship wise because you do have to and they don't, two people didn't exercise, like they tried to exercise and they didn't and then they gave up because they weren't getting the results and then they would ask me about it, and then as I got skinnier and skinnier because I had to, have to lose the fat, you have to be a certain, they were very concerned for me, so they didn't understand the process that I had to go through. So, I had to explain it to them and it became a little bit of resentment there I guess and they'd invite me out – oh but you can have this and you can have this, and I tried to say well I can't. So, it was quite hard.

(Jane, 423- 430)

All participants described changes in their relationships with family during competition preparation, with focus on changes in mood, due to the restrictive diet.

There is the cost of relationships as well. It was straining on the family and days when I was too tired even to walk the dog and my partner would come home and walk the

dog for me because my legs were so sore and tired and I was so cold all the time. (Kate, 518-521)

Some participants talked about changes to their personal relationships and the difficulty of finding someone. Sarah talked about her thoughts about this:

Some men don't like muscly women and being this muscular. I don't see myself as muscular. I have heard people saying, do you want to take your clothes off in front of her, so it makes them question the way they look and think I'm just after a certain, body builder.

(Sarah, 296-298)

It is interesting to wonder whether this difficulty with relationships was present before bodybuilding, and whether bodybuilding provides an alternative and legitimate reason for this difficulty.

2.4.3.2 Dealing with misconceptions and comments.

All participants described incidents where they had received comments from other people, not involved in the sport. Anne talks about some of the comments she has received:

Why would you want to look like a man? I don't look like a man, I'm not going to train like a man but there are so many points before you look like a man but they don't

have that concept. I guess that's partly why there are a lot of misconception around body building and bad press and that's why, its that's conception. Why are you doing it, what is it for, it is that you are selfish and all taking stuff, you are all posers, that's what people think generally, you just want people looking at you.

(Anne, 1144-1150)

The impact this had on participants seemed to depend on their support networks, although for some of the participants their networks appeared to be limited to those within the sport.

2.4.3.3 Being seen, being judged, a different side to 'me'.

This subtheme describes an element of the experience which is ultimately the main goal, 'to be judged' and to be judged on physical appearance. All participants talked about the process of being judged, and that the expectations of federations differed and were very subjective.

Three participants described being judged on a stage as out of character for them, as if in some way this was a different persona. Anne, described her experience of being on stage for the first time:

My first time of standing on a stage being judged by people wearing pretty much not a lot and being you know in a

ridiculous colour and it was like almost the opposite of my normal personality. I'm not showy, I don't like that.

(Anne, 475-477)

Kate talked about how being on stage was an achievement:

As never in a million years did I think I would walk on a stage, in a bikini, in front of an audience with my head held high. It was quite an achievement in itself for me and I think I need to remind myself of that more often, as I've had; two children and the issues from having two children; there are plenty of scars and lumps and bumps.

(Kate, 257-261)

All participants talked about the 'buzz' of being on stage and how they knew they would compete again. This subtheme also highlighted a link with how participants see themselves as striving and committing to their goals in comparison to others who may not, this may demonstrate a critical view of others, which could be associated to the standards they place on themselves.

2.5. Discussion

This study explored the experiences of women who had committed to training as competitive bodybuilders. Its aim was to gain a detailed understanding of the experiences in relation to the motivation for choosing bodybuilding, what it was like to be a female bodybuilder and what impact bodybuilding had on self-esteem, body image and mental health.

Three themes emerged from the data and these will be discussed in terms of how they relate to the existing literature. Thought will also be given to the clinical implications of the findings, as well as the limitations of the research.

2.5.1 Discussion of findings

All of the participants apart from one were in their early forties, this may indicate that these participants felt more comfortable talking about their experiences of body building, but also their comfort in their own performance when competing and their overall body image. Research demonstrates that body dissatisfaction decreases with age, and this could possibly be a reason why the participants who volunteered to take part were all over 30 years old (Pruis & Janowsky, 2010; Tiggeman, 2004).

All of the participants talked about how they got involved with body building, after pregnancy, ill health or being told about competing at their local gym. It is interesting to note from anecdotal evidence, that younger participants who were approached to take part in the study, commented on feeling that they had not had enough experience of competing in order to share their story.

This is interesting and may represent a different stage in their bodybuilding journey, as all the women interviewed were able to reflect on their experiences of previous competitions and how this made them the competitor they are now.

2.5.1.1 Challenging self.

This theme considered the challenge that female bodybuilders place on themselves to achieve the aesthetic required to compete on stage in competitions, and highlighted that they always felt there was a higher goal to achieve and strive for. Previous research with male competitors found a similar theme, where participants talked about needing to have a sense of possible improvements to their bodies, in order to get in shape for competitions (Bjornestad et al, 2014). An interesting description from the research conducted by Bjornestad et al (2014) is that male participants talked about not being able to maintain the stage condition all year round, which led to feelings of body dissatisfaction. There appears then to be a similarity across genders and similar findings were true of the participants in this study. The idea of perfectionism as being a factor in the experience of being a bodybuilder has been suggested within the present study and in the existing literature (Bjornestad et al, 2014; Peter & Phelps, 2011). Perfectionism has been shown to be linked to exercise dependence (Miller & Mesagno, 2014), eating disorders (Bardone-Cone, Sturm, Lawson, Robinson & Smith, 2010) and muscle dysmorphia (Mosley, 2009). Perfectionism and goal focus is also demonstrated in other competitive sports, which aligns

bodybuilding amongst other competitive mainstream sports (Thompson & Trattner-Sherman, 1999).

The current study highlighted that all the participants felt that they needed to further their knowledge of the diet and exercise process to train as competitive bodybuilders.

All the participants in this study commented on admiring the bodybuilding physique; this finding supports results highlighted by Suffolk's (2015) study. However, it differs in that not all the participants were involved in sport at an early age; three of the participants talked about having issues with their weight and wanting to change their figures. Suffolk (2015) suggested that dissatisfaction with body image was a motivator to train as a female bodybuilder, however none of the female competitors in his study explicitly stated this. Within the current study issues with body image were only identified as a motivator for one of the participants. However, six of the participants talked about having negative thoughts about their size and shape whilst training, which may suggest long term body dissatisfaction (Tiggemann, 2004).

2.5.1.2 A sense of control.

This theme highlights the level of control and structure placed on food and exercise during 'on-season' and a sense of needing greater control during 'off-season' to avoid issues with gaining weight and bulking. Six of the participants talked about experiences of an eating disorder, with all six suggesting that training as a bodybuilder was a healthier way to manage their

relationship with food. There is a sense from the data that the participants' relationship with food remains challenging, but is managed by eating to fuel the body; this may explain why several of the participants struggle with the concept of a 'cheat meal', as this is about indulging in foods which participants are restricting. Many participants talked about a fear of gaining weight post competition and some described dissatisfaction with their bodies at the time of the interview, due to not being near competition condition. Only one participant in this study talked about using steroids in the past, but described the experience as being part of a difficult time in their life. All the participants talked about the use of steroids or other substances as being a form of cheating and it was this that stopped them from using them, even if they did not feel they were where they wanted to be. This differs from the study conducted with male competitors, where some of the participants talked about needing to use drugs in a controlled way to build muscle (Bjornestad et al, 2014) and challenges the commonly held assumption that bodybuilders generally may be inclined to use drugs to enhance their bodybuilding (Spendlove et al, 2015).

This theme identified the role of physical training as a key factor in the experience of training as a competitive bodybuilder. All participants commented on needing to be active, to be able to go to the gym, and not seeing a time in the future when this would not be the case. Two participants talked about always wanting to compete, regardless of their age. The idea of not being able to train in the future therefore may lead to distress, and may also

highlight the addictive nature of competing or exercise dependence (Miller & Mesagno, 2014).

2.5.1.3 Self in relation to others.

All participants talked in some depth about the impact training for competitions had on their social lives; some participants talked about avoiding social situations. Bjornestad et al (2014) found that most of their male participants commented on the social pressures during 'on-season' and how they needed to be more disciplined at this time. This present study has enabled participants to talk about the impact training has had on their friendships and their friends' understanding of their motivation to train as a bodybuilder. This may highlight a gender difference, as male participants in Bjornestad et al's (2014) did not identify any changes in peer relationships. In Suffolk's (2015) study, there is no mention of any change in social interactions; this is possibly because the video clips were obtained with the purpose of attracting people to the sport, and may have biased the sample and the participants' accounts.

The present study highlighted that female bodybuilders receive negative comments from others about their appearance, which is consistent with previous research (Bjornestad et al, 2014; Peters & Phelps, 2001; Suffolk, 2015). The participants here gave a sense of defiance against traditional expectations placed on women, but also embrace the feminine aspects of presenting themselves at competition. This appears to be a complex relationship between competitors and societal norms as well as internally for

the competitors themselves. The participants appear to be proving something to themselves, with two of the participants specifically talking about taking part in the bodybuilding competitions as being out of character for them.

The competition was central to the experience of committing to training as a bodybuilder. A similar theme was identified by Bjornestad et al (2014). In terms of being judged, some participants talked about how complex the relationship between competitors and federations can be; some suggesting that it is very subjective, this is similar to a finding amongst male competitors (Bjornestad et al, 2014).

In comparison to other competitive sports, bodybuilding appears to carry a greater stigma, this could be due to the sport being primarily based on appearance rather than an ability. For example, in swimming it is how fast you can swim and not based on how you look in a swimsuit. It should be highlighted that steroid use is not exclusive to bodybuilding and that not every bodybuilder will use a steroid to prepare for competitions. The interviews carried out within this study do highlight the desire to achieve the goal, regardless of the costs.

Other competitive sports share similar routines, for example, swimmer will remove all their body hair, so that they are able to move faster through the water, and jockeys will dehydrate themselves before a race in order to be as light as possible on race day (Thompson & Trattner-Sherman, 1999).

Although there are commonalities with other competitive sports in the preparations for the competition, it appears that for bodybuilders these behaviours are ongoing and have a greater potential to cause physical harm to the participants of this sport. This was evident in the narratives shared by all of the participants about the potential 'danger' areas for themselves.

2.5.2 Clinical implications

This research has indicated that the experience of committing to training as a competitive bodybuilder is complex. Six of the participants talked about a difficult relationship with food, and the need to control and restrict their food at times whilst training. There is an interesting overlap with the present study and some of the eating disorder literature, in terms of how the participants' diet structure was a focus to their commitment discussed during the interview, and also to their lives (Gilbert, 2014).

Most of the participants talked about how the structure of bodybuilding also allowed them to manage their emotions and gave them something to focus on, some in response to difficult events, such as relationship breakdowns and ill health. This suggests that the function of bodybuilding for these participants is possibly a distraction. Another worrying factor is potentially the cognitive process and internal dialogue that is evident for these women. A number of them talked about not being 'good enough' or paying a lot of attention to a single body part. An implication from the current study is that it highlights the balance between maintaining a healthy weight due to muscle mass, but having negative thoughts about one's body image. This may lead to

restricting their diets further and exercising more, which could potentially lead to developing or relapsing into an eating disorder (Bardone-Cone et al, 2010).

It was evident that all of the participants felt a sense of wanting to improve their bodies, regardless of the level they had achieved in their competitions, suggesting that the 'buzz' from being on stage is not lasting, and has no long-term effect on the individual's self-esteem (Yusufov, et al, 2017). The drive for improvement appears to be all consuming, and involving a sense of pride much like the mechanisms within the eating disorder literature (McGee, Hewitt, Sherry, Parkin & Flett, 2005; McLaren, Gauvin & White, 2001).

There is a sense of potential psychological distress, due to the unrelenting goals and standards these individual place on themselves, as well as the possibility that participants may not be able to train in the future. The function of bodybuilding for most of the participants may be as a distraction from other life events, as it becomes a focus of their lives. The impact this potentially has on social networks, means that people involved in bodybuilding are likely to be friends with other bodybuilders with the same focus. This is potentially dangerous as individuals could have no reliable checks, if bodybuilding was to be taken 'too far'.

This research could help GPs to be aware of the potential risk factors involved in committing to this competitive sport. It also highlights the need to ask questions about other aspects of bodybuilders lives and not to focus on

talking about their diet and exercise plans. This would lead to a better understanding of the reasons a client is presenting to surgery, as individuals with body dysmorphia and eating disorders can struggle to talk about their difficulties (Goldfield, 2009; Hale & Smith, 2012; Mosley, 2009). It is also potentially important for bodybuilding federations to take some responsibility for the criteria they place on their competitors (for example, the body fat expectations) and for developing a clear, transparent and objective assessment tool to use in judging.

2.5.3 Methodological limitations

The IPA methodology emphasises small samples so that detailed analysis and attention can be paid to individual participant experiences. This therefore does not enable generalisations about the wider population to be made.

The participants in this sample were all White British and so may reflect interpretations of cultural expectations of women and femininity solely within this group. Furthermore, only one participant in this sample was under the age of 40 years old. Therefore, an under-representation of other ages may also potentially bias the sample, as other ages may demonstrate different stages of committing to bodybuilding.

With the voluntary nature of the study, participants may not reflect the experiences of all women who engage in bodybuilding but only those who feel comfortable enough to share their experiences.

2.5.4 Areas for future research

This topic area would benefit from further research into the experiences of both male and female competitive bodybuilders, perhaps focusing on the experience at different categories of bodybuilding, the physique level for example. Future qualitative research exploring the experience of younger and older participants would allow for an insight into generational difference in experience and the impact of duration of bodybuilding on overall experience. It would be helpful to explore gender differences in experience and motivation for bodybuilding, as well as the impact of competing had on social relationships, as this remains a gap within the qualitative literature. In addition it would be helpful to explore different ethnicities where there may be different ideas of femininity and the expectations of women. It would be interesting to explore the function of bodybuilding for individuals with a history of an eating disorder, to establish whether there is a relationship and the direction of this relationship. Finally, it would be interesting to consider the implications for female bodybuilders who become unable to compete and therefore need to retire from the sport. The findings from the participants interviewed, suggests that training and competing in bodybuilding is a main focus in their lives, and may mean that these women approach services in the future for help, for difficulties with low mood and possibly disordered eating.

2.6 Conclusion

This study has explored the experiences of participants who commit to training as female bodybuilders. Using an Interpretative Phenomenological Analysis methodology, seven participants' accounts of their experiences were

analysed. Participants' experiences were not surprisingly characterised by challenging themselves, by setting goals, and striving to improve. Participants discussed aspects of training for a competition, the diet and physical training involved and the effects this had on their mental wellbeing and relationships with other people. Some interesting potential links with eating disordered groups were identified. Future research to understand in even greater depth, as well as breadth, the experiences of women in this industry will further contribute to best inform professionals and services, particularly those within eating disorder services.

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CHAPTER THREE

Reflective Paper

Reflections on the Research Process

and

'Making sense of body image in female competitive bodybuilding'

Paper not intended for publication.

Overall chapter word count excluding references: 2839

3.1 Introduction

This chapter reflects on my development both personally and professionally, over the last three years of training. It provides an opportunity to review my experiences of the research process, as well as my journey to becoming a self-aware clinician.

3.1.1 What does reflective practice mean to me?

The ability to reflect on practice enables clinicians to assess situations more thoroughly, and hopefully enable good working outcomes for individual clients, carers and the multidisciplinary teams we work within. This is in addition to an ability to use our research skills to conduct service evaluations and good quality research which promotes psychology within teams (Hancock, 1999; Bennett-Levy, 2003; Finlay, 2008; Hughes & Youngson, 2008; Leiter, Day, & Price, 2015). Reflective practice is very much seen as a core competency of the role of a qualified Clinical Psychologist (Eubank & Hudson, 2013).

A clinician can use a number of different models to help them reflect on their practice (Borton, 1970; Kolb & Fry, 1975; Gibbs, 1988; Johns, 1995; Brookfield, 1998). The model of reflection used within this chapter is based on Gibbs Reflective Cycle (1988). This model enables the clinician to revisit and explore particular situations in depth. The model focuses the clinician on their thoughts and feelings and asks them to think about how and why they responded in the way they did. By doing this it is possible to gain insight into different directions that could have been taken, for example by asking the

clinician to think about what they have learnt from the exercise and how they can utilise this knowledge in the future (Gibbs, 1988).

I will summarise situations that I feel highlight aspects of my development as both as a researcher and as a clinician.

3.1.2 What motivated me to undertake my chosen research topic?

I was aware that it was important to choose a research topic that could capture and maintain my interest, not only for my benefit, but hopefully for the benefit of my audience.

Body image for me is very personal, as I am aware it is for everyone. Body image is clearly part of my identity and has affected how I relate to myself and to others. Through my literature review I have been able to explore the relationship between body image and clinically relevant aspects of mental health, namely anxiety and depression. My literature review looked to identify links between body image and mental health and also looked at what mediates that relationship. With my empirical paper, I have been able to explore an aspect of body image that sees individuals put their bodies under stress to achieve results that are unsustainable, but provide a goal for many bodybuilders.

My interest in the area of bodybuilding came from training myself. I was very overweight before I started training, and I had a personal trainer who I trained with several times a week and who pretty much told me what to eat.

My trainer was keen to become a bodybuilder and we talked often about his goal and what he would do to get there. For me, I was able to lose a lot of weight following his plan; a total of seven stone (alas some of this has crept back on now). The one thing I could never grasp however was the motivation to commit to training and eating a restrictive diet to compete. Whilst I managed to stick to training, my diet was always up and down. I was hoping to find out through my research what it was that enabled female bodybuilders to commit to their regimes, in the hope that it would uncover a positive solution for people with issues with their body image or their weight. My findings were not what I had anticipated, but this is very much part of the process of Interpretative Phenomenological Analysis (IPA) (Smith, Flower & Larkin, 2009).

3.1.3 Overcoming challenges

3.1.3.1 Research idea

One of the first challenges for me was to sell my research idea to my research tutor. I knew that my area was unique and was perhaps not a typical choice for a trainee. I talked to my tutor about wanting to conduct the research as an IPA study as I really wanted to know about the experience of committing to train as an athlete on a bodybuilding stage, and felt that this had not been achieved through previous studies.

3.1.3.2 Recruitment

Another challenge was how was I was going to reach this group of people. Bodybuilding is a community, which is usually closed off to outsiders. I was

lucky in that I knew several female bodybuilding competitors through friends and was able to make contact with them. It was from this initial introduction that several people contacted me through Facebook and I was invited to several pages/groups on Facebook and social media for bodybuilders. I was able to gauge the interest in my research topic and I was overwhelmed by the response! I think that my passion for this area of research and my ability to bracket off any of my feelings about this area, stereotypes and negative judgements allowed me to gain access to this group of individuals. Bracketing is process in phenomenological study that involves the researcher setting aside any thoughts or assumptions they have about the phenomenon being examined (Carpenter, 2007). The bracketing process in IPA however has been criticised for being vague, as it provides no clear guidance on how this should be conducted (Chan, Fung & Chien, 2013). The process undertaken for this research involved being interviewed by my research supervisor, during the time the interviews were taking place. This was done to highlight any times that I had made an assumption or a judgement without it coming from the experience of my participants. It also allowed me to recognise what type of assumptions I may be making (Chan, Fung & Chien, 2013; Pietkiewicz & Smith, 2012).

3.1.3.3 Interviews

The next stage involved coming up with interview questions to provide some sort of structure to the process, but also allow participants to explore their experiences. I remember practising the interview questions with my research tutor as a way of bracketing off any judgements or assumptions that

I could be making (Carpenter, 2007), and I also practised the interviews with other colleagues to ensure that I had memorised the questions. I feel that knowing the questions by heart allowed the interviews to have a natural flow and encouraged the participants to be open about their experiences.

Conducting the interviews was an interesting and anxiety provoking time. I conducted a lot of my interviews at the university and local gyms. I remember feeling concerned about whether the participants were going to attend the interviews I conducted at the university, whilst with the interviews at local gyms, I remember feeling anxious about going to a gym, especially when I was not going to be 'working out'. In honesty, it brought back the memories of the anxiety I originally experienced about being in a gym years before when I was overweight. I wonder now whether there would have been anxiety for my participants who attended the university, as anything new with a certain level of uncertainty is likely to raise anxiety levels (Jeffers, 2017).

The interviews varied in length, some lasting up to 2 hours and others lasting 40 to 50 minutes, I might have expected the longer interviews to be at the end of the series, reflecting some sort of progress in my interview technique, but this was not the case. Whilst I do not feel that my interview style changed significantly through the process, I do acknowledge that I did feel more comfortable interviewing with practice. The participants I interviewed had different time restraints during the interview, some only having a maximum of an hour, others not having any restriction.

All interviews started with reviewing the criteria and aims of the research, which were given to the participants on the information sheets before the interview was arranged. This allowed both myself and the participant to relax into the interview. This also got me to think about why someone had volunteered to be interviewed; whilst most participants offered a reason why, some did not. The reasons given were around wanting others to understand the sport of bodybuilding and accepting the competitors as athletes. I also feel that for some it was to highlight issues involved in competing in this industry, for example the different bodybuilding federations' expectations for competitors and the lengths that some would go to.

For some of the participants, more than others, it provided an opportunity for them to reflect on their experiences. For me this provided rich data, and it was a privilege to facilitate this for my participants. The tone of the interview often changed from the start, where I did not know my participant, to the end where I felt that I had a good grasp of their experience and a shared understanding. I believe this reflects my rapport with the participant. As a trainee on placement, a massive part of the role is to build a therapeutic relationship with the client, so that the client is able to share their worries and goals with the clinician (Horvath & Symonds, 1991). I can see a parallel here with my research interviews.

3.1.3.4 Transcribing and analysing the transcripts

The process of transcribing the interviews took time and was a challenge, but it was a good opportunity to get to know the data and pick up on the way in which I and the participants use words and phrases to convey meaning. Whilst I am aware that I have not conducted a discourse analysis, it is interesting to note that for one participant in particular, their use of language conveys that they were possibly having lots of thoughts at once in response to an interview question, or were cleverly diverting the conversation away to a different topic. By listening to the recordings over and over again, it was possible for me to remember the interaction with the participant in the room. I remember feeling a sense of sadness in one interview and on listening to the recording I was able to make sense of this feeling; it was due to the participant talking about the impact that she felt that training as a bodybuilder had had on her friendships and her describing herself as lonely. It is also possible that this participant struggled with relationships before entering the bodybuilding community, as this participant described past difficulties with trusting people. For me this highlights the strength of the data, as my reactions in the room are the same to the transcript.

As I was new to IPA, I found that analysing the data took longer to begin with, but that I naturally felt comfortable describing and then interpreting the data to create themes which I felt captured the participants experience. I feel that IPA sits well with me as a researcher, because as a Trainee Clinical Psychologist the aim is to help someone make sense of their experiences.

3.1.3.5 Developing themes

Part of the analysis was to interpret the data and for themes to emerge from each interview and then be brought together as a whole (Smith, Flowers & Larkin, 2009). As this was my first experience of using IPA I initially found this process a little overwhelming. I sat in room, surrounded by the emergent themes from each participant in an attempt to combine similar themes together. My first attempt of developing themes was very descriptive, which is not uncommon for researchers using IPA for the first time (Pietkiewicz & Smith, 2012). I feel that this is also due to wanting to maintain a true sense of my participants experience without pathologising them. This highlights a paradigm between being a researcher and being a clinician for me, in that research is searching for answers to questions posed, whereas therapy sessions are about guiding a client to answer their own questions, helping them to make sense of their experiences and difficulties, and providing interventions for them (Hay-Smith, Brown, Anderson, Treharne, 2016).

3.2 Reflecting on my assumptions about female bodybuilding

I found the process of finding out about what was expected for competitors interesting, in terms of how society expects **women** to look and how different categories of bodybuilding challenges this. On one hand, female competitors are expected to be lean and demonstrate muscle definition and tone, whilst also presenting themselves on stage in very skimpy bikinis, high heels, covered in fake tan, big hair and lots of make-up. I wondered if the presentation on stage was in some way to show the audience and the judges

that the females taking part, especially in the larger categories were still feminine, although the participants had a lot more muscle (Boyle, 2005).

Bodybuilding certainly challenges the gender stereotypes about what a female body should look like. Some of the participants talked about moving up through the categories, whilst others did not want to do this and one participant described the 'physique' category as 'grotesque' and implied that to build the amount of muscle needed, a woman would need to take something to aid the muscle growth. This demonstrates the potential lengths that someone would consider to be successful in higher levels of female bodybuilding, but also where the boundaries are for some of the participants. Meeting the participants has certainly challenged by ideas of the female form, which I guess matched those displayed in the media. Whilst I do not meet this ideal, I feel that my relationship with my own body image has been questioned during the time of conducting this research. However, I do feel that I have a greater understanding of what my body is capable of and that my relationship to my body image has improved, especially in how I view myself and understanding the risks of making subjective comparisons.

3.2.1 Eating disorders and the willingness to talk about them

All participants apart from one talked about some form of disordered eating. Some participants mentioned this at the very beginning of their interview, whilst others only made subtle references to it throughout the interview. One participant did not specially talk about suffering from an eating disorder until the audio recorder was switched off. There are possible reasons for this, it

could be some form of demand characteristic, that I was unaware of (McCambridge, Bruin & Witton, 2012); it is possible that the participant did not feel comfortable talking about it on tape. This situation reflects something similar in clinical practice, where a client mentions something in the last few minutes of a therapy session, which you could have spent the whole session on (Howes, 2008). It could be that the participant felt that it was important for me to know about their experience of an eating disorder, but may not have wanted that to overshadow other elements of their experience.

The interview questions asked may have enabled some participants to focus more on the structure and regime followed when training for a competition. This mirrors sessions a psychologist may have with a client with an eating disorder, where the client focuses on their diet and what they have eaten and how much they have exercised, without talking about how they feel (Fawcett, 2012; Kolnes, 2016).

After conducting the interviews there was a realisation for me that whilst these women would not have a diagnosis of an eating disorder, due to their weight, it was evident that the cognitive process and the preoccupation with diet and exercise was similar to that in the diagnostic categories for an eating disorder, as well as the risk of developing a form of body dysmorphia (Fawcett, 2012). For me, this highlighted a group of women that may potentially at some point need support from services, especially if they were unable to train and compete.

3.3 Reflecting on professional development

3.3.1 How have I developed as a researcher?

I have developed skills as an academic through my ability to critically appraise material and conduct research. I have learnt that it is important to set clear aims and questions for the research in order to plan an appropriate method to answer them. Throughout training I have been able to focus on my writing style, from written reports to my research, which at times has been difficult and disheartening, but has allowed me to improve on these areas.

Through having regular meetings with my research tutor, I have been able to stay on track with different aspects of the thesis. As part of this process, my research tutor and I have planned deadlines for different chapters and elements of the papers; this has allowed me to focus my attention on elements of the thesis one at a time, rather than feeling overwhelmed by the amount of work required.

Developing these research skills will enable me to conduct research and identify gaps within the literature, in the areas I will work in in the future as a qualified Clinical Psychologist.

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Appendices

Appendix A: Author instructions for *Body Image: An International Journal of Research*

BODY IMAGE

An International Journal of Research

AUTHOR INFORMATION PACK

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Description

Impact Factor

Abstracting and Indexing

Editorial Board

Guide for Authors

ISSN: 1740-1445

DESCRIPTION

Body Image is an international, peer-reviewed journal that publishes high-quality, scientific articles on **body image** and human **physical appearance**. Body image is a multi-faceted concept that refers to persons' perceptions and attitudes about their own body, particularly but not exclusively its appearance. The journal invites contributions from a broad range of disciplines – psychological science, other social and behavioral sciences, and medical and health sciences. The journal publishes original research articles, brief research reports, theoretical and review papers, and science-based practitioner reports of interest. The journal gives an annual award for the best doctoral dissertation in this field.

Suitable topics for [submission](#) of manuscripts include:

- The effects of body image and physical characteristics (e.g., body size, attractiveness, physical disfigurements or disorders) on **psychological functioning**, interpersonal processes, and quality of life;
- Body image and physical appearance in the full range of medical and allied health contexts;
- Body image and physical appearance in diverse cultural contexts;
- Validation of assessments of the multidimensional body image construct;
- Factors that influence positive and negative body image development;
- Adaptive and maladaptive body image processes and their clinically relevant consequences on **psychosocial** functioning and quality of life;
- Relationship of body image to **behavioral** variables (e.g., exercise and other physical activity, eating and weight-control behaviors, grooming and appearance-modifying behaviors, and social behaviors);
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ABSTRACTING AND INDEXING

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GUIDE FOR AUTHORS

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Declaration of interest

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Appendix B: Confirmation of Ethical approval for literature review



Certificate of Ethical Approval

Applicant:

Ruth Burrell

Project Title:

Systematic Review Title: The Relationship between Body Image, Anxiety and Depression: A Systematic Review.

This is to certify that the above named applicant has completed the Coventry University Ethical Approval process and their project has been confirmed and approved as Low Risk.

Date of approval:

09 January 2017

Project Reference Number:

P50449

Appendix C: Quality appraisal checklist

Quality Indication (Rater 1 - Left column / Rater 2 - Right column)	Quick & Bryd-Bredbenner (2010)		Koronczai et al (2013)		Davison & McCabe (2006)	
Does the title reflect the content?	2	1	2	1	2	2
Are the authors credible?	2	2	2	1	2	2
Does the abstract summarise the key components?	2	2	2	2	2	1
Is the rationale for undertaking the research clearly outlined?	2	2	1	1	2	2
Is the literature review comprehensive and up-to-date?	1	1	1	1	1	1
Is the aim of the research clearly stated?	2	2	2	2	2	2
Are all theical issues identified and addressed?	1	1	1	1	1	1
Is the methodology identified and justified?	2	2	2	2	2	2
Is the study design clearly identified, and is the rationale for choice of design evident?	1	1	2	2	1	1
Is there an exmpermental hypothesis clearly stated? Are the key variables clearly defined?	1	1	2	2	2	2
Is the population identified?	2	2	2	2	2	2
Is the sample adequately described and reflective of the population?	2	2	2	2	2	2
Is the method of data collection valid and reliable?	2	2	1	1	2	2
Is the method of data analysis valid and reliable?	2	2	2	2	2	2
Are the results presented in a way that is appropriate and clear?	2	2	2	2	2	2
Is the discussion comprehensive?	2	2	2	2	1	1
Are the results generaliable?	1	1	1	1	1	1
Is the conclusion comprehensive?	1	1	1	1	2	2

Quality Indication (Rater 1 - Left column / Rater 2 - Right column)	Gestsdottir et al (2015)		Flotnes et al (2011)		DeBraganza & Hausenblas (2010)		Abebe et al (2012)	
Does the title reflect the content?	2	2	2	2	2	2	2	2
Are the authors credible?	2	2	1	1	1	2	2	2
Does the abstract summarise the key components?	2	2	1	1	2	2	2	2
Is the rationale for undertaking the research clearly outlined?	1	2	1	1	1	1	2	2
Is the literature review comprehensive and up-to-date?	2	1	1	1	2	2	2	2
Is the aim of the research clearly stated?	1	1	2	2	1	1	2	2
Are all theical issues identified and addressed?	1	1	1	2	2	2	2	2
Is the methodology identified and justified?	1	1	1	1	2	2	1	2
Is the study design clearly identified, and is the rationale for choice of design evident?	1	1	1	1	2	2	2	2
Is there an exmpermental hypothesis clearly stated? Are the key variables clearly defined?	1	1	2	2	2	2	2	2
Is the population identified?	1	1	1	1	1	1	2	2
Is the sample adequately described and reflective of the population?	2	2	2	2	2	2	2	2
Is the method of data collection valid and reliable?	2	2	2	2	2	2	2	2
Is the method of data analysis valid and reliable?	2	2	1	1	2	1	2	2
Are the results presented in a way that is appropriate and clear?	1	1	1	1	2	2	2	2
Is the discussion comprehensive?	1	1	1	1	1	1	1	1
Are the results generaliable?	1	1	1	1	1	1	1	1
Is the conclusion comprehensive?	2	2	2	2	1	1	2	2

Quality Indication (Rater 1 - Left column / Rater 2 - Right column)	Edman et al (2008)		Woodman & Steer (2011)		Murray et al (2012)		Lampard et al (2016)	
Does the title reflect the content?	2	2	2	2	2	2	1	1
Are the authors credible?	2	2	2	2	2	2	2	2
Does the abstract summarise the key components?	2	2	1	1	1	1	2	2
Is the rationale for undertaking the research clearly outlined?	2	2	1	1	1	1	2	2
Is the literature review comprehensive and up-to-date?	2	2	2	2	2	2	1	2
Is the aim of the research clearly stated?	2	2	2	2	2	2	1	1
Are all theical issues identified and addressed?	1	2	1	1	1	2	1	1
Is the methodology identified and justified?	1	1	1	1	2	2	2	2
Is the study design clearly identified, and is the rationale for choice of design evident?	1	1	1	1	1	1	2	2
Is there an exmpermental hypothesis clearly stated? Are the key variables clearly defined?	2	2	2	2	2	2	2	2
Is the population identified?	1	1	1	2	1	1	2	2
Is the sample adequately described and reflective of the population?	2	2	2	2	1	1	1	1
Is the method of data collection valid and reliable?	2	2	1	1	2	2	2	2
Is the method of data analysis valid and reliable?	1	1	1	1	2	2	2	2
Are the results presented in a way that is appropriate and clear?	2	2	2	2	1	1	1	1
Is the discussion comprehensive?	1	1	1	1	1	1	1	1
Are the results generaliable?	2	2	1	1	1	1	1	1
Is the conclusion comprehensive?	2	2	2	2	2	2	1	1

Appendix D: Confirmation of Ethical approval for Empirical paper



Certificate of Ethical Approval

Applicant:

Ruth Burrell

Project Title:

Exploring the experience of commitment to female bodybuilding:
An Interpretative Phenomenological Analysis Study.

This is to certify that the above named applicant has completed the Coventry University Ethical Approval process and their project has been confirmed and approved as Medium Risk

Date of approval:

25 January 2016

Project Reference Number:

P37190

Appendix E: Semi-structured interview schedule

Interview Question	Prompts
Tell me about how you got into bodybuilding	
What does your bodybuilding regime entail?	
What does your commitment to bodybuilding involve?	Motivation
What do you think your commitment will look like in 5 years' time?	
What qualities do you need to enter a bodybuilding competition?	
Is there an impact of your bodybuilding regime on your social life?	
Have you found that there are times when it is been difficult for you to maintain your bodybuilding?	Any challenges How have you overcome them?
What are your views on steroid use?	

Appendix F: Copy of Participant Information Sheet

Participant Information Sheet

Study title:

Exploring the Experience of Commitment to Female Bodybuilding: An Interpretative Phenomenological Analysis Study.

What is the purpose of the study?

The aim of this study is to explore the experiences of female bodybuilders and how they make sense of their commitment to train and compete.

Why have I been approached?

For the purposes of the study I need to recruit six to eight competitive female bodybuilders, who have been involved in at least one previous competition and who are actively training to compete, at any level.

Do I have to take part?

No. Participation is entirely voluntary. If you change your mind about taking part in the study, you can withdraw at any point during the sessions and at any time in the two weeks following that session. You can withdraw by contacting me on my email and providing me with your participant's information number. If you decided to withdraw, all your data will be destroyed and will not be used in the study. There are no consequences to deciding that you no longer wish to participate in the study and you are not required to provide.

What will happen to me if I take part?

You will be asked to come along to an interview with the researcher. The interview will last approximately 45 minutes. The interview is semi structured and whilst there are questions, the aim of the interview is to explore your experiences of bodybuilding. An interview schedule of the questions is available for you to see before the interview, on request.

What are the possible disadvantages and risks of taking part?

Talking about your involvement in bodybuilding may highlight changes in your life or bring up sensitive issues, which may cause distress. You can refuse to answer questions. Every effort will be made to ensure that your wellbeing is thought of before, during and following involvement in the study.

Another possible disadvantage of participating in the study is that you may feel a little tired at the end of the session. I would therefore recommend thinking about the timing of your interview session.

What are the possible benefits of taking part?

This study provides an opportunity to talk about an under researched area of sport. It will enable the exploration of what it is to be involved in competitive bodybuilding, and will add to the literature on commitment to sport.

Will my taking part in this study be kept confidential?

Yes. Only I will have access to the raw data. All consent forms will be stored in a separate, secure (locked) location. You will only be identified on the audio tape by your participant number. The audio recording of the interview will be encrypted and the transcript of the interview will only be associated with your participant number. Access to the computer file will be password protected. I

will only retain the raw data from the project until my final mark for my thesis has been given. They will then be destroyed.

What if something goes wrong?

If we have to cancel the interview session I will attempt to contact you as soon as possible using the method indicated by you on the consent form.

If you change your mind about taking part in the study you can withdraw at any point during the interview and at any time in the two weeks following the interview, by contacting me using the email address stated below. If you decide to withdraw all your data will be destroyed and will not be used in the study.

Who to Complain to?

If you wish to make a complaint about any aspect of the research, please contact:

Professor Ian Marshall
Deputy Vice Chancellor / Chair
University Applied Research Committee
Coventry University
Priory Street
Coventry
CV1 5FB
Email: i.marshall@coventry.ac.uk

What will happen to the results of the research study?

The results will be written up and presented as my Clinical Psychology Doctorate thesis. If the results are novel, it may also be presented at academic conferences and / or written up for publication in peer reviewed academic journals.

Who is organising and funding the research?

The research is organised by Ruth Burrell, who is a Trainee Clinical Psychologist at the Coventry University Clinical Psychology Department. This project is not externally funded.

Who has reviewed the study?

The study has been reviewed through the department of Clinical Psychology. The study has also been through the University Peer Review process and has been approved.

Contact for Further Information

Ruth Burrell
Faculty of Health & Life Sciences
Coventry University
Priory Street
Coventry
CV1 5FB
Tel: 024 768 8328
burrellr@coventry.ac.uk

Email:

Appendix G: Participant Consent Form

Participant Reference Code:

Informed Consent Form

**Exploring the experience of commitment to female bodybuilding:
An Interpretative Phenomenological Analysis Study.**

Please initial

1. I confirm that I have read and understood the participant information sheet for the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason

3. I understand that all the information I provide will be treated in confidence

4. I understand that I also have the right to change my mind about participating in the study for a short period after the study has concluded (April 2017)

5. I agree to be audio recorded and for anonymised quotes to be used as part of the research project write up.

I agree to take part in this interview under the conditions explained to me above:

Participant Signature..... Date.....

Witnessed by..... Date.....

Researcher Signature..... Date.....

Are you interested in receiving a report based on this research when the study is complete? (Please circle)

YES

NO

Contact details:

Phone
number.....
.....

Email.....
.....

Appendix H: The stages of IPA

Analytic stages for IPA (from Smith, Flowers and Larkin 2009)

1. Reading and re-reading.

This enable the analyst to immerses themselves in the data.

2. Initial noting.

Exploratory notes are made, including descriptive, linguistic and conceptual comments

3. Developing emergent themes.

The exploratory notes are used to think about emerging themes. These themes reflect the participant's experience and the researcher's interpretation. The aim is to capture and reflect an understanding of the participant's experience.

4. Searching for connections across emergent themes.

The researcher begins to map how themes may fit together for a single transcript

5. Moving to the next case

The analyst the moves to the next participant to repeat the process above. The aim is to complete each analysis without introducing bias from the previous transcript.

6. Looking for patterns across cases

The analyst is looking for commonalities across the emergent themes for each of the participants.

Appendix I: Excerpt of participant transcript with initial IPA coding

Emergent themes	Original transcript	Exploratory comments
Unhappy with body	<p>I: So, my kind of first question was just about, if you just want to tell me how you got into it. How you got into bodybuilding? Where did it start?</p> <p>P1: Ok, I actually had, um when I was fifteen, I actually had anorexia. And so um, I wasn't in a good place at the time, but I'd always been sporty, even when I was a young kid. Um always did gymnastics, ballet, so I was always fit. And I knew that I liked that shape of body, I liked that look and um my dad actually one-day ah suggested it, he knew a mate that - les mills, quite big in New Zealand. He knew one of the managers there, he set up an appointment with him. I went and met him. And he took me around the gym and I just loved what I saw and I knew that if I wanted to get better that I needed to / and look that way / look a certain way I needed to eat, fuel my body and exercise to get that way. So I started slowly building myself up and then yeah, yeah so.</p>	<p>Experience of anorexia at 15 years old Always into sport as a child <u>Use of "um" and pauses may suggest some difficulty with talking about her experiences of anorexia</u> <i>"I liked the body shape" (of a bodybuilder - bikini class)</i></p> <p>Dad suggested going to meet someone at a gym. Moment P1 realised that if she was going to get better and look the way she wanted, she was going to have to eat, to fuel her body and exercise to get that way.</p> <p>Started slowly from this point</p>