
Working to Balance: A Preliminary Constructivist Grounded Theory of Young Women's Positive Embodiment

Recherche d'équilibre : La cognition incarnée positive des jeunes femmes selon une théorie constructiviste à base empirique préliminaire

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ABSTRACT

Embodiment is a long-standing concept which has resurfaced in the last few decades as an important construct for many disciplines. Understanding embodiment is imperative in a therapeutic setting because it impacts both mental and physical health through intrapersonal and interpersonal experiences. This research explored how 10 women described their experiences of positive embodiment in a Western sociocultural context. Qualitative interview data was analyzed using constructivist grounded theory. Preliminary results from this research suggest that women engage in continuous meaning making and balancing in order to maintain positive embodiment. Implications for counselling and future research in psychology are discussed.

RÉSUMÉ

Apparu il y a longtemps, le concept de la cognition incarnée (*embodiment*) a refait surface ces dernières décennies, se taillant une place importante dans de nombreuses disciplines. Il est impératif de comprendre cette notion dans un contexte thérapeutique, étant donné qu'elle influence la santé tant mentale que physique à travers les expériences intrapersonnelles et interpersonnelles. Dans cette étude, on explore la façon dont 10 femmes décrivent leur expérience d'une cognition incarnée positive dans un milieu socioculturel occidental. Les données, issues d'entrevues qualitatives, ont été analysées d'après une théorie constructiviste à base empirique. Selon les résultats préliminaires, il semblerait que les femmes veillent continuellement à construire du sens et à trouver un équilibre pour maintenir une cognition incarnée positive. L'étude traite aussi des implications qui en découlent pour le counseling et les études futures en psychologie.

Embodiment is a complex, abstract phenomenon extending across multiple disciplines (McLaughlin, 2017). Margaret Washburn, the first woman to obtain a doctorate in psychology in 1894, argued for the need to connect consciousness to bodily movement (Glenberg, Witt, & Metcalfe, 2013). This connection, or *embodiment*, has been defined as how mental functions influence, and are influenced by, bodily interactions with the world (Gallagher, 2005). Embodiment is important in conceptualizing both the conscious self (O'Connor, 2016;

Schaefer & Northoff, 2017) and the unconscious self (Gallagher, 2005; Schaefer & Northoff, 2017).

During the cognitive revolution, embodiment was of less interest. The mind and body were considered separate, and the mind was emphasized (Glenberg et al., 2013; O'Connor, 2016). However, embodiment has resurfaced as an area of interest for many disciplines, including psychology (O'Connor, 2016). This is significant because embodiment is often missing from psychotherapy (Leitan & Murray, 2014), yet it is critical for understanding one's self and others (e.g., Russell, 2017).

Understanding the self and others are common therapeutic endeavours. In the therapy context, individuals are encouraged to reflect on and discuss areas of concern but also other experiences, sensations, and memories, all of which are embodied; they involve a connection among mental functions (e.g., desires, expectations) and bodily interactions with the world (e.g., sensations, emotions; Russell, 2017). How, then, can counsellors fully understand their clients in therapy without understanding embodiment?

While we believe that embodiment is a universal human phenomenon, we chose to focus on women's embodiment and how it can inform therapy for two main reasons. Firstly, it has been suggested that women live in a cultural context of *normative discontent* (i.e., extensive body and weight-related dissatisfaction) and experience many coinciding mental health difficulties (Rodin, Silberstein, & Striegel-Moore, 1984). Secondly, women more often seek counselling than men, and tend to present with concerns regarding low self-esteem (McLean & LaGuardia, 2016), depression, disordered eating, and body image, among others (Lalande & Laverty, 2010; Larkin, Rice, & Russell, 1996). As such, this article presents research aimed at understanding how women experience and maintain positive embodiment to inform therapeutic interventions. First, we delve further into the definition of embodiment and outline a theoretical framework that informed our study. Then, we review pertinent literature and describe our method, results, discussion, and implications for therapy.

EMBODIMENT CONSTRUCT DEFINED

Embodiment has been referred to as “the experience of living in, perceiving, and experiencing the world from the very specific location of our bodies” (Tolman, Bowman, & Fahs, 2014, p. 760). It has been conceptualized across different disciplines, including philosophy, anthropology, sociology, and psychology.

Philosophical Perspectives of Embodiment

Philosophical perspectives incorporate mind/body dualism and unity. Mind/body dualism refers to the separation of the mind from the body, or viewing the two as separate entities (Besley & Peters, 2007). Mind versus body is one of the most powerful dualities in Western society (Bordo, 2003; Cheville, 2005). Some scholars have argued that mind/body dualism guides the way gender is construed in Western culture, whereby women are perceived as passive and largely confined

to a life centred on the body and men are viewed as active and largely confined to a life centred on the mind (Bordo, 2003; McKinley, 2011).

In contrast, mind/body unity recognizes the connection between mind and body. Merleau-Ponty (1945), an advocate for mind/body unity, did not distinguish the body as separate from the mind, rather that the body “[be] conceived as... our means of communication with [the world]” (p. 92). In this way, identity formation occurs through embodied experiences (Pelican et al., 2005). Some scholars have argued for a theory of embodied cognition (e.g., Cheville, 2005) and have described it as the idea that “thinking is not something that is divorced from the body; instead, thinking is an activity strongly influenced by the body and the brain interacting with the environment” (Glenberg et al., 2013, p. 573).

Anthropological and Sociological Perspectives of Embodiment

Anthropologists define embodiment as the way in which culture influences a person's bodily experiences or biological realities, or “how culture gets under the skin” (Anderson-Fye, 2012, p. 16). Such scholars recognize the need for a framework that “locates the human body at the intersection of culture and cognition” (Cheville, 2005, p. 86). Similarly, Monaghan (2001) stated that bodies are socially constructed and experienced, as well as objective and subjective. As such, the body, self, and culture are intertwined. Sociology researchers have acknowledged that embodiment theories and studies are inherently sociological and political, and social structures permeate bodies with meaning and significance (Tolman et al., 2014).

Psychological Perspectives of Embodiment

Research in psychology has predominantly focused on the construct of body image, however body image is just one element within the broader notion of embodiment (Cash, 2012; Piran & Teall, 2012; Rice, 2014). *Being embodied* refers to experiential awareness of bodily feelings and sensations (Tolman et al., 2014). This can also be characterized as *lived embodiment* because it is our experience as we live and feel it (Tolman et al., 2014). Other psychological approaches consider embodiment to be socially, culturally, and historically constructed (Fredrickson & Roberts, 1997). Therefore, embodiment can also refer to ways in which the social and historical contexts influence, and become intertwined with, our understandings and experiences of the body, which is referred to as *embodying the social* (Tolman et al., 2014). Lived embodiment and embodying the social are two distinct but not mutually exclusive conceptualizations of embodiment (Tolman et al., 2014). Taken together, these ideas reflect the notion of embodiment as a necessary component in subjectivity and truth, an epistemological framework in which knowledge of the self, others, and the world is located in people's embodied selves (Dale, 2001).

THEORETICAL FRAMEWORK INFORMING THE RESEARCH INQUIRY

Taken from the work of Merleau-Ponty (1945) and his definition of embodiment as one's perceptual experience in the world, Piran and Teall (2012) defined embodiment as one's “lived experience of engagement of the body in the world”

(p. 171). We used Piran and Teall's developmental theory of embodiment to inform our inquiry.

The Developmental Theory of Embodiment

The developmental theory of embodiment (DTE) is a feminist theory of female embodiment. According to the DTE, embodiment refers to how girls and women inhabit their bodies and includes positive and negative experiences (Piran & Sigall, 2011; Piran & Teall, 2012). Positive embodiment consists of elements including but not limited to "feeling 'at one' with the body, embodied power and agency, and body functionality/competence" (Piran & Teall, 2012, p. 183). On the other hand, disrupted embodiment consists of elements including but not limited to "body/self disconnection, body as a site of disempowerment, body as a site of low functionality" (Piran & Teall, 2012, p. 184).

The DTE also emphasizes three dimensions, including physical, mental, and social, which each incorporate freedom or corseting as opposing ends of a continuum (Piran & Teall, 2012). Physical freedom refers to a female's sense of her body as a physical site of safety and care, which results in comfort with physical age-related changes (Piran & Teall, 2012). Physical corseting refers to a female's sense of her body as unsafe or neglected, which results in discomfort with physical age-related changes. Mental freedom is related to the freedom to explore and determine a unique sense of identity, where females experience the autonomy to resist placement into socially created groups such as "tomboy" or "girly girl" (Piran & Teall, 2012). Mental corseting is related to the restriction to explore and determine a unique sense of identity, and thereby pressure to abide by socially created groups. Lastly, social power refers to experiences of equity and connection to desired communities, whereas social disempowerment refers to experiences of inequity and lack of connection to desired communities (Piran & Teall, 2012). According to Piran and Teall (2012), embodiment develops through "ongoing construction of experience of the embodied self through meaningful interactions with complex social structures" (p. 175). Despite embodiment emerging as an overarching construct that encompasses body image among other qualities of lived experiences (Cash, 2012; Piran, 2016), except for the creators of the DTE (Piran, 2016; Piran & Teall, 2012), research on women's positive embodiment is scarce.

RESEARCH ON EMBODIMENT

Due to the lack of research on women's positive embodiment in psychology, we examined the embodiment research from various disciplines. We found that some embodiment research focused on areas such as sexuality, performance, and/or athletics. For this paper, we chose to take a broader focus and organized the literature into three relevant areas, including embodiment and (a) gender, (b) self-concept or identity, and (c) health or illness.

Embodiment and Gender

Feminist theorists have described embodiment from the lens of masculine or feminine social norms (Tolman et al., 2014). For instance, how women look (e.g.,

skin colour, hair type, body type, beauty regime; Rice, 2014) and behave (e.g., sitting with legs crossed; Bartky, 1990) is mainly a function of societal influences and expectations. A feminist approach suggests that women commonly experience normative discontent, which is caused by sociocultural factors rather than individual factors (Liimakka, 2011). For example, researchers suggest that women internalize sociocultural norms and ideals and try to approximate them (Brown, Weber, & Ali, 2008; Liimakka, 2011). These norms and ideals are based mainly on physical attractiveness. Thus, women learn to equate physical attractiveness to self-worth (Peterson, Grippo, & Tantleff-Dunn, 2008; Piran, 2010). In this way, to feel worthy (Pelican et al., 2005), femininity requires constant self-surveillance and self-modification (Tolman et al., 2014). This is in line with research on objectification theory, which posits that girls and women are socialized to view their bodies as outside observers would, focusing primarily on their physical selves (Fredrickson & Roberts, 1997). This can lead to self-objectification (Tolman et al., 2014) as well as verbal and sexual harassment and violence, which oppresses women and contributes to disembodiment (Larkin et al., 1996).

Embodiment and Self-Concept or Identity

Researchers have identified that embodiment shapes a person's identity and their interactions in the world. For instance, Jenkins (2008) adopted a broad and holistic model of embodiment. Jenkins recognized that "the embodiment of mind and selfhood" (p. 61) is present in unitary experiences rather than fragmented bits of experience. He highlighted the notion that selfhood is simultaneously cognitive, emotional, physical, and sensational, as well as individual and collective. Jenkins noted that embodiment and identity are a function of both individual agency and cultural interconnectedness and interdependency, thus it is interactional and changing over time.

Similarly, others have highlighted the malleable nature of embodiment and identity. For instance, Beauboeuf-Lafontant (2005) discussed how women might resist cultural pressures of thinness, beauty, and youth, and engage in alternative personal meaning. This process may lead to feelings of disconnection and loss of a (previous) sense of self. After a period, women "[re]define and manifest what they want their womanhood to mean for themselves" (Beauboeuf-Lafontant, 2005, p. 121). This redefinition is difficult because of the inevitable nature of social comparisons and the importance that is placed on others' opinions. Women may continue to let others' responses impact their identity development and their understanding of what it means to look and feel like a woman (Rice, 2014).

Embodiment and Health or Illness

Charmaz (1994) used a constructivist grounded theory approach to examine people's embodied experiences with chronic illness. In the process of exploring how people thought and felt about their disabilities, Charmaz learned more about how her participants conceptualized time. This became a core concept and was called *living one day at a time*. Participants discussed this as a strategy for managing one's emotions and one's life, and as a means of getting through a troubling period.

Living one day at a time was a way to focus on the present and relinquish other future goals or obligations (Charmaz, 2014). This may contrast somewhat with what has historically been associated with “Western” norms and values, which, for example, encourage individuals to continually strive to achieve in an autonomous, analytic, and linear thinking style (Lehman, Chiu, & Schaller, 2004). For individuals who resonate with the values mentioned above learning to live one day at a time, or leaning on others for help and support, may represent an adjustment.

Sointu (2006) discussed embodiment from a holistic approach (combining historically Eastern and Western philosophies, or an increased reliance on collectivism and interdependence versus individualism and independence, respectively) and noted that alternative medicine or health practices should be used in healing even if they are complementary to mainstream medicine. For instance, healing the body, the mind, and the spirit involves increasing the sense of mind and body connectedness, as well as authorship and agency through inner reflection. However, this conceptualization may lack recognition in mainstream Western culture (Sointu, 2006).

Summary

In the review of the pertinent embodiment literature, we found that many feminist researchers suggest that femininity is portrayed via sociocultural norms and ideals, and ties physical attractiveness to self-worth. Thus, to feel worthy, women engage in constant self-surveillance and self-modification. In turn, women also experience self-objectification when they rely on self-surveillance and self-modification in attempts to meet unrealistic societal standards. Further complicating women’s experiences of embodiment is the research on self-concept or identity, which highlights that the concept of self is embodied and complex; it is physical, cognitive, and emotional, as well as independent and interdependent. Finally, we learned that people’s experiences of health and illness depend on the meaning they create, and Western philosophies (focusing on cognition and setting and achieving goals) and Eastern philosophies (emphasizing the body, intuition, and sensations in one’s experiencing and decision making; highlighting mind and body connection) may both be used in facilitating health practices.

PRESENT STUDY

Approximately 15 years ago, a prominent psychology researcher called for a focus on women’s positive embodied experiences (Cash, 2002). We also wanted to know how women understand, live, and express their own embodied experiences. Our research question was: *How do women experience and maintain positive embodiment in a Western sociocultural context?* We wanted to bridge the gap between theory and practice and help inform professionals working with women. We aimed to make women’s embodiment not only visible but also more tangible.

METHOD

After approval from the Institutional Ethics Review Board, we carried out a constructivist grounded theory ([CGT]; Charmaz, 2014). CGT emphasizes co-construction, or the notion that knowledge is created through the interaction between the researcher and the participants (Charmaz, 2014). As such, constructivist grounded theorists acknowledge how researchers' and their participants' social locations and perspectives help shape the data and analysis (Tweed & Charmaz, 2012). The researcher is a filter through which data is collected, analyzed, and interpreted, and thus analysis is both emergent and constructed (Charmaz, 2014). The constructivist paradigm adopts a relativist ontological position and a subjectivist epistemological belief, in which it is assumed that multiple realities exist because understandings of reality are constructed through individuals' perceptions and social interactions (Mills, Bonner, & Francis, 2006). In line with constructivist research, it is important to note that both authors are Caucasian women of middle socioeconomic status with backgrounds in educational and counselling psychology (see Appendix A for details on our embodied experiences).

Participant Selection

Recruitment for the current study was conducted using a snowball sampling method (Goodman, 1961). A recruitment email was sent to members of the university education faculty, the university women's centre, and to individuals within the first author's network. Recipients of this email were encouraged to forward it to other potentially interested and eligible individuals. Once women contacted the first author to participate in the study, they were screened for inclusion and exclusion criteria, namely:

- Participants were required to be female and between 18-29 years of age. Individuals in emerging adulthood are better able to decipher their own beliefs and values (Arnett, 2000) and integrate inner experiences with the sociopolitical context (Arnett, 2004). In this way, women in emerging adulthood can self-reflect and, thus, are likely aware of what has helped them to be resilient to the societal pressures of thinness (Mizevich, 2012), making it an ideal age group to explore positive embodiment.
- Participants were required to self-identify that they currently experienced positive embodiment based on the definition provided in the email recruitment.
- Participants must not have a history of an eating disorder or treatment related to disordered eating. The purpose of this study was to explore the processes involved in maintaining positive embodiment, rather than how women overcame disordered eating or an eating disorder. For this reason, women who had a history of treatment related to disordered eating were exempt from participation.

Data Collection

Fourteen women contacted the first author to participate in the study upon receiving the email recruitment. The women were placed on a list in the order they contacted the first author. The first author responded to all the women with an initial email. Two women did not meet the inclusion criteria as they were older than 29 years of age. The other 12 women met the inclusion criteria.

Due to concurrent data collection and analysis (Charmaz, 2006), the first author booked interviews several weeks apart for the first three participants. The remaining nine women were informed that the data collection would continue for several months and were asked if they would agree to be contacted at a later date for an interview. All of the women agreed. When later contacted, one woman was away travelling for an extended period, and one did not respond to the email. In these cases, the next woman on the list was contacted and asked for an interview. The two core conceptual categories had emerged and been constructed by interview 6. Saturation of these categories became apparent after interview 8, but two additional interviews were completed to attempt to confirm saturation for a total of 10 participants.

The interviews took place in either a private room at the university or another quiet and safe place of the interviewee's choice. The interviews lasted between 40 and 75 minutes. Data were collected over a period of eight months, cycling between data collection and analysis as required by a CGT approach. Each woman was interviewed once. An interview guide was created based on a pilot study and included broad, open-ended questions and potential follow-up probes. During the latter stages of data collection, specifically throughout theoretical coding (described below), the interview questions included more focused open-ended questions based on analysis that had previously been completed. Once informed consent was reviewed and signed, participants filled out demographic information and then completed the interview.

Demographic information including age, ethnicity, BMI, and socioeconomic status (SES), was collected to contextualize the sample. The women varied in age from 21 to 28 years old. All of the women had attained a minimum of a high school diploma. One woman indicated her ethnic origin as half Jamaican, half Canadian, while the rest of the women indicated their ethnic origin as Caucasian or of Eastern European descent. Two women indicated their SES was low, while the remaining women indicated their SES was middle range. A summary of demographic information for each woman is listed in Table 1. The opening interview questions included items such as, "What does embodiment mean to you?" and "Tell me about how you maintain positive embodiment?" See Appendix B for the initial interview questions.

Data Analysis

The constant comparison method is the fundamental procedure used in CGT data analysis. This is a procedure in which analytic codes, concepts, and categories are generated by the researcher using a succession of comparisons within and

Table 1
Participant Demographics

Pseudonym/Name	Gender	Age	Height	Weight	BMI	Education	Socioeconomic Status	Ethnic Origin
Jennifer	F	24	5'3"	130	23.0	College Diploma	Middle	Caucasian
Ann	F	27	5'4"	130	22.3	High School Diploma	Middle	E. European
Lola	F	23	5'4"	145	24.9	High School Diploma	Low	Caucasian
Lyla	F	27	5'2"	135	24.7	High School Diploma	Middle	Caucasian
Mandy	F	24	5'8"	130	19.8	Bachelor's Degree	Middle	Caucasian
Pamela	F	26	5'7"	125	19.6	Bachelor's Degree	Middle	European
Brianna	F	27	5'2"	130	23.8	Bachelor's Degree	Low	Caucasian
Renee	F	25	5'6"	130	21.0	High School Diploma	Middle	½ Jamaican, ½ Caucasian
Brittany	F	21	5'5"	135	22.5	College Diploma	Middle	Caucasian
Lily	F	28	5'5"	195	32.4	College Diploma	Middle	Caucasian

Note. Body mass index (BMI) was calculated based on self-report. Nine of the women's BMIs fell within normal weight range (i.e., BMI 18.5-24.9). One woman's BMI fell within the obese weight range (i.e., BMI of 30 or greater). Two participants provided their real names and consented to being directly quoted. Middle socioeconomic status was defined as employment in an average paying job with some financial security. Low socioeconomic status was defined as employment in a lower paying job and lacking financial stability. Ethnic origin was defined as shared social background and/or culture and traditions that are distinct, maintained between generations, and lead to a sense of identity.

among the data (e.g., interviews) to find similarities, differences, and nuances between the elements of analysis (Charmaz, 2006, 2014). The first author engaged in the data analysis with the second author acting as a supervisor check.

There were three stages of analysis, including initial line-by-line coding, focused coding, and theoretical coding (Charmaz, 2014). During initial line-by-line coding, lines or segments of data were examined and codes were created that reflected the actions discussed within segments of the interview (Tweed & Charmaz, 2012). During focused coding, the most significant and/or the most frequent initial codes were used to synthesize the data within each interview and then were compared across interviews (Charmaz, 2006, 2008). Finally, theoretical coding took place, which included linking the categories. When data patterns and categories began to overlap, a conceptual model was developed (Charmaz, 2006, 2008). We also used memoing (e.g., capturing researchers hunches and interpretations; Tweed & Charmaz, 2012), member checks (e.g., Creswell, Hanson, Plano-Clark, & Morales, 2007), and an external audit (Creswell, 2007) to attend to the credibility of the findings.

Throughout the analysis, the first author discussed the process of memoing, categorization, and other reflections with the second author (see Appendix C for an example of memoing). Incorporating the additional supervisor check helped to minimize the potential issue of the results simply reproducing the first author's preconceptions, and therefore increased the credibility of the category development. By way of a resonance check, the preliminary conceptual model was emailed to each interviewee to obtain participants' views on the findings. The women were given the opportunity to comment and make adjustments or additions to the categorization. None of the women emailed with additional comments or changes to the existing model.

Finally, external auditors who had no connection to the study examined some of the data (Creswell, 2007) through a 3-day grounded theory jamboree with three other participants. Ethics approval to bring anonymized data to the jamboree was granted. Memos that included raw data in the form of quotes, the researchers' thoughts and descriptions, as well as conceptualization of the data was brought and shared with the participants and the facilitator. Feedback and suggestions were provided, and the members of the jamboree agreed that the empirical evidence (i.e., quotes) and the memoing were supported by the categories. An area that was lacking was identified and then reviewed with the data and analysis again. Thus, the external audit was used as a check on credibility, originality, and usefulness.

RESULTS

The results of this study are presented as a preliminary conceptual model (see Figure 1). The model illustrates the metaphor of a seesaw. Within this, the base of the fulcrum included the category *conceptualizing self* and above that on top of the fulcrum was the category *working to balance*. The following sections will use participant quotes to exemplify the model and categories.

Positive Embodiment as Working to Balance

After six interviews and concurrent data analysis, we began to understand the concepts and processes that women spoke about. Thus, although we present the core concepts as separate, they often co-occurred. Overall, our data analysis resulted in an interdependent and interactional relationship between the core concepts of *conceptualizing self* and *working to balance*. The concept of self-conceptualization was a hidden but foundational process and was thus placed within the base of the seesaw figure, hidden from main view. In contrast, the working to balance concept was more visible and action-oriented and was thus placed on the fulcrum, or the point at which a lever pivots or rests. Thus, the foundation of women's positive embodiment appears to be an understanding of self in the world (e.g., self as unique and self in relation, including physical, mental, and spiritual components), which is then followed by the concept of working to balance.

Conceptualizing self. The young women in this study engaged in continuous personal meaning-making, what was termed conceptualizing self. This was foundational to the concept of working to balance, and women would come back to it repeatedly, which is why it was placed in the base of the fulcrum of the seesaw metaphor. It involved *acknowledging a unique self* and *acknowledging self in relation*.

ACKNOWLEDGING A UNIQUE SELF. Acknowledging a unique self involved distinguishing self from others physically and mentally. For example, Jennifer said, "I am not the same as anybody else. It is my body, and I am very unique, and as long as I am happy, I don't really care about what anyone else thinks." Many women indicated that they actively avoid or disregard external pressures or influences, like when Renee said:

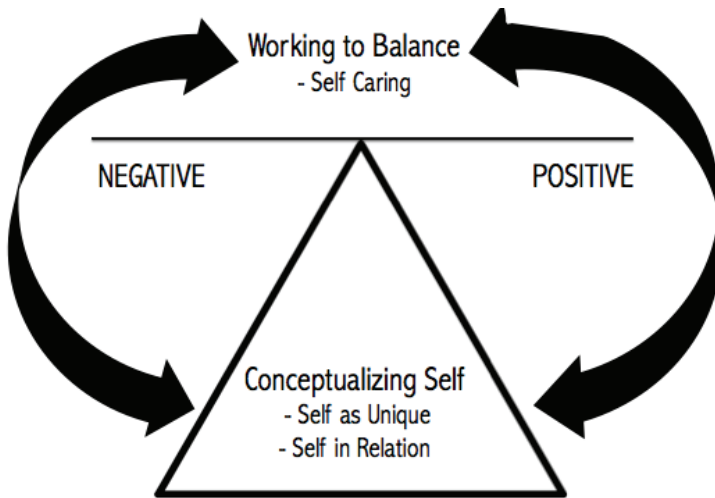


Figure 1.

Finding the Centre of Balance – A Preliminary Model of Maintaining Positive Embodiment

I stopped looking at magazines because I would compare myself and then I would be negative towards myself. I realized this later, so I stopped doing those things that feed the negative and try and find those positive things and keep practicing them.

Women not only recognized the damaging nature of cultural ideals, but they also discussed how they resisted those influences or advocated for themselves. One way to do this was searching for, or reflecting on, personal values and priorities. Lyla discussed this when she said:

Sometimes there have been situations where I have been getting down on myself about the way I look, or the way I feel, or that I can't do certain things that some other person is doing in their life. And it is very... self-reflection I would call it; to look back at where I am at in my life and why I am happy and recognize that I feel good about what I am doing.

Acknowledging a unique self resulted in affective and behavioural expressions such as feeling empowered and speaking honestly. Ann, a 27-year-old Caucasian woman of middle SES, said:

This is me. I am going to be a size six forever. I am never going to be a two. And nor do I really want to be anymore. You know? I am not struggling to be something I am not.

Jennifer, Lyla, and Ann all discussed the changes that occurred as they aged and became more self-reflective. They discussed "not caring what [people] think anymore" and focusing inward. The focus shifted from largely appearance-related to goals that centred on personal endeavours including hobbies, work, education, and family. Many of the women discussed learning about their bodies and needs, such as the foods that fuelled them best, the exercise or other habits they enjoyed, and the type of people they connected with most positively. Lily summarized her experience by saying:

I reflect back on major chunks of my history and where I have been the happiest is where I have felt the most balanced. But balance doesn't necessarily mean equal bits of everything. I think the older you get and the more elements you bring into your life, focus shifts and balance looks different for everybody and over time.

ACKNOWLEDGING SELF IN RELATION. Acknowledging the self in relation meant linking the self to others or recognizing the self in the context of others. Mandy, a 24-year-old Caucasian woman of middle SES, discussed how others made a difference in her embodiment in positive ways. She discussed prominent conversations with a significant other:

I find that in a lot of our conversations we both come out on the other side together. She said she likes to talk about those things and do activities with me because it makes her feel more capable and strong. And that is really positive for me, and I really enjoy it.

The women often portrayed this understanding of self in relation when they discussed their experience of womanhood, not only in individual terms but also regarding culture, socialization, and a sense of belonging. Pamela, a 26-year-old Caucasian woman of middle SES, explored embodying the social, as well as her own lived embodiment, when she said:

Societal norms and development over periods of time within a particular culture [is the reason that] how I present myself as professional in Canada is not going to fly in the Middle East. And then within individual preferences... I need to take care of my body so that I can keep myself healthy and so that I can keep my brain going.

Jennifer described her typical patterns of embodiment throughout the year: "In the winter, everybody hunkers down, and they get warm, and you gain a little extra [weight], but that's okay. And in the summer, you are more outside and constantly doing physical activity." As another example of how women described embodying the social, they often used language that is common in popular media, such as the phrase "feeling comfortable in [their] own skin." This language, and perhaps implicit reference to body positive social media campaigns such as the Skin Impressions campaign (Novartis AG, 2015), was exemplary of how the cultural system influences women's embodiment. Brittany discussed the cultural system as having both positive and negative impacts when she said, "I think a lot of us represent what we are surrounded by. Social media – and media in general, like movies, TV, shows, radio – it has corrupted some people, and it has inspired others, depending on what you focus on."

Working to balance. Working to balance was a core concept because women repeatedly discussed personally meaningful ways to engage with, and balance, all aspects of their lives and overall embodiment. This concept was placed on the top of the fulcrum on the seesaw metaphor because we saw this as occurring after the women had engaged in self-conceptualization. It involved continual work, similar to what occurs if individually trying to balance in the middle of a seesaw. The women spoke about balancing as self-imposed and effortful control over thoughts and behaviours, which is why it was called *working* to balance. However, women often described it as empowering once they accomplished the shift to better balance. For example, Brittany stated:

And it is a conscious effort. It is about wanting to learn, wanting to improve, but also in your actions. If I wake up in the morning and don't feel good, I will shower, get ready, do my hair, eat a healthy breakfast, and I feel so much better.

A subcategory of working to balance was self-caring.

Self-caring. Self-caring was what women did to increase the experience of balance in their lives. Women highlighted self-caring as a mechanism contributing to overall embodiment, such that this often involved merging the physical, mental, emotional, social, and spiritual aspects of the self. Women engaged in self-caring which then resulted in their perceptual experience of feeling balanced. This ap-

peared to be a moving or fluctuating experience that always involved some level of work, re-alignment, or adjustment. Renee discussed self-caring when she indicated:

I want to take care of myself. I think that being on this earth is a blessing, and having a body is a blessing, and having a functioning body is a blessing... I know if I did not take care of my body in the way that I do, I don't think that I would be happy with it, and actually, not so much with my body, but more with myself.

The women described physical components like exercise (e.g., running, yoga), eating well, getting adequate sleep, and not pressuring the body physically. The mental and spiritual components included things such as meditation, deciphering life goals, and consideration of a deeper purpose of being. The emotional components included enjoyment, happiness, and feeling proud, accomplished, and/or productive. Finally, the social aspects included engaging with positive or like-minded people. Mandy identified her techniques for mental and social self-caring when she said, "I surround myself with positive images... I also make sure that I surround myself with the right kind of people; people who build me up, not tear me down; and have the same worldview that I do." Ann also discussed the physical, mental, and social connections when she said:

I do a lot of yoga, that's very important both physically and mentally. I think they go hand in hand... If I am not taking care of my body, I am not taking care of my mind; if I am not taking care of my mind, then I am probably not taking care of my body... I started hanging out with the yoga crowd, and I think that has helped for sure – surrounding yourself with like-minded people.

Not only did women discuss what they did to improve positive embodied experiences, but they also discussed how this occurred, namely, working at it. It appeared that the women were continually working. For instance, Renee stated:

Feeling comfortable in my own skin is something that has to be worked at day-to-day. I don't think that anyone has it or they don't. I think it is something that is attainable by everyone by working on it. And it is something you constantly have to practice.

Just like finding a balance point on a seesaw, women's embodiment is never at a standstill. As a result, working to balance felt normal. The women normalized it by labelling it "practice" (Lyla, Pamela, Renee, Lily), "momentum" (Pamela, Brianna, Brittany), or "routine/changing routine" (Jennifer, Ann, Lola, Lyla, Mandy, Pamela, Renee, Brianna, Brittany, Lily). Brianna said, "I am starting to feel and accept my body, the image I have of my body, and feeling comfortable in my own skin. And that is something I still have to work at." Lola indicated, "There are things that I am still working on ... I think I am working on mental happiness a lot, along with physical."

Lily noted:

I think you have to make a concerted effort because it is easy to get into routine and just go with the flow. But then you take a step back and look and ask yourself, "How's that working out for me?"... If it is not, what needs to shift? Maybe the balance needs to.

DISCUSSION

Information about women's positive embodied experiences in a cultural context of normative discontent (Rodin et al., 1984) is important because the literature is weighted to understand negative experiences concerning the body (i.e., body dissatisfaction). The preliminary conceptual model offered as a result of our study was developed through the combined efforts of women putting language to their experiences, as well as the researchers analyzing the information. The sample recruited for this research was small and homogeneous, and served the purpose of beginning to explore how young women experience and maintain positive embodiment. What resulted was the overarching concept of working to balance, the experience of working to establish a sense of self, and a positive middle ground. In the following discussion, we review embodiment utilizing more of our participants' voices, contextualize the emerging model in existing literature, and then discuss implications for therapy, limitations, and future research.

Embodiment in Context

I think that [positive embodiment] has a lot to do with maturing and getting older. It is very cultural. I didn't have a very good body image, but as I have got older, I have come more into an acceptance of myself, and I think that [embodied] connection. I have realized that I am in control of my own body by the things that I do day-to-day like taking caring of myself.

The above quotation is from Renee, a 25-year-old half Caucasian, half Jamaican woman of middle SES. She, like many others in the study, noted a shift from comparing herself to others and a focus on outward appearances to an emphasis on inner experiences and "connection" to self. Brianna, a 27-year-old Caucasian woman of lower SES, also stated succinctly:

Being comfortable in your own skin, I think takes a while to come. And maybe you stop comparing or stop caring how you are in relation to others. I think, "Okay well I am at a healthy body weight, I like myself like this, I feel good."

I think that comes with maturity. I wouldn't have said the same in my teens or early twenties.

Many of the women talked about "feeling comfortable in [their] own skin" as an element of positive embodiment. There was acceptance and empowerment that came along with that, and most women discussed this as taking time and developing through learning and maturity. Lily, a 28-year-old Caucasian woman of middle SES, said:

It wasn't until my twenties that I really realized that, you know, body *image*, as opposed to *embodiment*, are two very different things. Body image can have a huge influence from a lot of external factors, but for me, feeling good in my skin – the only person that could control that was me.

These quotes show both the individual and the social/cultural experiences of embodiment, and as our participants suggest, cultures transmit societal messages about acceptable standards and what is valued physically, mentally, and socially (Cash, 2012). From a feminist viewpoint, women are at a disadvantage because cultural norms and ideals are inequitable and unrealistic (Beauboeuf-Lafontant, 2005). Women internalize cultural norms and ideals and learn to associate physical attractiveness with self-worth (Piran, 2010). As a result, women experience normative discontent (Rodin et al., 1984; Tantleff-Dunn, Barnes, & Larose, 2011). After this term was coined, many researchers focused on the concept, and studied topics such as negative body image, body dissatisfaction, and risk factors for eating disorders (Jacobi, Hayward, de Zwaan, Kraemer, & Stewart, 2004). Findings indicated that a young woman's poor self-esteem is embedded in the sociocultural context (Larkin et al., 1996) and leads to mental health risks including depression, eating disorders, body surveillance, and body shame (Moradi & Huang, 2008).

Women commonly seek counselling for mental health difficulties pertaining to low self-esteem (McLean & LaGuardia, 2016), depression, disordered eating, and body image concerns, among others (Lalande & Laverty, 2010). According to feminist theorists, this may be partly because women are treated, and may see themselves, as only a body, which is mainly valued for its use by others (e.g., being looked at, evaluated, and objectified; Fredrickson & Roberts, 1997). This objectification can lead to verbal and sexual harassment and marginalization, which are all “experienced and felt in the body” (Larkin et al., 1996, p. 13).

As a result, women may experience shame, anxiety, and reduced awareness of internal bodily states (Calogero, 2012; Fredrickson & Roberts, 1997). Lola, a 23-year-old Caucasian woman of lower SES, highlighted her experience of power differentials in a comment made when discussing more about the study. The first author said, “The purpose of this study is to give you a chance to talk about how you maintain positivity as best you can, recognizing that people cannot be way up here [puts hand above head] all of the time because that is just not realistic.” Lola laughed and said, “not for women.” Despite that the women in the current research self-identified as having positive embodiment, they were no strangers to objectification, the corresponding mind/body disconnect, and feelings of low self-esteem. Jennifer, a 24-year-old Caucasian woman of middle SES, said:

I don't want to be so hard on myself anymore... when you are a younger girl, I feel like it is a constant struggle. You're looking at all these other girls, and there is so much peer pressure. I always hated my body. Now that I am older, I have realized that... now, more or less, people don't really care as much, they are not as judgmental.

Jennifer's account can be a common experience for young girls and women, flooded with discomfort and anxiety about their appearance and how they stack up compared to others (Piran, 2016). For Jennifer, things seemed to shift in her early twenties, when she recalled, "A lot has changed for me in the past two years." She went on to describe relationship, work, eating, and exercise changes. She stated:

I honestly think that your body tells your brain what you need. I just decided, now more than ever, just to respect who I am instead of worrying so much about what I look like. I would rather focus my energy on being happy and being able to enjoy the moment.

However, as the women in the current research discussed, this is not an easy feat. Brianna talked about what it is like to be a woman in Western culture. She said:

I think [being a woman in this culture] is a lot of pressure. I think we put it on ourselves and men put it on us. I think women of all ages struggle. It is difficult. I especially think mothers, new mothers, probably struggle a lot. It is a scary thing to think about what is going to happen to your body after you have a kid.

As Brianna stated, she continues to experience some negative embodiment and concern about future changes, despite giving many positive accounts as well.

Contextualizing the Emerging Model

In line with a CGT approach, a second literature review (Charmaz, 2014) was done to contextualize the model in previous research as well as to highlight unique contributions. The next sections will review the core concepts as well as the DTE.

Conceptualizing self. When discussing their embodied experiences, participants spoke about unique and interrelated experiences. In doing so, they highlighted their physical, mental, emotional, and interpersonal aspects of self, which were sometimes discussed as interrelated and at other times as separate or distinct. In this way, mind/body unity and dualism were both present, and these experiences were considered to shift over time. Similar to previous research, women in this study implied that lived embodiment and embodying the social are in constant feedback with one another in the creation and maintenance of self and their embodied experiences (Budgeon, 2003; Jenkins, 2008; Seligman, 2010).

Working to balance. Working to balance was the way that women described attaining moments of balance in their lives. Working to balance was seen as a way to gain brief moments of experiencing a middle ground or position, and was often described as feeling content and happy as well as living congruently with values and beliefs. The experience of balancing near this middle ground differed for each woman and within women over time, perhaps as shifts occurred physically, mentally, emotionally, and spiritually. There appeared to be continual work or effort in maintaining position near this middle ground.

In many cases, the work became "practice" (i.e., second nature) for women. This may be thought of as normalization and acculturating (Bordo, 2003) or

trying to cope with cultural pressures (Cash, 2012). Normalization is central to the mechanisms of power, control, and self-regulatory behaviour and can be oppressive or liberating (Blood, 2005; Bordo, 2003). When asked advice regarding body or self-acceptance, each woman focused on change at the individual level. On the one hand, this may reflect the cultural milieu that communicates to individuals that they must work toward self-improvement (Blood, 2005; Orbach, 2009). On the other hand, it may be thought of as empowering and aimed at helping other women challenge the cultural ideals. For instance, most of the advice, albeit individually focused, appeared to focus on empowering concepts, such as, “love yourself” (Jennifer), “care for yourself and be with yourself” (Ann), “try something new” (Lola), “don’t try and be something that you are not; try and be you” (Lyla), “think about things that [you] love about [your] self” (Mandy), “be true to you; don’t let other people tell you who you should be” (Pamela), “be real and be truthful” (Brianna), “look deep within yourself and find things that bring you joy, happiness, and that feed and breed positivity” (Renee), “be aware and be nice to yourself (Brittany), “start putting yourself first; do things that are good for you” (Lily).

The notion of working to balance, specifically near the middle of a continuum, is highlighted in the literature but it does not appear to be well understood at this time. For example, Purcell, Brown, Melville, and McDaid (2017) discussed the anthropological concept of *liminality* (i.e., a temporary, middle stage) as generally negative; a stage of invisibility, requiring assimilation to a former or later stage. However, the liminal stage can be experienced in a positive manner (Purcell et al., 2017).

All of the women in our study appeared to experience the middle as positive. Psychology research has discussed balancing near the middle as healthy (e.g., Neumark-Sztainer, 2005) and some have indicated that being attuned to bodily sensations and body functionality (e.g., through yoga) can enhance positive embodiment and reduce self-objectification (Impett, Daubenmier, & Hirschman, 2006; Piran & Teall, 2012). However, *hyperembodiment*, or too much sustained attention on basic physical acts, can be detrimental and self-objectifying (Seligman, 2010).

Choate’s (2005) model of resilience also identified “holistic wellness and balance” in which “body image resilience emerges from achieving a balance among all life arenas: spiritual, emotional, intellectual, and physical” (p. 326). However, Choate did not describe balancing in any more detail. Similarly, McLean and LaGuardia (2016) identified that participants in their study “highlighted the importance of balance in their lives” (p. 1126) and that “balance in the use of any coping strategy [is] important to ensure health” (p. 1125).

Developmental theory of embodiment. Piran and Teall’s (2012) developmental theory of embodiment identified continuums of freedom versus constriction in three domains including social, mental, and physical. Women in the current study experienced embodiment as intrapersonal (i.e., self as unique) and interpersonal (i.e., self as interrelated), perhaps corresponding to the social, mental, and physi-

cal domains of Piran and Teall's (2012) theory. For example, women referenced physical, mental, emotional, and interpersonal aspects of self-care.

A small proportion of the women in the current study also discussed spiritual aspects. It was not until later publications that Piran's (2016) model evolved to include five dimensions and she discussed the emotional, and perhaps spiritual, aspects of embodiment including experiences such as "feeling at one" with, or "at home" in, their bodies (Piran, 2016, p. 48). Piran also identified attuned self-care regarding internal and relational needs and "happi[ness]" (p. 52). Thus, there appears to be some overlap between Piran's dimensions and our model.

What appears to differ is the emphasis on working to balance and the middle of the continuum. For instance, the DTE suggests that women experience embodiment on a continuum from positive to negative (Piran & Teall, 2012; Piran, 2016). However, the middle of this continuum is not a focus of the DTE. The middle is simply described as "the middle point between the two poles [where women fall between] at different points in their lives" (Piran, 2016, p. 53). In this study, working to balance somewhere near one's personalized middle of the continuum was a core concept, and it was expressed as positive, not simply as an in-between point. This balancing near the middle was attainable and where women felt unified, balanced, happy, and "comfortable in [their] own skin." The unique contribution of this study is a better understanding of women's experiences of working to balance and a middle ground as achievable and positive.

Implications for Counselling Practice

Embodiment should be a part of all counselling. Our results provide information for helping professionals to emphasize holistic approaches for positive well-being and growth (Gelso & Fretz, 2001). The results may inform counselling prevention and intervention efforts with practical strategies for developing and/or maintaining resilience (Choate, 2005) in many areas of mental health, including but not limited to body image issues, low self-esteem (McLean & LaGuardia, 2016), disrupted embodiment, and eating disorders (Riva, 2014). The results may also inform therapists from a therapy process standpoint, to encourage reflection of their embodiment and how meaning is co-constructed during therapy sessions.

Counselling prevention and intervention implications. Women's embodiment is in continual flux and involves both intrapersonal and interpersonal as well as conscious and unconscious aspects of self (Schaefer & Northoff, 2017); thus, it is important that counsellors understand and explore embodiment to provide effective therapy (Menzel & Levine, 2011; Moola & Norman, 2016; Russell, 2017). In counselling, practitioners may help highlight the tensions between the experience of one's individual (lived) embodiment and embodying the social (Tolman et al., 2014). For instance, counsellors could facilitate lived embodiment by making use of therapeutic activities and conversations that emphasize mind and body connection. This could be done by engaging in body-related work such as breathing and guided meditation and then linking that experience with self-understanding;

this may be a way to encourage lived embodiment and attunement within sessions which may translate into experiences outside of therapy as well.

Counsellors can also take an approach of helping women develop a sense of competency and empowerment regarding their mental and physical health. Empowerment can lead to decreases in self-consciousness and unhealthy body surveillance, which may be an important factor in positive embodiment (Liimakka, 2011). One way to do this is to help women learn to speak to (and treat) themselves like they might talk to (or treat) others because when asked advice regarding body or self-acceptance, each woman provided empowering messages.

Counsellors could also work with their clients on acknowledging how they embody the social. For instance, counsellors may help women explore the tendency to normalize the work that goes in to balancing and feeling positive and how this may be a form of acculturating (Bordo, 2003). Counselling could also focus on the balance between intrapersonal and interpersonal experiences. Overall, best practices for counselling women include models that address embodiment, in other words, both the physical and psychosocial aspects of health (Lalande & Laverty, 2010; Tolman et al., 2014).

Counselling process implications. In this research study, and in the counselling office, knowledge and meaning are co-constructed. Perhaps due to the emphasis on cognition and talk therapy in many psychology frameworks (Jenkins, 2017), individuals do not often discuss or take time to embody their *felt sense*, or inner awareness (Gendlin, 1969). It is important that counsellors reflect on their embodiment, cultural identities, personal biases, and power relations inherent in the therapy context (Rice, 2009). This self-awareness will help to increase therapists' openness to understanding client experiences and strengthen the therapeutic relationship. It is equally important that therapists are open and informative about their theoretical orientation and what clients might expect from the therapy process (Lalande & Laverty, 2010).

In this study, we were transparent about what we were hoping to learn from participants, and we witnessed subtle shifts to increasingly empowered language over the course of the interviews. This may have been due to the reflecting time, the focus of the interview questions, and/or the rapport that was built throughout. In any case, it was a mutually empowering experience. Through processes such as self-awareness, transparency with clients (Lalande & Laverty, 2010; Rice, 2009), and establishing a strong therapeutic connection, therapists can expand their awareness as they help clients grow (Jenkins, 2017).

Limitations and Future Research

There were several limitations and areas for future research. First, qualitative approaches, including CGT, have been criticized for forcing their data into preconceived notions (Glaser, 1992). However, the product of the CGT analysis is co-constructed between the researcher and participants (Mills et al., 2006). Constructivist grounded theorists would suggest that the outcome of the CGT analysis is both emergent and constructed, but not preconceived (Charmaz, 2014).

Second, the homogeneous nature of the sample may limit the transferability of results to other women. Relatedly, saturation of data (although strived for) may not have been reached. We acknowledge that the results are a preliminary conceptual model, not a formal theory.

This study may serve as a prototype for future studies with increased samples. Future research should engage in broader recruitment of participants not only from varying geographic locations but also seeking to explore experiences of embodiment across a broader range of social identity variables such as gender, age, ethnicity, sexual orientation, ability, and stage of identity development (McKinley, 2011; Tylka, 2012). Specifically, more research is needed on diverse, non-privileged or marginalized groups of women, including women of ethnic minorities, lesbian, bisexual, and transgender women, women of low socioeconomic status, women with disabilities, and older women (McKinley, 2011; Murnen & Seabrook, 2012).

Also, further research is needed particularly on the core concept of balancing or working to balance near a middle ground. It appears that many women are suggesting that their experience near the middle of the positive/negative continuum is actually their experience of positivity, and it would be helpful if future research could refine or replicate this model. Finally, more research is needed on theories of embodiment as a whole, including the current preliminary model as well as the developmental theory of embodiment (DTE). This research appears to have overlap with the DTE but also exhibits its unique findings; thus, it seems that researchers are just beginning to make sense of women's embodied experiences in a tangible and meaningful way. Research should continue to explore this area, not only for use in counselling psychology but many other disciplines too.

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*Appendix A**First Author's (i.e., Kayla Taylor's) Personal Experiences with Embodiment*

I am a heterosexual, middle-class woman from European and Aboriginal decent. Despite my Aboriginal heritage, the percentage of my genetics that is Aboriginal is low. I look, and have always identified with, Caucasian ethnicity. I acknowledge my privilege and power in society. I am currently a registered psychologist who specializes in working with children, adolescents, and families.

As a female growing up in the North American cultural context, I have not been immune to the pressures to conform to female cultural ideals. Throughout my childhood, I experienced varying levels of positive and disrupted embodiment. My fondest memories come from playing sports, many of which were traditionally reserved for males (e.g., baseball, basketball). In this way, I often felt more like a "tomboy" than a "girly girl." I also felt pressure to attain and maintain a slim and feminine body. It was challenging to try to approximate the cultural ideal. When I was 17-years old, I endured a sporting-acquired injury, which severely limited the functionality of my body and required invasive reconstructive surgery. This limited my participation in sports (and some leisure) activities for fear of developing arthritis and chronic pain in young adulthood. As one may assume, this injury disrupted my embodied experiences and the way I lived my life. I was required to cope with the loss of some of the activities that I enjoyed the most, and this resulted in a transition in my self-conceptualization.

Despite experiencing "normative" thin ideal pressures and deliberating on my feelings and hardships related to femininity and bodily functionality, I have developed a relatively positive relationship with my body. It is these experiences that contributed to my passion for this topic and prompted my interest in the area of positive embodiment.

Second Author's (i.e., Shelly Russell-Mayhew) Personal Experiences with Embodiment

I am a white, heterosexual, middle-class woman from English, Irish, Scottish, and Scandinavian decent. I acknowledge the privilege and power of my social location. I am a registered psychologist and associate professor, who specializes in the area of weight-related issues. The primary objective of my research program is to lead and transform prevention research about weight-related issues, like body image (perceptions, attitudes, and experiences about the body), disordered eating (e.g., unhealthy methods of weight change), weight-related disorders (e.g., obesity and eating disorders), and professional conversations and interactions about weight (e.g., weight bias). My professional experiences working with women with eating disorders and obesity is influenced and fuelled by a deeply personal and sometimes troubled relationship with my own body.

Embodiment for me is personal, professional, and political. I have studied body image related topics professionally for over 20 years. My passion for this area emerged from a history of disordered eating and a troubled relationship

with my body. I went on my first diet when I was eight years old, I struggled with eating disorders during my teen years, and I have explored multiple ends of the weight spectrum throughout my life. I recognize the challenge of positive embodiment in a culture that would value me for how I look rather than what I can contribute. I imagine a world where all people, of all shapes and sizes, are valued and appreciated.

Appendix B

Initial Interview Questions

MAIN RESEARCH QUESTION:

HOW DO WOMEN IN WESTERN CULTURE EXPERIENCE AND MAINTAIN POSITIVE EMBODIMENT?

Today I'd like to talk with you about positive embodiment, which is defined as the positive experiences that you have, based on the relationship between your body and the world. For example, caring for yourself and your body, feeling joy and happiness, being attuned with your body, positive body image (or the view you have of your body), and what you think about the functionality of your body. So, *embodiment is about the way you experience yourself in, and through, your body.* And I would like to talk about your positive experiences with that.

1. Given the definition that I provided and your previous knowledge, what does embodiment mean to you?
2. What role or influence does your body play in your life?
 - What does your body provide you?
 - What does it mean to you to live in a woman's body?
3. How do you care for yourself?
4. When do you feel best in your body? What do you associate with that feeling?
 - What is normally happening?
5. Tell me about how you maintain positive embodiment.
 - How do you orient yourself to positive embodiment?
 - What, or who, contributes to this positive view and experience of your body?
 - What do you do to uphold positive embodiment?
6. How do you respond if you feel that your positive embodiment has been challenged in some way?
 - What do you do? Can you give me an example of a time or a situation when you responded to challenges?
7. What else helps you stay positive?
 - Is there any particular experience that stands out for you related to the positive embodiment that you experience?
8. What advice would you give to someone who is struggling with body acceptance, or disrupted embodiment?

The initial interview questions were adapted from previous research in the area of body image and embodiment^{1,2,3}

Appendix C
Balancing Memo

I am beginning to see a pattern in the way that women are talking about embodiment. Let me paint a picture for you. Think about a seesaw. Imagine someone jumping onto the middle of the seesaw, as you might of done as a child if you did not have a partner to ride with. Being an only child, I did this. Right away, the person begins slipping toward the side of the seesaw that is down on the ground and proceeds to scurry up toward the other side. Upon closing in on that side, it crashes down. The person completes the same actions, working ever so hard to reach the side that is up. Then, after learning about the workings of this structure, the person realizes that to stay off the ground, she must move slower and more methodically, focusing on her self and her movements. Upon reaching the middle, she widens her stance and begins balancing. The opposing sides of the seesaw are both elevated, and although never wholly still and unwavering, the person has found a way to balance. It requires work, but becomes easier now that she has the strategies in place. She feels liberated because she is no longer struggling to attain an unrealistic ideal: the top of the seesaw. And in that, she feels strong, capable, and empowered.

Charmaz (2008) stated that the formation of categories inevitably reflects the researcher's worldviews, theoretical inclinations, experiences, and interests. Thus, reflexivity is an important component, and the results of this study are presented with acknowledgment of this element. For instance, in considering the metaphor, it was likely informed by the fact that the first author is an only child. If other children weren't present at the playground or if they were busy in their groups, the first author would play on the seesaw independently during childhood. Had the first author not had the same experiences, this may not have been the metaphor that developed.

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 - 3 Wood-Barcalow, N. L., Tylka, T. L., & Augustus-Horvath, C. L. (2010). But I like my body: Positive body image characteristics and a holistic model for young-adult women. *Body Image*, 7, 106-116. <https://doi.org/10.1016/j.bodyim.2010.01.001>