

EXPERIENCES OF PREADOLESCENT GIRLS PARTICIPATING IN A MINDFULNESS-
BASED EATING DISORDER PREVENTION GROUP

A Dissertation

by

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This dissertation meets the standards for scope and quality of
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ABSTRACT

Concerns with body image and disordered eating behaviors are pervasive in today's society. Recent cohorts of preteen girls experience increased risks in relationship to developing eating disorders due to changes in pubertal development and the widespread impact of social media. This dissertation describes a mindfulness-based eating disorder prevention program for preteens which integrates wellness practices such as mindful eating and noncompetitive exercise with awareness-building conversations about the messages society sends to girls and women about their bodies. Results of this qualitative phenomenological investigation revealed seven main themes: (a) body talk, (b) food, exercise, and healthy choices, (c) societal expectations, (d) mindfulness, (e) being in the group, (f) changes experienced as a result of group participation, and (g) what I learned and want others to know.

These results are similar to those observed in previous studies of eating disorder prevention and expand knowledge related to participants' perceptions of how their relationships with their bodies, food, and exercise change over the course of program participation. Results also provide support for the inclusion of targeted mindfulness interventions to foster the regulation of emotions related to one's body and healthy engagement with food and exercise. This information is valuable in terms of providing support for a combined approach to eating disorder prevention, demonstrating the benefits of dissonance education and mindfulness-based interventions in supporting body acceptance for young women.

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CHAPTER I

Introduction

Preadolescence (ages 8 to 14) is a vulnerable period of life characterized by significant changes in biology and physical appearance, transition from elementary to secondary school, navigating increasingly complex social relationships, and struggles with the emergence of sexual identity (Eccles, 1999). These changes are often connected with the start of puberty, which typically begins in preadolescence. In the 21st century, pubertal changes are occurring earlier, with recent cohorts of preadolescent girls experiencing earlier breast development, menarche, and associated changes in weight and body shape (Biro, Greenspan, & Galvez, 2012). Early puberty has been linked to numerous difficulties in social and emotional adjustment, including depression, anxiety, aggression, impulsivity, emotional lability, and substance abuse in preadolescent boys and girls (Mensah, Bayer, Wake, Carlin, Allen, & Patton, 2013).

While pubertal changes can be chaotic and overwhelming for any preteen, those who are vulnerable to mental illness have the potential to experience more issues in adjustment than their peers. Because of vast changes in physical appearance during puberty, many preteens experience issues with body image, which is “a multidimensional construct that represents how individuals think, feel, and behave with regard to their own physical attributes” (Esnaola, Rodriguez, & Goni, 2010, p. 22). Puberty has frequently been discussed as a risk factor for the development of disordered eating in girls, with some pubertal girls experiencing intense body dissatisfaction and decreases in self-esteem related to rapid changes in appearance and shape (Galvao, Silva, Zimmermann, Souza, Martins, & Pereira, 2014; Esnaola, Rodriguez, & Goni, 2010). Klump (2013) postulated that girls who experience early puberty are at increased risk of

developing disordered eating behaviors to compensate for bodily changes that many of their peers are not yet experiencing.

While there are differences in diagnostic criteria, feeding and eating disorders such as anorexia nervosa (AN), bulimia nervosa (BN), binge eating disorder (BED), avoidant/restrictive food intake disorder (ARFID), and other specified feeding and eating disorders (OSFED) are characterized by “persistent disturbances that result in the altered consumption or absorption of food that significantly impair physical health or psychosocial functioning” (American Psychiatric Association [APA], 2013, p. 329). Many of these disorders are characterized by disturbances in body image, inappropriate restriction of food, and harmful compensatory behaviors such as purging or excessive exercise to prevent weight gain and maintain a certain body shape and size (APA, 2013). Individuals who engage in frequent self-criticism and demonstrate lower levels of self-compassion are at increased risk for the development of disordered eating, as these traits may induce a drive for thinness and subsequently lead to disordered eating behaviors (Pinto-Gouveia, Ferreira, & Duarte, 2014). This drive for thinness has been used as a strategy for maintaining social rank and gaining acceptance and approval from others (Pinto-Gouveia, Ferreira, & Duarte, 2014). Regardless of whether clinically significant impairment occurs, disordered eating behaviors negatively impact the social and emotional wellness of affected individuals.

Many counselors are beginning to incorporate mindfulness, meditation, and holistic health practices such as yoga within current evidence-based treatment modalities. Mindfulness has been described as an important component of third-wave behavioral therapies such as dialectical behavioral therapy (DBT), acceptance and commitment therapy (ACT), and mindfulness-based cognitive therapy (MBCT) (Wanden-Berghe, Sanz-Valero, & Wanden-

Berghe, 2011). Many of these approaches involve fostering compassion for self and others, thereby reducing inner critical voices, and improving core mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance, all factors which have been found to influence positive outcomes in eating disorder treatment (Lenz, Taylor, Fleming, & Serman, 2014).

Statement of the Problem

The National Eating Disorder Association (NEDA) estimated that in the United States, approximately 20 million women and 10 million men will experience a clinically significant disturbance in eating during their lifetimes (2011). There are severe health consequences associated with eating disorders, including poor cardiac functioning; electrolyte imbalances; osteoporosis; loss of muscle tone and strength; dry, brittle hair and skin; tooth decay; gastrointestinal issues; and even death (NEDA, 2011). Eating disorders are costly to individuals, families, and society, and many who are diagnosed never make a full recovery (Loth, Neumark-Sztainer, & Croll, 2009). Because of the high societal cost of eating disorders, the vulnerability associated with preadolescence, and earlier pubertal development in 21st century girls, it is valuable to consider widespread eating disorder (ED) prevention programs for preteens. Moreover, because wellness-based practices such as mindfulness and yoga have led to successful treatment outcomes for individuals diagnosed with eating disorders, it makes sense to incorporate these practices into ED prevention programs for preteens (Klein & Cook-Cottone, 2013). Despite the numbers of individuals who experience problems with disordered eating, the health consequences associated with eating disorders, and the cost to individuals and their families, there are few studies about programs intended to prevent the development of disordered eating behaviors.

Purpose of the Study

The purpose of this qualitative study was to explore how preteen girls perceived their bodies, food, and exercise over the course of a 5-week mindfulness-based ED prevention program. This program was created after reviewing literature on existing prevention programs (i.e., both community- and school-based programs), studies on mindfulness as an intervention for individuals with eating disorders, and information on risk and protective factors which may influence whether individuals go on to develop an eating disorder in life. The specific process involved in creating the program is reviewed in Chapter 3.

Research Questions

This study addressed three qualitative research questions.

1. How do preadolescent girls perceive their bodies, food, and exercise while engaging in a mindfulness-based eating disorder prevention program?
2. How do girls describe the process of participating in mindfulness-based activities?
3. What changes, if any, do girls experience in their relationships with their bodies, food, and exercise after participating in mindfulness exercises?

Significance of the Study

Although there are numerous studies discussing the treatment of eating disorders in preadolescent and adolescent girls, relatively few describe prevention programs purported to build self-esteem and foster acceptance of one's body "as is." A handful of studies have examined the efficacy of mindfulness meditation and mindfulness-based intuitive eating programs for binge eating, emotional eating, and weight loss, but the extant literature has limited relevance to preadolescent girls as the target populations studied were adult men and women

with clinically significant eating disorder symptoms (Bush, Rossy, Mintz, & Schopp, 2014; Katterman, Kleinman, Hood, Nackers, & Corsica, 2014; Atkinson & Wade, 2016).

Wanden-Berghe, Sanz-Valero, and Wanden-Berghe (2011) examined the efficacy of mindfulness-based interventions for treating clinically significant disturbances in eating (e.g. anorexia nervosa, bulimia nervosa, and binge eating disorder) and systematically found reductions in binge eating episodes, decreased eating concerns, improved attitudes towards eating, and improvements in emotion regulation. Kristeller and Wolever (2011) found that Mindfulness-Based Eating Awareness Training (MB-EAT) helped women with binge eating disorder (BED) successfully control their reactions to intense emotional states, make intentional decisions about eating, become more aware of their personal cues related to hunger and satiety, and foster an attitude of self-acceptance that led to reductions in binge eating and improvements related to self-control. These studies suggest mindfulness-based interventions are useful in reducing disordered eating behaviors in clinically impaired populations.

Beyond the treatment of clinically significant eating concerns, ED prevention programs focused on media literacy (i.e., developing the ability to critically evaluate societal and individual messages about weight, beauty, exercise, and nutrition) have helped young men and women increase acceptance of self and others (Gonzalez, Penelo, Gutierrez, & Raich, 2011). Existing studies describing adolescent experiences with ED prevention programs have focused on developing media literacy and critical thinking skills to evaluate messages sent by the mass media related to appearance (Gonzalez, Mora, Penelo, Goddard, Treasure, & Raich, 2015). These studies primarily evaluate dissonance-based prevention programs, and researchers often fail to provide recommendations for preteens, parents, or therapists, choosing to focus exclusively on measuring and describing phenomena (Ciao, Loth, & Neumark-Sztainer, 2014;

Gonzalez, Penelo, Gutierrez, & Raich, 2011; Loth, Neumark-Sztainer, & Croll, 2009; Piran, 2015; Weigel, Gumz, Uhlenbusch, Wegscheider, Romer, & Lowe, 2015; Wilksch, 2015).

To date, research concerning the efficacy of mindfulness-based interventions versus dissonance-based interventions for reducing disordered eating symptoms in adolescents is very limited. While both types of interventions have been found to successfully reduce disordered eating symptoms, a scarcity of research related to the potential efficacy of combining these approaches to form a holistic ED prevention program exists (Atkinson & Wade, 2015). One study published by Atkinson and Wade (2015) revealed that mindfulness exercises were as effective as dissonance education in reducing eating disorder risk. However, this mindfulness-based intervention was provided to high school-aged girls and did not discuss mindfulness as a component of eating and exercising. The objective of this phenomenological study was to gain an understanding of the lived experiences of preteen girls who participate in a group mindfulness-based intervention focused on developing healthier attitudes towards their bodies, food, and exercise after learning about the thin ideal and societal expectations around weight and shape. The benefit of this study relates to exploring and understanding a new method of ED prevention which combines components of traditional, dissonance-based models with mindfulness-based interventions to foster healthier, more adaptive thoughts about self and others. The goal of this program is to encourage self-acceptance, wellness, mindfulness, and better mental health for preteen girls as they navigate a sensitive time of life.

Theoretical Orientation

Qualitative studies are constructivistic in nature and advantageous due to “the close collaboration between the researcher and the participant, enabling participants to tell their stories” which, in turn, “describe their views of reality and [enable] the researcher to better

understand the participants' actions" (Baxter & Jack, 2008, p. 545). I utilized the phenomenological approach described by Moustakas (1994) to guide my inquiry. A detailed description of Moustakas' approach to phenomenological research is found in Chapter 3.

Population and Sample

This study utilized an intact group of 6th grade girls engaged in a 5-week mindfulness-based eating disorder prevention program at an elementary school campus in a mid-sized South Texas city. Every girl in the 6th grade classroom participated in the group prevention program, but data were only utilized from those participants who provided both parental consent and assent. Boys were intentionally excluded from the program to provide girls the opportunity to freely discuss ideas about their bodies without the pressure of a mixed gender environment potentially influencing their abilities to express themselves. Eight participants provided consent and assent to participate in the research, and were an average of 11.5 years old, representing the following racial and ethnic groups: multiracial (6), White (2), Hispanic or Latina (6), and non-Hispanic (2).

Setting

This study was conducted at an elementary school in South Texas located on a university campus operated by the local independent school district. The campus was unique in that it presented the entire curriculum via dual language instruction, with half of the instructional time in English and half in Spanish. Students were admitted to the school by application and selected to represent the region's socioeconomic and language demographics. Program sessions were conducted in a large group meeting room provided by the elementary school upon approval by the school's principal, and I projected PowerPoint slides with session content to help guide and structure the conversations.

Methodology

The paradigm utilized in this study was qualitative in nature with a phenomenological focus. According to Patton (2002), “phenomenological analysis seeks to grasp and elucidate the meaning, structure, and essence of the lived experience of a phenomenon for a person or group of people” (p. 482). A phenomenological perspective was appropriate for this study because I wanted to understand the lived experiences of preadolescent girls with practices such as mindful breathing, eating, and exercise in the context of eating disorder prevention. Individual interviews, journaling, and photo elicitation activities were utilized to gain an understanding of participants’ experiences. Journals were completed at the end of each session using prompts (Appendix A). The photo elicitation activity was completed during the fifth and final group session (Appendix B). Individual interviews were conducted at the conclusion of the program using a semi-structured interview guide (see Appendix C).

While individual interviews and journaling are common data collection procedures in qualitative research, I chose to incorporate photo elicitation to allow the girls to tell a story about their participation in this program, their understanding of their bodies, and their conceptualizations of mindfulness using images. Photo elicitation was used as a means to “prompt individual reflection and act as an important empowering tool, increase the involvement of participants, and enable them to be more entrenched in research” (Shea, Poudrier, Chad, & Atcheynum, 2011, p. 34). While participating in the photo elicitation group, participants were encouraged to discuss the process of participating in the program using images they believed reflected their experiences with topics covered during the program to create a dialogue about body image, weight, appearance, exercise, food, and mindful practice.

Data Collection

Upon IRB approval (see Appendix E), participants were recruited from an intact group of 6th grade girls at an elementary school campus in a mid-sized South Texas city. I entered the classroom during the girls' guidance period one week before the program began to explain the purpose of the program using a recruitment script. I provided each girl with copies of the assent and consent forms in English and Spanish per the school district's policy and a folder in which to return to documents, should they agree to participate. I reminded the girls that they would all participate in the program, but that data would only be utilized from those girls who provided both parental consent and individual assent. I assured them that the program would be completed during their regularly scheduled weekly guidance lesson and that the boys would be involved in a separate activity with another school counselor to ensure the girls felt safe and comfortable throughout our discussions. Limited demographic information was collected from each participant at the beginning of the first session (Appendix D). Eight girls returned both consent and assent forms and represented the following racial and ethnic groups: multiracial (six participants) and White (two participants), with six of eight participants identifying themselves as Hispanic or Latina. The mean age of participants was 11.5 years of age, with four participants indicating they were 11 years old and four indicating they were 12 years old.

The program I created was psychoeducational and experiential in nature and followed a graduated format wherein participants build on information covered in previous sessions. The program encompassed five 50-minute sessions. I began by educating participants about the influence of the media on society's perceptions of an ideal body shape and size for women. Sessions two and three were focused on teaching participants how to identify feelings, manage strong negative emotions using mindful breathing, and increase mind-body awareness by

engaging in healthy, noncompetitive exercises such as yoga and mindful walking. In session four, I taught participants about nutrition, healthy eating, and moderation and included mindful eating exercises to demonstrate how to savor and appreciate foods using their five senses. The fifth session was a photo elicitation group wherein the girls brought six to eight images that somehow reflected their experiences with different program components (e.g. societal expectations about weight and appearance, personal body image, healthy eating, mindful exercise). Throughout the photo elicitation group, the participants were asked to reflect upon the process of participating in the program using the images they selected, creating a dialogue about body image, weight, appearance, exercise, food, and mindful practice.

After each session, participants completed a journal about a specific prompt related to that session's content. A list of weekly journal prompts can be found in Appendix A. Prompts were also used to stimulate discussion about the images the girls brought for the photo elicitation group at the end of the program (Appendix B). Individual interviews were scheduled following the fifth group at a time agreeable to the girls' teacher. The interviews utilized a semi-structured interview guide (Appendix C) and both the individual interviews and the focus group were audio-taped.

Data Analysis

I reviewed information from each journal entry and coded for units of meaning after each session using Moustakas' (1994) method for reviewing and analyzing data. The same methodology was utilized after recording and transcribing the photovoice group and individual interviews. I created a data management plan to assist in tracking responses given by participants via journaling, individual interviews, and the photovoice group. To assist in researcher role management, I kept a reflective journal throughout this process. As I began

organizing the units of meaning and clustering them into overarching themes which seemed to reflect the participants' experiences throughout the program, I conversed with a peer reviewer who had experience with the treatment of eating disorders to help bracket my experiences and obtain an outsider's perspective.

Limitations of the Study

There are limitations associated with this study. This program was designed as a means for exploring the lived experiences of preteen girls as they learned about social expectations around weight, shape, and appearance and practiced developing healthier attitudes towards self, eating, and exercise. Boys were intentionally excluded from the program to provide girls the opportunity to freely discuss their ideas about their bodies without the pressure of a mixed gender environment potentially influencing their abilities to express themselves. A mixed group might have provided different results.

Other limitations relate to the participants and the manner in which the study was designed. All eight participants came from an intact classroom of 6th grade girls, many who had attended elementary school together for several years. The group might have functioned much differently if the participants had been a randomly selected group of girls with no existing relationships or prior trust built between them. Additionally, the school the participants attended was much different than other educational systems in the area, as it was housed in the university and run by the local school system, significantly smaller than other public schools, and still contained 6th grade within elementary school. Results may have been much different with a group of students who attended a larger educational institution or a middle school.

Another limitation may be associated with the types of questions asked. Participants may not have talked about these aspects of the program organically, and it could be that different

kinds of questions would have yielded different outcomes. The extent to which the structure of the research influenced the types of data gathered is difficult to predict.

Definition of Terms

Eating attitudes refer to “a broad range of attitudes and behaviors concerning eating,” including dieting, restricting and purging, food preoccupation, and oral control (Smolak & Levine, 1994, p. 276).

Eating disorders are those diagnoses characterized by “persistent disturbances that result in the altered consumption or absorption of food that significantly impair physical health or psychosocial functioning” (APA, 2013, p. 329).

Body image is “a multidimensional construct that represents how individuals think, feel, and behave with regard to their own physical attributes” (Esnaola, Rodriguez, & Goni, 2010, p. 22).

Body investment refers to “a range of protective attitudes and feelings (e.g. personal investment) toward the body” (Osman, Gutierrez, Schweers, Fang, Holguin-Mills, & Cashin, 2010, p. 260).

Disordered eating “comprises a wide range of abnormal eating behaviors with different severity that involve a fear of fatness, unhealthy weight control behaviors, and preoccupation thinking about food” (Khodabakhsh, Borjali, Sohrabi, & Farrokhi, 2015, p. 24).

Mindfulness is “a state of nonjudgmental attention to the immediate experience and an acceptance of moment-to-moment experience” (Katterman et. al, 2014, p. 197).

Mindfulness-based interventions are “intensive, skills-based programs aimed at reducing distress and improving well-being through the cultivation and practice of mindfulness” (Katterman et. al, 2014, p. 197).

Preadolescence is defined as a period of time “when children face the biological transformations of puberty, the educational transition from elementary to secondary school, and the psychological shifts that accompany the emergence of sexuality” (Eccles, 1999, p. 37).

CHAPTER II

Literature Review

The purpose of chapter two is to briefly present extant literature related to eating disorders, the development of disordered eating behaviors, and strategies for eating disorder treatment and prevention. Information about mindfulness and mindfulness-based counseling interventions is also included.

Eating Disorders

Feeding and eating disorders include anorexia nervosa (AN), bulimia nervosa (BN), binge eating disorder (BED), avoidant/restrictive food intake disorder (ARFID), and other specified feeding and eating disorders (OSFED). Individuals who experience eating psychopathology typically experience an overvaluation of weight and shape, essentially judging their self-worth by their ability to control eating, shape, and weight; these concerns lead to “persistent disturbances that result in the altered consumption or absorption of food that significantly impair physical health or psychosocial functioning” (American Psychiatric Association [APA], 2013, p. 329). While differences in diagnostic criteria exist, these disorders are typically characterized by body image disturbances, inappropriate restriction of food, and harmful compensatory behaviors (e.g., purging, laxative use, excessive exercise) to prevent weight gain and maintain a certain body shape and size (APA, 2013).

Anorexia nervosa involves persistent food restriction leading to a dangerously low body weight, an intense fear of gaining weight or becoming fat, overvaluation of weight and shape, body dysmorphia, and a lack of recognition of the impact their persistent nutritional deficits on their health and wellbeing (APA, 2013). Some individuals with AN restrict exclusively, while others engage in patterns of binge eating and purging via self-induced vomiting, excessive

exercise, or laxative abuse. Recurrent binge eating episodes wherein the individual experiences a loss of control over their eating, leading to an intake that is much larger than what most people would eat during a similar amount of time, are characteristic of bulimia nervosa (APA, 2013). To compensate for binge eating episodes, individuals with BN engage in compensatory behaviors to inhibit or limit weight gain, as intense anxiety about body, shape, and weight typically occurs following these episodes. Binge eating disorder involves recurrent binge eating episodes, distinct distress after eating, and the absence of compensatory behaviors such as purging which are typically associated with BN (APA, 2013; Harrison, Mond, Rieger, & Rodgers, 2015). Avoidant/restrictive food intake disorder is much different than AN, BN, and BED, as those with ARFID do not experience disturbances in the way they experience their body, weight, or shape (APA, 2013). This disorder involves an apparent lack of interest in eating, concern about aversive consequences associated with eating, and a persistent failure to meet nutritional needs, leading to significant weight loss, nutritional deficiencies, a dependence on enteral feeding or nutritional supplements, and marked difficulties in life functioning (APA, 2013).

Development of Disordered Eating Behaviors

Eating disorders have a multifactorial etiology, involving an interaction between biological, psychological, developmental, and sociocultural factors. The diathesis-stress model indicates that susceptibility to developing aberrant weight loss and overeating behaviors involves a similar genetic risk, but that the “environmental risk factors that trigger this genetic susceptibility are different, thus resulting in different features of eating being expressed” (Wade, Treloar, Heath, & Martin, 2009, p. 493). Neurobiological differences in serotonin tone and transmission and brain structures such as the prefrontal cortex, basal ganglia, amygdala, parietal

cortex, and insular cortex may also contribute to aberrant eating behaviors, as these systems are involved in regulating appetite, mood, motivation, reward sensitivity, and self-perception (von Hausswolff-Juhlin, Brooks, & Larsson, 2015).

Psychological factors which contribute to disordered eating relate to disturbances in body image and personality factors. Body satisfaction is an integral part of self-esteem, and the degree to which individuals experience dissatisfaction with their bodies can influence the development of an eating disorder or intensify extant disordered eating behaviors (Rikani, Choudhry, Choudhry, Ikram, Asghar, Kajal, Waheed, & Mobassarah, 2013). Personality traits such as “impulsivity, stress reactivity, novelty seeking, perfectionism, and harm avoidance” are common in individuals with eating disorders, and often intensify and beget anxiety, social withdrawal, and irritability when individuals restrict food intake over an extended time period (Rikani et al., 2013, p. 157). Individuals who engage in frequent self-criticism and demonstrate lower levels of self-compassion are at increased risk for the development of disordered eating, as these traits may induce a drive for thinness and subsequently lead to disordered eating behaviors (Pinto-Gouveia, Ferreira, & Duarte, 2014). This drive for thinness has been used as a strategy for maintaining social rank and gaining acceptance and approval from others (Pinto-Gouveia, Ferreira, & Duarte, 2014).

Exposure to physical, emotional, or sexual abuse in childhood can impair normal psychological development and increase certain dimensions of eating disturbance in individuals with BN, BED, and AN, particularly with symptoms related to impulsivity, dysregulation, and compulsivity (Steiger, Richardson, Schmitz, Israel, Bruce, & Gauvin, 2010). Finally, sociocultural factors such as exposure to and thin ideal internalization associated with Western culture have been implicated in the development of eating disorders. This societal overvaluation

of weight, appearance, and shape often induces body dissatisfaction and feelings of shame and anxiety when individuals compare themselves with people who supposedly represent or uphold this ideal (Stice, Yokum, & Waters, 2015).

Eating Disorder Treatment

A number of therapeutic practices have been evaluated related to how best to treat individuals with eating disorders. Individual, group, and family-based therapies such as enhanced cognitive behavior therapy, eating-disorder specific models of interpersonal psychotherapy, Maudsley family therapy, cognitive remediation and emotional skills training, and dialectical behavior therapy have been employed to treat individuals with AN, BN, and BED (Lock, 2015). A brief review of each of these practices follows.

Enhanced cognitive behavior therapy. Enhanced cognitive behavior therapy (CBT-E) is a modified version of cognitive behavior therapy (CBT) created by Fairburn (2008) to help individuals with any form of eating disorder psychopathology modify unhelpful cognitive patterns related to eating, shape, and weight while transforming destructive eating habits and weight control behaviors. Treatment may be delivered using a focused form (CBT-Ef), which deals exclusively with disordered eating pathology, or a broad form (CBT-Eb), which addresses other sociocultural and systemic factors that serve to maintain the eating disorder (Fursland, Byrne, Watson, La Puma, Allen, & Byrne, 2012).

Enhanced cognitive behavior therapy practitioners conceptualize disordered eating behaviors as being maintained by four mechanisms: “perfectionism, core low self-esteem, mood intolerance, and interpersonal difficulties” (Fursland et al., 2012, p. 232). Clinicians begin treatment by setting the stage and emphasizing the importance of commitment and active participation on the client’s behalf. Next, the clinician conducts a thorough assessment of the

client's eating behaviors, weight history, and medical risk before providing psychoeducation on the cycle of restricting, binge eating, and purging (Fursland et al., 2012). Together, clinician and client discuss negative behavioral patterns that maintain disordered eating behaviors and implement modifications to help the client eat regularly, improve self-monitoring skills, and reduce binge eating and compensatory behaviors. After behavioral changes have occurred, the clinician assists the client in addressing cognitive disturbances related to the overvaluation of weight and shape which serve to maintain disordered eating pathology. Clients learn strategies for challenging unhelpful, negativistic thoughts about themselves, their bodies, and their weight and are encouraged to recognize factors other than appearance by which to conceptualize their self-worth (Fursland et al., 2012).

Individuals who receive CBT-E demonstrate significant improvement, with many recipients (65.5%) maintaining remission a year after the conclusion of therapy as compared with interpersonal psychotherapy (IPT; 33.3%; Fairburn, Bailey-Straebler, Basden, Doll, Jones, Murphy, O'Connor, & Cooper, 2015). When administered sequentially with motivation-focused treatment (MFT) to help clients consider risks and benefits associated with change, potential barriers to change and the completion of treatment, and formulate short- and long-term goals related to their eating disorder, significant increases in readiness to participate in CBT-E are observed (Allen, Fursland, Raykos, Steele, Watson, & Byrne, 2012).

Eating disorder-specific interpersonal psychotherapy. Interpersonal therapy (IPT) was created by Gerald Klerman and Myrna Weissman to treat individuals with major depression in the 1970s and has been adapted to treat a variety of mental illnesses, including eating disorders (Rieger, Van Buren, Bishop, Tanofsky-Kraff, Welch, & Wilfley, 2010). Attachment theory is at the core of IPT, and practitioners conceptualize psychological problems (e.g., poor self-worth,

lack of intimacy, and disconnectedness) as developing when individual needs for secure attachment are not met due to poor interpersonal functioning as a result of “grief, role transitions, role disputes, and interpersonal deficits” (Rieger et al., 2010, p. 400). In eating disorder-specific IPT (IPT-ED), “negative social evaluation, defined as actual or perceived negative feedback regarding one’s value to another individual or group” occurs, leading to low self-esteem, negative emotionality, and the initial development of disordered eating behaviors (Rieger et al., 2010, p. 401). While these behaviors begin as strategies for attempting to improve self-worth and self-esteem, they ultimately lead to social isolation and an increase in interpersonal problems, thus maintaining pathological behaviors and further depriving the person of healthy social interactions. Eventually, the eating disorder supplants the individual’s social system and becomes the only viable source for self-esteem and the only sustainable method for coping with distressing life situations (Rieger et al., 2014).

Clinicians use IPT-ED in the treatment of disordered eating behaviors to help clients develop healthy relationships with others in an effort to interrupt the negative cycle of social isolation, provide alternative avenues for attaining positive esteem and affect, and lead to a change in self-evaluation which in turn reduces eating disorder symptoms (Murphy, Straepler, Basden, Cooper, & Fairburn, 2012). This treatment modality typically involves between 16 and 20 50-minute sessions over the course of four to five months and has three phases: engagement and identification of interpersonal problems, exploration of feelings in relationship to interpersonal difficulties, and a termination phase which involves a goal review and relapse prevention planning (Murphy et al., 2012). The clinician remains relatively nondirective throughout the therapeutic relationship and disordered eating behaviors are not an overt focus of treatment. To date, there are no studies on the effectiveness of IPT-ED for treating eating

disorders, although general IPT appears to demonstrate modest initial improvements in eating disorder behaviors (Murphy et al., 2012; Fairburn et al., 2015).

Maudsley model of family therapy for children and adolescents with anorexia nervosa. Dare and colleagues developed the Maudsley model of family therapy for children and adolescents at the Maudsley hospital in London in the 1980s (Rhodes, 2003). Practitioners conceptualize adolescent anorexia as an externalized problem by helping families view the eating disorder as an oppressor rather than the fault of the child or the result of poor parenting, thus alleviating negative phases of parental guilt and resultant criticism towards the individual with anorexia (Rhodes, 2003). The model has three clear phases of intervention. Treatment begins with refeeding the client and normalizing the eating process by engaging the family in picnics while in session, helping the individual with anorexia become weight restored or maintain newly restored weight. The entire family is engaged in this process, with the adolescent's parents taking responsibility for refeeding and the adolescent's siblings providing emotional support to the client and helping the parents monitor the client's attempts to challenge the refeeding process (Rhodes, 2003). The individual with anorexia is encouraged to resist this process to maintain a sense of personal autonomy and also give his or her parents practice at identifying "tricks" the anorexia may play to maintain the illness.

As treatment progresses, parents gradually return responsibility for eating to the adolescent and the therapist helps the family process emotional reactions to the anorexia, restructuring beliefs that the family, parents, or child is at fault for the eating disorder (Rhodes, 2003). After the adolescent becomes weight restored—defined as reaching 90-100% of ideal weight for his or her height—the focus of treatment becomes a wide variety of adolescent issues,

as the eating disorder has likely prevented the individual from achieving normal developmental milestones related to separation, peer relationships, and sexuality (Rhodes, 2003).

Bean, Louks, Kay, Cornella-Carlson, and Weltzin (2010) discovered that teenage boys and girls who received Maudsley family therapy made significant improvements in relationship to eating disorder symptoms, depression, weight, and body mass index, even when patients had comorbid obsessive compulsive disorder, which can significantly complicate eating disorder treatment. The Maudsley approach has been supplemented with group dialectical behavioral therapy (DBT) skills training to help clients develop emotion regulation and distress tolerance skills to help ease them through the refeeding process. Johnston, O’Gara, Koman, Baker, and Anderson (2015) found that adolescents who received Maudsley therapy and concurrent DBT skills training gained significantly more weight and experienced more reductions in eating disorder psychopathology than those who participated in Maudsley therapy exclusively, with improvements continuing a year after treatment.

Cognitive remediation and emotional skills training. Cognitive remediation and emotional skills training (CREST) was developed to help individuals with anorexia nervosa (AN) correct emotional processing difficulties and issues in executive functioning (Money, Davies, & Tchanturia, 2011). Individuals with AN tend to experience marked difficulties in identifying emotional states, which involves “labeling and describing emotions, recognizing emotions in self and others, and . . . recognizing internal visceral and affective states,” leading to a tendency to ignore individual needs and limit the expression and recognition of negative emotions (Money, Davies, & Tchanturia, 2011, p. 111). The CREST program involves 10 sessions of individual treatment which target the client’s cognitive style and ability to recognize and manage strong emotions. The program approaches these issues from a general standpoint

rather than conceptualizing them specifically in terms of eating, shape, and weight. Sessions include interventions such as optical illusion tasks; psychoeducation about how emotional states impact physiology; emotion word lists; psychoeducation about how individuals switch between feeling states; and the biological and psychological purposes of negative feeling states (Money, Davies, & Tchanturia, 2011).

Individuals with anorexia nervosa who participate in the CREST program reliably improve their ability to identify emotions, use more adaptive strategies for emotion regulation, increase body mass index (BMI) to healthy levels, and reduce disordered eating symptomatology (Money, Davies & Tchanturia, 2011). Tchanturia, Doris, Mountford, and Fleming (2015) discovered that the individual format of CREST helped adult women with anorexia nervosa decrease social adhedonia, improve their ability to recognize and express emotional states, and increase confidence in their ability to modify disordered eating behaviors and ultimately recover from AN. When used in a group format, the CREST program demonstrated efficacy in helping individuals with anorexia nervosa regulate “cold” and “hot” cognitions, which relate to “logical and rational thinking” versus “thinking based on feelings, intuition, emotional response, and motivation” (Tchanturia, Doris, & Fleming, 2014, p. 200). This evidence may provide support for CREST prior to more intensive therapies such as CBT-E and IPT-ED (Tchanturia, Doris, Mountford, & Fleming, 2015).

Dialectical behavior therapy. Dialectical behavior therapy (DBT) was created by Marsha Linehan to work with chronically suicidal women and has been adapted to address a number of psychological difficulties, including eating disorders (Linehan Institute, n. d.). A full description of DBT may be found in the mindfulness-based treatment modalities section later in this chapter. When treating eating disorders, DBT practitioners conceptualize disordered eating

behaviors as unsuccessful attempts at emotion regulation either by refusing or eating food. Treatment involves helping clients develop strategies for regulating their emotions; tolerating distress which leads to cycles of restriction, binge eating, and purging; using core mindfulness skills to develop a healthier relationship with food and exercise; and using daily self-monitoring exercises and behavioral chain analysis to gain insight into disordered eating behaviors (Bankoff, Karpel, Forbes, & Pantalone, 2012). Many practitioners have begun integrating DBT skills training within other treatment modalities, such as family-based treatment for bulimia nervosa and Maudsley therapy for anorexia nervosa in adolescent girls (Johnston, O’Gara, Koman, Baker, & Anderson, 2015; Anderson, Murray, Ramirez, Rockwell, Le Grange, & Kaye, 2015). In a meta-analytic review of the effectiveness of DBT for treating eating disorders (EDs), Lenz, Taylor, Fleming, and Serman (2014) discovered large effect sizes associated with decreasing disordered eating episodes among women with a variety of EDs, with medium effect sizes noted for reducing depressive symptoms.

Mindfulness-based eating disorder interventions. Mindfulness-based interventions are used regularly in ED treatment. A review of specific mindfulness-based treatment modalities can be found later in this chapter. There is a strong rationale for incorporating mindfulness in ED treatment, as individuals with higher levels of trait or dispositional mindfulness tend to demonstrate significantly fewer disordered eating behaviors than those with lower levels (Lavander, Jardin, & Anderson, 2009). Wanden-Berghe, Sanz-Valero, and Wanden-Berghe (2011) examined the efficacy of mindfulness-based interventions such as dialectical behavior therapy (DBT), cognitive-behavioral mindfulness interventions (CBMI), mindfulness-based cognitive therapy (MBCT), mindfulness-based interventions (MBI), and acceptance and commitment therapy (ACT) for the treatment of eating disorders. These researchers

systematically found reductions in binge eating episodes, decreased eating concerns, improved attitudes towards eating, and improvements in emotion regulation. Kristeller and Wolever (2011) found that Mindfulness-Based Eating Awareness Training (MB-EAT) helped women with binge eating disorder (BED) successfully control their reactions to intense emotions; make mindful decisions about eating; become aware of personal hunger and satiety cues; and foster an attitude of self-acceptance that led to a reduction in binge eating and improvements in self-control.

Eating Disorder Prevention

Eating disorder prevention involves systematic efforts to “change the circumstances that promote, initiate, sustain, or intensify problems” caused by physical, emotional, and social issues associated with disordered eating behaviors (NEDA, n. d.). Eating disorder prevention efforts are geared towards helping individuals reduce risk factors for developing clinically significant eating disorder symptoms (e.g., body dissatisfaction, overvaluation of weight and shape, depression) and improve protective factors such as body acceptance and skill in intuitive eating (NEDA, n. d.). Prevention efforts may be universal, selective, or indicated/targeted, utilizing different methods based on the intended goals and audience. Program types vary between cognitive dissonance approaches and mindfulness-based programs, and meta-analytic reviews indicate 51% of eating disorder prevention programs reduce eating disorder risk factors, with 29% of programs reducing current or future eating pathology (Stice, Shaw, & Marti, 2007). Programs which are selective, interactive, gender-segregated, contain multiple sessions, and delivered to older participants by professionals demonstrate larger effect sizes than those which are more universal, didactic, involve only one session, include both sexes, and delivered to younger participants by endogenous providers (Stice, Shaw, & Marti, 2007).

Dissonance-based programs. Cognitive dissonance approaches to ED prevention encourage participants to “question the media and cultural messages by asking them to speak out against the thin ideal or other eating disorder risk factors through verbal, written, and behavioral exercises” (NEDA, n. d., para. 11). Prevention programs which focus on media literacy (i.e., developing the ability to attend to societal and individual messages about weight, beauty, exercise, and nutrition) have helped young men and women increase acceptance of self and others (Gonzalez, Penelo, Gutierrez, & Raich, 2011). A brief description of selected dissonance-based prevention programs follows.

The Body Project. Stice, Shaw, Burton, and Wade (2006) developed two eating disorder prevention programs, *The Body Project* and *Healthy Weight*, to determine the efficacy of dissonance-based programs versus healthy weight management programs for reducing eating disorder risk factors. *The Body Project* involves the use of dissonance-based interventions administered over the course of three sessions by an expert program facilitator and uses minimal didactic presentation, and encourages participants to actively engage with session material and other participants. The first session begins by engaging participants in a discussion about the thin ideal and associated messages about ideal weight, shape, and appearance given by the media, friends, family, peers, and corporations. In sessions two and three, the program facilitator encourages participants to actively argue against the thin ideal, anticipate future challenges wherein they might experience this pressure, and generate strategies for responding to these situations as a form of relapse prevention. Homework is used throughout the program and participants are asked to write counter-attitudinal essays about the cost of pursuing the thin ideal, participate in self-affirmation exercises, identify strategies for resisting the thin ideal, and provide recommendations for helping younger girls accept their bodies (Stice et al., 2006).

A specific version of *The Body Project* has been adapted for middle school girls. *The MS Body Project* includes adapted activities and vocabulary level to attend to the developmental stage and cognitive abilities of younger participants (Rohde, Auslander, Shaw, Raineri, Gau, & Stice, 2014). *The Body Project 4 All* is an additional adaptation for use with older, mixed gender populations; interestingly, the program demonstrated efficacy in helping college-aged men improve body satisfaction, but when delivered co-educationally to college-aged women, appeared to lose the therapeutic effects demonstrated for women in previous trials (Smith Kilpela, Blomquist, Verzijl, Wilfred, Beyl, & Black Becker, 2016).

Healthy Weight. *Healthy Weight* is also composed of three sessions and is primarily psychoeducational in nature (Stice et al., 2006). In session one, participants are presented with the idea that concerns with body image arise due to poor weight control skills and, that by learning strategies for balancing nutrition and exercise, they can improve their body satisfaction (Stice et al., 2006). Participants learn about and contrast the thin ideal with the healthy ideal. After this distinction is made, the facilitator uses motivational interviewing techniques to help participants identify benefits associated with adopting a healthy lifestyle. In sessions two and three, the program facilitator teaches participants about the benefits of healthy weight maintenance and engaging in regular exercise, and the group engages in problem-solving discussions to overcome challenges to maintaining healthy eating and exercise habits. Homework involves the creation of an individualized lifestyle modification plan, keeping an eating and exercise diary, identifying personal motivations for engaging in health-promoting practices, and regularly checking in with program facilitators regarding their progress. While both *Healthy Weight* and *The Body Project* lead to significant “reductions in eating disorder risk factors, bulimic symptoms, and health service utilization,” individuals who participated in *The*

Body Project experienced significantly greater reductions in eating disorder risk factors, theoretically due to the process of actively critiquing the thin ideal (Stice et al., 2006, p. 207).

Girl Talk. McVey, Lieberman, Voorberg, Wardrobe, and Blackbore (2003) created a 10-session support group for 7th and 8th grade girls entitled *Girl Talk* to increase girls' media literacy related to the thin ideal and promote the development of healthy life skills such as "body enhancement strategies, stress management techniques, and interpersonal relationship skills" (p. 169). Facilitators using the *Girl Talk* program progressively engage participants in discussions about media literacy and the negative outcomes associated with internalizing the thin ideal, strategies for promoting positive body image and self-esteem, set-point theory, healthy eating and ways to adopt an active lifestyle, stress management techniques, and strategies for promoting healthy relationships with peers (McVey et al., 2003). Girls who participated in the program experienced improvements in body esteem and global self-esteem, an increase in health promoting behaviors, and a reduction of dieting behaviors at follow up.

Student Bodies. *Student Bodies*, created by Taylor and colleagues (2006), is an Internet-based psychosocial intervention for college-aged women at risk for developing eating disorders. The *Student Bodies* program consists of an eight-week online cognitive-behavioral program supplemented with an online discussion group. The program is primarily psychoeducational in nature and participants are instructed to complete reading assignments, participate in online discussion, engage in self-monitoring, and complete guided writing exercises in a body image journal. When evaluating treatment effects, the researchers found that some participants experienced sustained reductions in concerns about their weight and shape as well as disordered eating behaviors such as purging, excessive exercise, diuretic use, and laxative use for up to two

years after the program had ended. However, many participants went on to develop clinical or subclinical disordered eating behaviors (Taylor et al., 2006).

Planet Health. Gortmaker, Peterson, Wiecha, Sobol, Dixit, Fox, and Laird (1999) created *Planet Health* to reduce the instances of obesity among boys and girls in middle school. Founded in social-cognitive and behavioral-choice theory, the program is designed to help youth increase energy expenditure and engage in healthy nutritional practices by making four key behavioral changes: reducing television watching, increasing moderate and vigorous exercise, avoiding high-fat and nutritionally poor foods, and increasing the amount of fruits and vegetables eaten. The program is administered by trained school staff over the course of the schoolyear. *Planet Health* contains 16 modules which are incorporated into regular classroom lessons and delivered either by the classroom teacher or a physical education teacher. Trials of *Planet Health* have resulted in reduced obesity in girls, reduced time watching television in boys and girls, and increased fruit and vegetable consumption in girls. The program had limited impact on rates of exercise and patterns of eating among boys (Gortmaker et al., 1999). Subsequent trials of *Planet Health* have examined the impact of the intervention specifically on disordered eating behaviors (e.g., self-induced vomiting, laxative use, and diet pill use) to control weight among early adolescent girls. Girls who attended schools which implemented *Planet Health* were “less than half as likely to report purging or using diet pills at follow-up compared with girls in control schools (odds ratio, 0.41%, confidence interval, 0.22-0.75)” (Austin, Field, Wiecha, Peterson, & Gortmaker, 2005, p. 225).

Mindfulness-based programs. Mindfulness-based interventions are intended to help individuals improve their ability to abstain from negative, automatic responses when encountering potentially triggering stimuli related to the thin ideal and associated socio-cultural

pressures. These interventions are also intended to help individuals reduce the intensity of emotional reactions when triggering stimuli are present (Atkinson & Wade, 2015). To date, one published school-based mindfulness prevention program exists. Created by Atkinson and Wade (2015), the intervention consists of three lessons which progress from introducing mindfulness concepts; discussing barriers to mindfulness; discussing new ways of relating to life experiences; brainstorming compassionate self-accepting statements; and fostering self-compassion by releasing negative images, thoughts, and feelings about oneself. Over the course of the program, participants practice mindfulness by using Kabat-Zinn's (2007) raisin exercise, engaging in decentering thought exercises, sitting mindfully with magazine images, role-playing mindful attitudes in group, and practicing nonjudgmental and accepting attitudes towards their bodies. When conducted with high school girls, participants experienced significant reductions in concerns about weight and shape, caloric restriction, thin-ideal internalization, disordered eating behaviors, and psychosocial impairment. No differences were found between participants who received the mindfulness-based intervention and *The Body Project*, a traditional dissonance-based program (Atkinson & Wade, 2015).

Mindfulness in Counseling

Mindfulness has become a ubiquitous term in modern society. Whether in the context of medicine, holistic health and wellness, psychology, counseling, business, or politics, the term is difficult to avoid and, in some respects, harder to define. Historically, the practice of mindfulness originated within Eastern traditions, specifically Buddhist scriptures. While Buddhism encompasses many traditions with unique philosophical tenets, the general practice centers on an awareness of Four Noble Truths: there is suffering, or *dukkha*, in life; suffering arises from *tanha*, or thirst, craving, attachment, and desire; suffering ceases with *nirodha*, or

non-attachment; and an end to suffering can be achieved by following the Eightfold Path (Maex, 2011). The elements of the Eightfold Path are summarized into three groups: understanding, virtue, and meditation (Maex, 2011). The element of meditation centers on “*samatha*, or stopping and calming” while engaging in “*vipasyana*, or looking and seeing clearly” (Maex, 2011, pg. 169). Mindfulness is a meditative practice for accessing truth, referred to as *dharma*. *Dharma* is “a coherent phenomenological description of the nature of the mind, emotion, and suffering and its potential release,” which may be realized by “systematically training and cultivating various aspects of mind and heart via the faculty of mindful attention” (Kabat-Zinn, 2003, p. 145).

Definitions of Mindfulness

Many factors influenced the development of a conceptual framework and definition of mindfulness practice. Albrecht (2014) contended that “each thinker, writer, or researcher’s understanding and foundation for defining the construct is reflected in the dynamic interplay of a multitude of interacting factors, such as his or her unique worldview; subscription to a religious or philosophical tradition; academic discipline; meditation experience; and prejudices or biases” (p. 22).

While Buddhist scholars describe the practice of mindfulness and its role within the Eightfold Path, some researchers have expressed concern about the ability to operationally define the practice for secular, scientific use. In an effort to clarify the meaning of mindfulness in an ethically-neutral, secular sense, Kabat-Zinn (2003) described the practice as “the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment” (p. 145). Dreyfus (2011) argued that this definition, sometimes referred to as bare attention, limits understanding and does not retain the

rich, classical scholastic Buddhist tradition underlying the practice. Dreyfus (2011) instead described “the function of mindfulness as . . . not just to keep in touch with whatever is present in the ken of attention but also includes the not drifting away from wholesome and unwholesome mental states” (p. 7). Essentially, Dreyfus (2011) argued that to simply describe mindfulness as nonjudgmental awareness to the present moment divorced the term from the Buddhist practice of “[strengthening] cognitive control by...[increasing] the ability to retain information and thus see their true significance rather than being carried away by their reactions” (p. 9).

Clearly, the understanding of mindfulness as a construct has changed over time and, in the present, researchers and practitioners—both secular and Buddhist—may adopt whichever definition seems to fit with their unique purpose. Hanley, Abell, Osborn, Roehrig, and Canto (2016) cautioned that a lack of conceptual and operational agreement calls into question evidence touting the benefits of mindfulness as a strategy for mitigating a variety of emotional and physical concerns. Nonetheless, there have been a number of studies.

Evidence-Based Mindfulness Approaches

While there are some concerns about obtaining a unified definition of mindfulness, a body of evidence exists which points to the efficacy of mindfulness-based approaches. Researcher-practitioners such as Jon Kabat-Zinn, Steven Hayes, Kelly Wilson, Kirk Strosahl, and Marsha Linehan have worked to make mindfulness accessible by studying the effects of mindfulness and subsequently creating evidence-based strategies for incorporating these techniques to improve mental and physical health. In addition, mindfulness-based interventions have demonstrated efficacy with specific types of disorders.

Mindfulness-based stress reduction. Perhaps the most well-known scholar in the field of mindfulness meditation is Jon Kabat-Zinn, the creator of Mindfulness-Based Stress Reduction

(MBSR; Mindful Living Programs, n. d.). Founded in 1979, MBSR combines practices of mindfulness meditation and yoga in “an 8-week intensive training program. . .based on ancient healing practices” in order to cultivate “greater awareness of the unity of mind and body, as well as of the ways the unconscious thoughts, feelings, and behaviors can undermine emotional, physical, and spiritual health” (Mindful Living Programs, n. d.). Throughout the 8-week program, participants learn to use three techniques, including “body scan, where in a lying position participants are guided to place their attention non-judgmentally on each area of the body; breathing practice; and mindful slow walking with focused attention on body sensation and/or breathing” (Crowe, Jordan, Burrell, Jones, Gillon, & Harris, 2016, p. 22). The goal of using these mindfulness-based strategies is to help individuals “learn to recognize habitual, unhelpful reactions to difficulty and learn instead to bring an interested, accepting, and non-judgmental attitude to all experience, including difficult sensations, emotions, thoughts, and behavior” (University of Massachusetts Medical School, n. d.).

Mindfulness-based stress reduction was originally developed to help individuals with chronic pain mitigate distressing physical and emotional symptoms but has implications beyond pain management. With regard to physical health conditions, MBSR has been used to improve symptoms associated with primary insomnia, irritable bowel syndrome, asthma, tinnitus, fibromyalgia, and some somatization disorders (Crowe et al., 2016). Researchers have incorporated interventions such as yoga meditative therapy, loving-kindness meditation, mantra meditation, and transcendental meditation within MBSR to help combat veterans with posttraumatic stress disorder (PTSD) “become aware of tendencies toward habitual, dysfunctional, cognitive behaviors and help change emotional experiences” (Steinberg & Eisner, 2015, p. 11). Additional researchers suggest MBSR can be used with nonclinical populations to

effectively manage stress, depression, and anxiety as well as improve the overall quality of life in healthy individuals, though further research is needed to identify which specific components of MBSR are implicated in these improvements in functioning (Khoury, Sharma, Rush, & Fournier, 2015). A meta-analytic review of 29 quantitative studies assessing the effects of mindfulness on healthy, non-clinical populations revealed that MBSR had moderate to large effects on participants' stress, anxiety, depression, distress, quality of life, and even professional burnout (Khoury, Sharma, Rush, & Fournier, 2015).

Mindfulness-based cognitive therapy. Kabat-Zinn modified the basic structure of MBSR in order to develop mindfulness-based cognitive therapy (MBCT) as an approach for treating depression. As with MBSR, MBCT entails “an 8-week class with an all-day retreat; a class structure that includes psychoeducation, formal meditation and movement practices, and teacher-led discussion and inquiry; and daily home practices and exercises” (University of Massachusetts Medical School, n. d., para. 1). The primary difference between MBSR and MBCT is that MBCT practitioners focus specifically on helping individuals with depression recognize, turn towards, and learn to cope with negative thoughts and feelings as a strategy for building emotional resiliency, reducing psychic pain, and becoming more skillful in their ability to manage their lives (University of Massachusetts Medical School, n. d.). The first four sessions of MBCT are geared towards teaching foundational mindfulness skills through the use of techniques such as body scans, walking meditation, yoga, breathing exercises, and mindful eating practices. The second half of the program focuses explicitly on helping clients address depressive symptoms, including “responding effectively to difficult internal experiences, decreasing reactivity to thoughts previously associated with depression, cultivating an

understanding of one's own warning signs of depression, and developing a specific action plan to implement during high risk periods" (Metcalf & Dimidjian, 2014, p. 272).

Since its creation in 2000, MBCT has been used with a variety of mental illnesses beyond depressive disorders. For example, the evidence base for MBCT has extended to bipolar disorder, anxiety disorders (e.g. hypochondriasis, panic disorder, generalized anxiety disorder, social anxiety, and posttraumatic stress disorder), mixed anxiety and depressive symptoms, and additional mental health concerns such as eating disorders, personality disorders, and psychosis (Metcalf & Dimidjian, 2014). Using findings informed by neuroscience on the impact of mindfulness on the lateral prefrontal cortex (PFC) and the anterior cingulate cortex, Farb, Anderson, and Segal (2012) found that individuals with affective disorders such as chronic dysphoria were better able to moderate and change negative emotions by shifting their mental states away from rumination and focusing on moment-to-moment life experiences. Cairns and Murray (2013) completed a meta-synthesis of qualitative studies examining the processes of change experienced by participants engaged in MBCT and identified five major themes: "taking control through understanding, awareness, and acceptance; the impact of the group; taking skills into everyday life; feelings towards the self; and the role of expectations" (p. 342). An additional meta-synthesis completed by Wyatt, Harper, and Weatherhead (2014) identified eight analytical themes endorsed by participants in group mindfulness-based interventions: "prior experiences and expectations, normalizing and supportive process of the group, relating differently to thoughts and feelings, acceptance, a sense of control and choice, relationship with self and others, struggles, and awareness" (p. 214).

Acceptance and commitment therapy. Acceptance and commitment therapy (ACT) was developed by Steven Hayes and colleagues as a third-wave behavioral therapy and shares

many similarities with Buddhist tenets and other mindfulness-based treatment strategies. This approach consists of six core processes: nonjudgmental awareness of the present moment; contact with the self-as-context; acceptance rather than avoidance; defusion of thoughts; clarification of personal values; and commitment to developing behaviors consistent with one's value system (Fung, 2015). Whether in individual or group contexts, ACT begins with teaching participants to be mindful of the present moment, followed by reflecting on the paradox between attempts to escape suffering and accepting the present moment rather than trying to change the situation. Next, participants learn to create distance between themselves and life situations, words, thoughts, behaviors, and feelings (Fung, 2015). Practitioners using ACT also assist individuals in clarifying their personal values, changing old habits, facilitating positive relationships with others, and reacting with compassion (Fung, 2015). Many of the six core processes of ACT are analogous or similar to the Four Noble Truths and components of the Eightfold Path described in traditional Buddhist scripture, making the incorporation of nonjudgmental awareness, contact with the present, and underlying tenets of acceptance a logical foundation for the therapy.

When compared with other treatment modalities such as cognitive therapy, cognitive behavioral therapy, systematic desensitization, and treatment-as-usual, ACT was found effective in the treatment of depression, mixed anxiety and depression, obsessive compulsive disorder (OCD), social anxiety, social phobia, generalized anxiety disorder (GAD), trichotillomania, psychosis, borderline personality disorder (BPD), and drug use (Ruiz, 2010).

Dialectical behavior therapy. Dialectical behavior therapy (DBT) was developed by Marsha Linehan to work with chronically suicidal women diagnosed with (BPD), and, like ACT, belongs to a group of third wave behavioral therapies focused on teaching skills for healthier

living by recognizing dialectics in nature, particularly the synthesis of acceptance and change (Linehan Institute, n. d.). As a standardized treatment, DBT consists of individual therapy, group skills training, and as-needed phone consultation to help clients reduce self-destructive, dysfunctional behavior and adopt healthier ways of thinking, feeling, and behaving (Valentine, Bankoff, Poulin, Reidler, & Pantalone, 2015). Dialectical behavior therapy also includes four behavioral skill sets which include mindfulness, distress tolerance, interpersonal effectiveness, and emotion regulation skills which teach clients “the practice of being fully aware and present in this one moment, how to tolerate pain in difficult situations, how to ask for what [they] want and say no while maintaining self-respect and relationships with others, and how to change emotions that [they] want to change” (Linehan Institute, n. d.). Dialectical behavior therapy skills training has been applied as a stand-alone treatment for a number of issues across a variety of clinical settings (Valentine et al., 2015).

Dialectical behavior therapy has demonstrated efficacy in treating a wide range of clinical issues. Standardized DBT treatment has been used to successfully treat individuals with BPD, eating disorders, depression, and other cluster B personality disorder such as narcissistic personality disorder, histrionic personality disorder, and antisocial personality disorder (Linehan & Wilks, 2015). DBT skills training as a stand-alone treatment has shown efficacy in reducing symptoms associated with major depressive disorder (MDD), attention deficit hyperactivity disorder (ADHD), and binge eating disorder (BED) as well as improving behavioral control, emotional processing and regulation, psychosocial functioning, and effective coping in a number of non-clinical populations (Valentine et al., 2015).

Mindfulness-based relapse prevention program. Black (2014) related the use of mindfulness-based interventions for treating substance use and misuse (SUM) by linking the

practice with the ability to tolerate the difficult and distressing thoughts and emotions associated with physiological cravings for drugs and alcohol. Given the logical connection between mindfulness and relapse prevention, Witkiewitz, Bowen, Harrop, Douglas, Enkema, and Sedgwick (2014) modified MBSR and MBCT to create a mindfulness-based relapse prevention (MBPR) program “designed to raise awareness and increase intentional responding by shifting out of ‘autopilot’ and bringing attention to physical, emotional, and cognitive experiences, both in triggering situations and in typical daily routine activities” (p. 515). This program follows an 8-week group format which incorporates cognitive and behavioral mindfulness activities focused on developing skills which can transfer to so-called high-risk situations (i.e., times in which the chance of relapse is high; Witkiewitz et al., 2014).

CHAPTER III

Research Design and Methodology

The purpose of this study was to explore how preteen girls perceived their bodies, food, and exercise over the course of a 5-week mindfulness-based ED prevention program. This program was created after reviewing literature on existing community and school-based prevention programs, studies on mindfulness and yoga as interventions for individuals with eating disorders, and information on risk and protective factors that may affect the likelihood of developing an eating disorder later in life. This chapter delineates the study design and methodology.

Research Questions

This study addressed three qualitative research questions.

1. How do preadolescent girls perceive their bodies, food, and exercise while engaging in a mindfulness-based eating disorder prevention program?
2. How do girls describe the process of participating in mindfulness-based activities?
3. What changes, if any, do girls experience in their relationships with their bodies, food, and exercise after participating in the program?

Rationale for Qualitative Methodology

According to Patton (2015), “phenomenological analysis seeks to grasp and elucidate the meaning, structure, and essence of the lived experience of a phenomenon for a person or group of people” (p. 482). A phenomenological perspective was appropriate for this study because I sought to explore how preteen girls perceived their bodies, food, and exercise over the course of a 5-week mindfulness-based ED prevention program. The research strategy employed for this study was phenomenology from Clark Moustakas’ (1994) perspective.

Moustakas (1994) described phenomenology as “the *first* method of knowledge because it begins with ‘things themselves,’” and “attempts to eliminate everything that represents a prejudgment, setting aside presuppositions, and reaching a transcendental state of freshness and openness, a readiness of seeing in an unfettered way, not threatened by the customs, beliefs, and prejudices of normal science” (p. 41). Essentially, phenomenological methods allow researchers to explore using open, fresh, and naïve perspectives which allow meaning to arise from thick, textural descriptions of phenomena, comprised of participants’ “thoughts, feelings, examples, ideas, and situations that comprise an experience” (p. 47). In human science research, phenomenological methods are “rooted in questions that give a direction and focus to meaning, and in themes that sustain an inquiry, awaken further interest and concern, and account for our passionate involvement with whatever is being experienced” (Moustakas, 1994, p. 59).

I believe Moustakas’ (1994) conceptualization of phenomenology was an especially appropriate methodology for investigating the lived experiences of preadolescent girls related to weight, shape, self-esteem, and mindful practice because the approach itself demands the researcher engage mindfully and nonjudgmentally with the data. For this reason, I used Moustakas’ approach to ground my thinking about the study and to analyze the data. However, I did not use other aspects of his methodology, namely creating exemplars or completing a creative synthesis. These aspects of Moustakas’ methodology did not apply to the present study, as I was not living the same experience as the participants, nor was I re-examining my own experience with disordered eating behaviors or prevention programs.

Moustakas’ Phenomenology

Phenomenology is “concerned with wholeness, with examining entities from many sides, angles, and perspectives until a unified vision of the essences of a phenomenon or experience is

achieved” (Moustakas, 1994, p. 59). To achieve these means, phenomenological study involves three core processes of knowing: epoché, transcendental-phenomenological reduction, and imaginative variation. Epoché, simply defined, is “a way of looking and being, an unfettered stance” (p. 85). While epoché is directed towards setting aside one’s concerns, predispositions, prejudices, and beliefs to review and understand data, its purpose and processes are surprisingly similar to the practice of mindfulness. Moustakas (1994) described the practice of epoché as finding “a quiet place in which I can review my current thoughts and feelings regarding this person, situation, or issue” by setting aside “biases and prejudgments” in order to see data “with new and receptive eyes” (p. 89). From this perspective, mindful practice is a strategy for accessing epoché and improving one’s ability to understand data from a simple, clear consciousness.

Phenomenological reduction is the next process of knowing. When researchers engage in phenomenological reduction, they are tasked with looking and describing, looking again and describing again, looking again and describing again, always with reference to textual qualities associated with the data they are gathering (Moustakas, 1994). By engaging and disengaging with and from the data, researchers honor the participants’ perceptions by holding each aspect of the data as of equal importance in a process known as horizontalization. As the researcher engages with aspects of the participants’ lived experiences, he or she “perceives, reflects on, imagines, and concentrates on. . . what stands out as meaningful” (Moustakas, 1994, p. 92).

As the researcher is continually engaged with data that stand out as meaningful, he or she is prepared to complete a textural description of the experience by clustering the horizontalized data into themes and organizing those themes into descriptions related to the topic of investigation. This process is known as imaginal variation and involves understanding and

recognizing possible structural meanings underneath textural meanings; becoming aware of underlying themes and contexts which explain the phenomenon; considering the sociopolitical and cultural context in which phenomenon arise; and exemplifying those aspects of experience which illustrate the development of larger themes derived from individual units of meaning within the data (Moustakas, 1994). These themes are then synthesized to reflect the meaning associated with each aspect of the participants' lived experiences, supported with thick, contextual descriptions derived from individual interview transcriptions, journal entries, or group discussion.

Role of the Researcher

Moustakas (1994) described the role of the phenomenological researcher in great detail, stating that the researcher's role is

growing quiet and listening; coming to an inward clearing; connecting with a dominant question, issue, or concern related to a specific person (including one's own self), or a situation or event; describing the experience; determining the qualities, invariant constituents, and core themes; considering possible meanings; and arriving at an understanding of the essences of the experience. (p. 63)

In my own role as a researcher, I continually engaged in the process of bracketing my experiences by engaging in what Moustakas calls epoché to separate my biases, preconceived notions, and personal history and experiences in order to fully see the phenomenon as it was rather than as it initially appeared through my lens (Moustakas, 1994). Essentially, I continually asked myself: "Is this meaning coming from me or from the lived experiences of the participants?" For me, this process was especially important, as I served as the program facilitator, interviewer, and analyst. This process necessitated actively engaging in mindful

practice to foster an ability to intentionally check my interpretation of events for bias. Beyond regular mindful practice, keeping a research journal enabled me to become aware of how my perceptions could have influenced or unduly colored the process of data collection and analysis. Additionally, keeping a journal enabled me to manage my role as the program facilitator, as I had reactions to the processes which occurred during group sessions related to group participation, discussion, and the intra- and interpersonal processes I observed occurring for group members. I journaled after every group session and each individual interview and recorded my thoughts, feelings, hunches, ideas, and reactions to what the participants shared. I was especially mindful to write detailed entries as I reviewed transcripts and journal entries and began coding for units of meaning for organization into overarching themes. I continued to journal as I wrote and edited information to reflect on my experiences, documenting reactions and internal responses that occurred throughout the process.

I also involved a peer reviewer to enhance the credibility and validity of results. The peer reviewer did not have access to any of the data, but instead helped me maintain objectivity by offering feedback, challenging my perspectives, and helping me consider alternative ways of viewing units of meaning and themes identified from the data. The peer reviewer holds a PhD in Counselor Education and had experience conducting qualitative research. She also had extensive clinical experience, including with individuals with eating disorders, making her a valuable resource in managing my role as the researcher.

Lens of the Researcher

Personal Experience

I have experienced disordered eating behaviors at different points in my life, namely during sensitive, transformative periods such as preadolescence. While I no longer struggle with

these concerns, I am familiar with the types of thoughts and behaviors that young girls can experience related to these issues. I have also experienced the positive impact that treatment geared towards helping young girls think, act, and feel differently about their bodies, food, and exercise, which can be transformative and healing. Mindfulness during formal sitting meditation and activities such as yoga, running, cooking, and eating has had an incredibly positive and lasting impact on my emotional, physical, and spiritual relationship with my body. My personal experiences have ignited a passion for treating and preventing eating disorders, and I feel called to use my knowledge and experience to help individuals who are vulnerable to developing disordered eating behaviors. My personal experience was both a strength and something I had to keep bracketed throughout the study.

Professional Experience

The majority of my clinical work has been with children, adolescents, and families. In my work, I have been exposed to the gamut of mental health disorders that can affect children. As a clinician working with girls throughout childhood and adolescence, I am especially aware of the impact that concerns with body image and self-esteem can have on social and emotional adjustment. Even when girls do not experience clinically significant issues with eating, I have observed how a young person's beliefs about their physicality can exacerbate so many other concerns. For some girls who experience depression or anxiety, many of their negative thoughts and feelings are related to beliefs that they are somehow less than their peers or the role models they see in popular culture. For example, some girls experience negative thoughts such as "If I can't look like her, I will never be able to make friends," or, "Because I'm overweight, I can't be happy." In my experience, these thoughts sometimes lead to social isolation, self-harm, and more intensive disordered eating behaviors such as purging, excessive exercise, extreme caloric

restriction, or body checking. In other instances, appearance sometimes become the topic of a family discussion or conflict, particularly when issues with weight, food, and exercise are intergenerational.

Both within and outside the context of disordered eating, I have used mindfulness as a strategy for helping young people develop a kinder way of responding to themselves and others. I have seen how learning to be mindful can help children and adolescents develop mind-body awareness, regulate their emotions, and develop skill in controlling their impulses. I believe helping young girls and women have healthier, more accepting, and mindful attitudes about their bodies, food, and exercise may help mitigate concerns they experience in other areas of their lives.

Study Participants and Setting

This study was a qualitative investigation of the experiences of preteen girls participating in a mindfulness-based eating disorder prevention program. The program was conducted with all of the 6th grade girls who attended a small elementary school housed within the university and run by the local independent school district, but data were only utilized from those participants who provided both parental consent and individual assent. The 6th grade boys attended regular guidance lessons planned by their school counselor. Boys were excluded from the program as girls are more likely to experience vulnerabilities to disordered eating behaviors, particularly when considering concerns with body image related to pubertal development. Accordingly, targeted prevention efforts are especially salient for girls at this stage of development. Excluding boys also provided participants with the opportunity to freely discuss their ideas about their bodies without the pressure of a mixed gender environment potentially influencing their comfort

to express themselves. Program sessions were conducted in a large group meeting room provided by the elementary school upon approval by the school's principal.

To recruit potential participants, I asked permission from the 6th grade teacher to meet with the girls during their guidance period to discuss the program they would be participating in during their weekly guidance lessons over a period of five weeks. During this initial meeting, I read a prepared recruitment script to give the girls an idea of what we would be discussing over the next several weeks and provide them with the opportunity to ask questions. I ensured them that, while they would all participate in the program during their regularly scheduled guidance period, data would only be utilized from those individuals who provided consent and assent. In accordance with the district's policy, I provided each girl with an assent and consent form in English and Spanish and a folder in which to return the documents to me the following week. I asked each girl to give back the forms regardless of whether they chose to participate to protect the identities of those involved in the research. A total of eight girls returned both consent and assent forms. The participants represented the following racial and ethnic groups: multiracial (six participants) and White (two participants), with six of eight participants identifying themselves as Hispanic or Latina. The mean age of participants was 11.5 years of age, with four participants indicating they were 11 years old and four indicating they were 12 years old.

Program Description

I created Free to Be as a vehicle for discussing societal expectations related to weight, shape, and appearance; teaching mindfulness skills for the prevention of eating disorders; and helping participants explore their thoughts and feelings about their bodies, exercise, and eating through weekly journaling exercises. I created Free to Be as part of a doctoral course that required the development of a group treatment or prevention program intended to foster

wellness. Research undertaken during the fulfillment of this assignment formed the basis for the program itself, which combines both dissonance and mindfulness elements. The program has as its goal fostering wellness, positive body image, and self-esteem in preteen girls, with the intention of preventing the development of disordered eating symptomatology during an emotionally, socially, and biologically vulnerable period of life.

As I conducted research to build the program, I discovered that most eating disorder prevention programs were founded in a notion called dissonance education, which is essentially the process of helping young women become aware of, critique, and actively argue against the thin ideal and other damaging societal expectations associated with weight, shape, and appearance. I also read several research studies indicating that interventions which incorporated mindfulness were effective for women with clinically significant eating disorder psychopathology (Wanden-Berghe, Sanz-Valero, & Wanden-Berge, 2011; Kristeller & Wolever, 2011; Lavander, Jardin, & Anderson, 2009; Johnston, O’Gara, Koman, Baker, & Anderson, 2015; Anderson, Murray, Ramirez, Rockwell, Le Grange, & Kaye, 2015; Lenz, Taylor, Fleming, & Serman, 2014) and had difficulty understanding why these components were not included in ED prevention. At the time I created the program, I was unable to find any studies related to mindfulness-based eating disorder prevention, although one article was published about a program created for high school-aged young women after I began working on my dissertation (Atkinson & Wade, 2015). Through this research, I came to understand the benefits of dissonance-based education and decided to create a program founded on a critique of the thin ideal that evolved into teaching mindfulness as a strategy for helping girls develop healthier relationships with their bodies, food, and exercise.

Exposure to dialectical behavioral therapy (DBT) during my Master's program helped me to understand how I might approach teaching mindfulness skills to girls. I read widely about mindfulness and incorporated strategies such as mindful breathing, mindful eating, and mindful walking into my clinical work. I saw how these components could help the children and adolescents I worked with regulate their emotions, make better decisions, and develop kinder attitudes towards themselves and others. I had hope that, when focused on topics which revolved around appearance, weight, exercise, and eating, these mindfulness skills could benefit young girls and help them develop healthier, kinder attitudes towards themselves in terms of weight, appearance, and shape.

In light of this research, experience, and a desire to help others, Free to Be was created. Free to Be is psychoeducational and experiential in nature and follows a graduated format that allows participants to build on information learned in previous sessions (Klassen, 2017). The program encompasses five 50-minute sessions and begins by educating participants on the influence of the media on society's perceptions of an ideal body shape and size for women. Sessions two and three focus on teaching participants how to identify feelings, manage strong emotions using mindful breathing, and increase mind-body awareness by engaging in healthy, noncompetitive exercises such as yoga and mindful walking. Session four teaches participants about nutrition and intuitive eating, and includes mindful eating exercises to teach participants how to savor and appreciate foods using their five senses. The fifth and final session is a group for preteens to share their experiences during the program using a photo elicitation exercise.

Data Collection

After each session, participants were asked to journal about a specific prompt related to that session's content. For the fifth session, the girls were asked to bring six to eight pictures or

images that somehow reflected their experience with different program components (e.g. societal expectations about weight and appearance, personal body image, healthy eating, mindful exercise). I provided the group with a wide variety of magazines (e.g., teen magazines, home and garden magazines, nature magazines, cooking magazines, athletic magazines) and allowed each girl to take home two or three magazines from which to select her pictures, in case she did not have access to another source of images. After the photo elicitation exercise, I scheduled individual interviews with the eight participants who provided consent and assent to gather information about their perceptions of the program, discuss any changes in eating attitudes or behaviors, and reflect on the process of engaging in mindfulness exercises. Each individual interview involved the use of a semi-structured interview guide to provide structure while allowing room to explore other paths in conversation which could not have been anticipated. The individual interviews and the photo elicitation group were audio-taped.

While individual interviews and journaling are common data collection procedures in qualitative research, I chose to incorporate photo elicitation to allow the girls to tell a story about their participation in the program, their understanding of their bodies, and the process of learning about and using mindfulness using photographs. This photo elicitation exercise was intended to “prompt individual reflection and act as an important empowering tool, increase the involvement of participants, and enable them to be more entrenched in research” (Shea, Poudrier, Chad, & Atcheynum, 2011, p. 34). The girls were asked to bring six to eight pictures that somehow reflected their experiences with different program components (e.g. societal expectations about weight and appearance, personal body image, healthy eating, mindful exercise, etc.). During the photo elicitation group, I encouraged the girls to reflect upon the process of participating in the program using images they chose, creating a dialogue about body image, weight, appearance,

exercise, food, and mindful practice. This activity also allowed an enhanced understanding of the unique concerns the girls faced as they navigate their changing bodies and social milieus. The group provided me with the opportunity to notice patterns and assist each participant in exploring the meaning associated with their images, emphasizing and encouraging open, honest, and reflexive communication between group members. (Shea, Poudrier, Chad, & Atcheynum, 2011).

Once the group concluded, I set individual appointments for interviews. These interviews were conducted using a semi-structured interview guide (see Appendix C). Interviews were expected to last up to 30 minutes and were scheduled at a time which was agreeable to the girls' teacher. The individual interviews were held in the elementary school counselor's office with the door closed to ensure confidentiality throughout the process. I reminded each participant of the purpose of recording the conversation prior to beginning the interview and explained that I would ask every girl the same series of prepared questions, but might ask other questions depending on the direction of the conversation. The interviews lasted an average of 20 minutes per participant, and I completed all eight over the course of one week. I journaled about my experiences meeting with each girl after the interviews were completed to remain reflective and bracket my own reactions throughout this process.

Data Transcription Methods

I transcribed the individual interviews and photo elicitation group myself to become immersed in the data, which helped me to identify units of meaning based on participants' overt verbal statements and the nonverbal nuances associated with their responses. I transcribed each of the individual interviews by listening to the digital recordings of each session, pausing to transcribe the participants' responses and rewinding when needed to ensure clarity and accuracy.

After I finish transcribing each interview, I replayed the audio tapes while reading the transcription to ensure I had accurately portrayed each participant's responses. While this process was time consuming, I believe it helped me connect with the information shared by the girls in a way that I would not have been able to had I used the aid of a transcription software. I could remember the inflection the girls used when looking at particular units of meaning because I was so connected with the process of transcribing and parceling each piece of data. While I am aware that nonverbal responses are important in all qualitative research, I was especially mindful of the sensitivity required when discussing topics such as self-worth and body image with young women. Sometimes the way I categorized particular responses had as much to do with how the girls said something as it did with what they communicated.

Data Analysis

I reviewed information from each journal entry and coded for units of meaning after each session. Using Moustakas' (1994) strategy for horizontalizing the data, I engaged in the epoché process and regarded all information written in each entry as potentially significant and meaningful to each research question. After I read through each participant's journal, I utilized open, line-by-line coding to identify units of meaning from each entry. Next, I clustered the identified meaning units into common categories or themes, removing overlapping or repetitive information that came up in each of the participants' journal entries. The same coding and organizational strategy was utilized after recording and transcribing the individual interviews and photo elicitation group.

After the photo elicitation group was completed, I redacted all information from those participants who did not provide consent to participate in the study. I then used the horizontalization process and reviewed each of the data sources again to organize, cluster, and

reorganize the units of meaning identified from the journals, individual interviews, and photo elicitation group. I wrote individual units of meaning from each data source on a blank white note card using a different color of ink for each participant, tracking the original data source using a key (i.e., I = individual interview, J = journal entry along with entry number, F = focus group). After I had created individual notecards for each unit of meaning, I considered each card individually, moving the cards around and clustering them into groups that appeared to reflect the same constructs. I went through this process three times to create a textual description of the girls' experience throughout the program, which ultimately reflected the essence of the phenomena under investigation (Moustakas, 1994). Although the groups of data I had identified remained much the same as I pondered names for the overarching themes, I renamed themes several times and eventually clustered particular subthemes underneath different headings. Discussions with my dissertation chair and peer reviewer helped stimulate my thinking and broaden my perspectives. While engaged in this process, I kept a reflective journal to record my own reactions to the data, the units of meaning arising from the participants' responses, the process of organizing the data, and the struggle I sometimes experienced with naming the themes in a way that accurately honored the participants' perspectives.

Trustworthiness

Prolonged and persistent engagement, data triangulation, and communalization are strategies for ensuring the trustworthiness of the data and the researcher. Prolonged and persistent engagement is analogous to the process of phenomenological reduction and horizontalization, wherein each aspect of the data is treated as equally important and the researcher returns and returns again to the original data source to ensure nothing is missed. Data triangulation was achieved via use of multiple sources of data, including journals, individual

interviews, and the photo elicitation group, thus providing a richer, thicker description of each participant's experience throughout the program. Communalization allows the researcher to “check with others regarding what they perceive, feel, and think” as a strategy for “[revisiting] the phenomenon and [discovering] something new that alters our knowledge” (Moustakas, 1994, p. 95). I engaged in communalization by exploring the participants' perceptions, thoughts, beliefs, and feelings about body image, mindfulness, eating, exercise using the multiple data sources described above. Throughout data analysis, I consulted with a peer reviewer to explore my ideas, beliefs, interpretations, hunches, and emotional reactions to information shared by each of the girls. I believe this process helped me minimize bias by disclosing and processing thoughts I experienced in relationship to the information shared by the participants, and assisted me in identifying units of meaning and themes I had not considered from my frame of reference. I maintained the epoché orientation as a strategy for remaining open, reflective, and mindful throughout data analysis.

Data Management and Recording

Data were recorded and managed by participant and data type. At the beginning of the program, each participant chose a pseudonym to write on the cover of her individual journal. All participant consent forms were also labeled with their pseudonyms to distinguish which journals, interviews, and comments made during the photo elicitation group could be included for analysis at the program's conclusion. I typed up each participants' responses to the journal entries on unique colors of paper to distinguish which entries belonged to which participant. I transcribed the photo elicitation group transcript and, after redacting responses from participants who did not provide consent and assent, printed the transcript on white paper and highlighted participant responses with a color which matched their journal entries. Individual interviews were recorded

using a tape recorder and both audio files and text transcriptions were saved onto my personal laptop and named according to the participant's pseudonym (e.g., Penelope Interview, Penelope Journal). During the photo elicitation group, each participant was instructed to begin any comments with their pseudonym prior to offering input (e.g., "Penelope thinks..."). This process, although time-consuming and somewhat de-naturalizing to the group process, was necessary to determine which participants endorsed particular statements.

I personally transcribed all recorded data without use of transcription software. All printed transcriptions were labeled with the participant's pseudonym and the data collection method (e.g. journal entry and number, interview, focus group) to help me recognize which data belonged to whom and under which circumstances it was collected. Transcriptions were verbatim, including participants' mispronunciations, slang, grammatical errors, and nonverbal sounds (Fritz, 2008). Transcriptions were printed on a different color of paper for each girl to assist with identification. All raw data, transcribed materials, audio files, printed materials, the audio recorder, and the computer were stored at my home in a locked file cabinet to ensure the protection of the participants' confidential information.

CHAPTER IV

Results

The purpose of this study was to explore how preteen girls perceive their bodies, food, and exercise over the course of a 5-week mindfulness-based ED prevention program. The study addressed three qualitative research questions, including:

1. How do preadolescent girls perceive their bodies, food, and exercise while engaging in a mindfulness-based eating disorder prevention program?
2. How do girls describe the process of participating in mindfulness-based activities?
3. What changes, if any, do girls experience in their relationships with their bodies, food, and exercise after participating in mindfulness exercises?

I utilized weekly journal entries, a photo elicitation group exercise, and individual interviews to gather data which I ultimately organized into the following themes: (a) body talk, with the subthemes of mixed to negative body talk, positive body talk, and body ownership; (b) food, exercise, and healthy choices, with the subthemes of reasons for eating and exercising and making healthy choices; (c) societal messages, with the subthemes of insecurity due to social comparisons, examining girls and women in the media, and rejecting societal expectations; (d) mindfulness, with the subthemes of being mindful and the effects of mindfulness; (e) being in the group, with the subthemes of novelty and enjoyment, openness, and togetherness; (f) changes experienced as a result of group participation, with the subthemes of increased sense of confidence and capability, changes in relationship with body, changes in relationship with food, and changes in relationship with exercise; and (g) what I learned and want others to know, with subthemes of what I learned, what I want younger kids to know, what I want my parents to

know, and what I want the group facilitator to know. Table 1, which follows, provides an organized representation of each theme and associated subthemes.

Table 1

Themes and Sub-themes of Girls' Experiences During the Mindfulness-Based Prevention Group

Theme	Sub-theme 1	Sub-theme 2	Sub-theme 3	Sub-theme 4
Body Talk	Mixed to negative body talk	Positive body talk	Body ownership	
Food, Exercise, and Healthy Choices	Reasons for eating and exercising	Making healthy choices		
Societal Expectations	Insecurity due to social comparisons	Examining girls and women in media	Rejecting societal expectations	
Mindfulness	Being mindful	Effects of mindfulness		
Being in the Group	Novelty and enjoyment	Openness	Togetherness	
Changes Experienced as a Result of Group Participation	Increased sense of confidence and capability	Changes in relationship with body	Changes in relationship with food	Changes in relationship with exercise
What I Learned and Want Others to Know	What I learned	Want I want younger kids to know	What I want my parents to know	What I want the group facilitator to know
		Body Talk		

The participants talked about their bodies over the course of the program and this theme included data related to mixed to negative body talk, positive body talk, and body ownership. The data were especially descriptive and rich in the journal entries and individual interviews. The girls talked less about their bodies during the photo elicitation group, which may have been a function of feeling less comfortable discussing their bodies openly with others.

Mixed to Negative Body Talk

Towards the beginning of the group, most participants described themselves as having negative or “mixed emotions” when it came to their bodies. Savage Soccer Gurl stated, “I’m not sure how I feel about my body,” indicating she was “insecure” and “not completely confident with it.” Following the second group session, Savage Soccer Gurl wrote, “right now, if I think about my body, I think FAT.” Mrs. Awesome expressed some variability in her perceptions about her body as well as a struggle to maintain positive body talk, writing, “I feel good no matter what people say about my body” during her first journal entry, but noting, “sometimes I feel trapped inside this body that has lots of stuff I don’t like” during the second entry. Uma noted that she believed her body was “ugly sometimes” and she “didn’t really like [her body],” but hesitated to talk about these negative perceptions, stating, “I feel bad when I talk about myself in a negative way.” Fifi stated, “I don’t know how to handle my body at times,” noting that she felt “weird” and was “still not used to it.”

Positive Body Talk

As the group continued, most of the participants began to describe their bodies using more positive language, often using the word “confident” in later journal entries, during the photo elicitation group, and during their individual interviews. Mrs. Awesome stated, “I think I’m confident about my body now,” describing her body as “good in every single way,” which

appeared to be a noteworthy change from the feelings of being “trapped” that she described during her first journal entry. Miss Rose indicated she felt “happy and colorful” about her body, stating that her body was “perfect just the way it is” and noting that it was okay to “be yourself.” During the final journal entry (e.g., “My body is...”), Fifi stated, “I know I can do many things with my body full of confidence,” a shift from the uncertain and sometimes negative perceptions she expressed at the beginning of the group. Uma stated that her body was “alright and the way I want it to be” and described herself as being “committed to” herself. She went on to state that she was “fine with the way [she] look[ed]” during her final journal entry. During her final journal entry, Totoro wrote, “My body is everything I want it to be.” Penelope’s perceptions about her body were mostly positive throughout the program and she noted that she loved her body, “[didn’t] want to ruin it,” and felt “relieved” about her body during her second journal entry. During the individual interview, she went on to say, “I’m the only me in this world, so I need to show everybody what I am.”

Body Ownership

Regardless of whether they discussed their bodies in positive or negative terms, many participants described experiencing a sense of independence and ownership over their bodies. For example, That Random Person stated “My body is mine. . .I can decorate it my way because it’s my body. . .no one can tell me different because I don’t care.” Penelope described her body as being “mine and no one else’s,” writing that “all the different lines and shapes of [her] body are unique.” She also recognized her ability to make choices about her body, noting that she needed “to make good choices about [her] decisions.” Totoro described her body as being “forever mine,” noting that “everybody’s unique and different.” Miss Rose indicated she achieved a sense of confidence by “getting things I like and doing things I like, not what

someone else says.” Savage Soccer Gurl described her body as being “mine and I get to do whatever I want with it. Nobody else can control my body.”

Food, Exercise, and Healthy Choices

This theme has to do with participants’ perceptions and revelations about eating and exercising as well as their awareness of food and exercise being components of living a healthy lifestyle. The participants talked about the reasons they ate and exercised, the importance of making healthy, balanced choices, and the struggles they sometimes experienced in making healthy choices.

Reasons for Eating and Exercising

The girls talked about the process of making decisions about what, when, and why to eat and cited a variety of reasons for their decisions. For example, Penelope’s response noted the functions eating serves when she chooses to eat. She stated:

Food is like my way to get away from life sometimes . . . Food can be used to stay alive, to calm me down when I’m mad, to help me stay focused, to calm my stomach down and to help me go to sleep.

That Random Person discussed her reasons for eating in a unique manner, noting “the weather has a big impact on what I eat” as she only eats “sweet things on cold days and sour things on hot days.”

The girls also talked about reasons for exercising and discussed a variety of functions exercise served in their lives. A few girls described exercise as being an integral part of their identities, with Savage Soccer Gurl noting that “exercise is life” and describing herself as “always doing something active” and Penelope describing sports as way to “get me out of my body and help me feel like myself.” Fifi wrote that “without exercise, I feel like my life would

fall apart.” Mrs. Awesome wrote, “exercise can be fun and entertaining,” while Miss Rose had some trouble articulating her thoughts about exercise, writing that “exercise is fun, tiring, and lots of other things that I can’t write because I don’t know how to express them.” Penelope described exercise as “relief,” and a strategy for escaping pressures at home and in school, noting that when she exercises, “nobody is there to criticize me, or boss me around. It’s just me and peacefulness!” Totoro corroborated these statements, discussing physical activity as “a way to relieve stress.”

Making Healthy Choices

Throughout the program, the participants wrote about and discussed the process of maintaining balance and making healthy choices, including some of the difficulties they faced associated with engaging in healthy eating and regular exercise. Totoro noted that in her opinion, “food can be put into categories: healthy, unhealthy, and favorites.” Uma acknowledged that her experiences with eating varied, writing that “Eating is fun for me sometimes, but bad for me sometimes.” She also talked the impact of others’ comments about her body on her eating habits, writing that “sometimes people will call me names (like maybe fat) and that makes me change my mind about eating healthy.” Uma went on to say “sometimes I feel like I have to change the way I eat to look different for someone.” Similarly, Savage Soccer Gurl wrote “I love eating but I can’t eat a lot or I’ll get fat.” She also described eating as being “amazing when and if eating your fair share and enough for you.” Mrs. Awesome held similar beliefs, saying “I love eating but not excessively.” That Random Person stated that food could be “somewhat good for you, somewhat bad for you,” and stated “even though food is healthy, like being vegan, it can still be delicious.” Penelope described variability in terms of eating healthy, stating “Sometimes I actually think about what I’m eating and see if it’s healthy

or not. Sometimes though, I just eat it if it tastes good.” Miss Rose was clear that she eats what she wants, saying, “Whatever I find, I eat it if I want it . . . I look and smell and I eat it if I like how it smells.”

Several participants, in discussing their decisions about food, talked about knowing the importance of eating well. For instance, Fifi acknowledged that she “crave(s) junk” but also noted that she train(s) herself “to eat healthy because growing up means making right decisions.” She also noticed a connection between healthy eating and other health-promoting behaviors, writing “When I exercise, I want something healthy.” Similarly, Penelope indicated, “You don’t always have to eat just healthy stuff, but you don’t want to eat just plain junk, either.” Savage Soccer Gurl noted that she was “always trying to eat healthy, unless I can’t help it, and Mrs. Awesome indicated, “I try not to eat too much but not too little either.” One participant, Miss Rose, indicated that she doesn’t make many food-related decisions, saying, “I just have to eat things even if I don’t like them because, well, that’s the only thing I am getting.” Miss Rose also described eating mindfully as a necessary component of healthy eating, stating “it’s not being mindful, like whenever we eat a lot” during the photo elicitation group.

In terms of making healthy choices related to exercise, data revealed much variability in the participants’ beliefs about exercise and the extent to which they incorporated physical activity into their lives. Totoro and Fifi discussed the importance of exercise in maintaining physical fitness and health, with Totoro describing exercise as being “important for your body” and “a way to be strong or fit,” while Fifi noted that she exercises as a way to stay “healthy and in shape.” Totoro described believing that exercise served an important function for remaining physically fit, noting it was “great so you won’t hurt yourself during things.”

Other participants discussed the struggles they had with making the choice to exercise. That Random Person described exercise as “boring,” “tiring,” “basic,” and “old,” as “the same exercise has been happening for all these years. Not lots of people have been making new exercises.” Mrs. Awesome stated exercising was “challenging, difficult, and stressful.” Fifi wrote about feeling “agitated” that she didn’t “have a specific sport” she felt confident playing, but believed she was capable of finding a form of exercise she enjoyed, noting “I know one day I will and I will enjoy exercise every day!” Despite these mixed reactions, several girls described exercise as being more enjoyable when done with others. Uma stated that “if you have someone to motivate you, then exercise can be fun,” and That Random Person wrote, “it inspires me to do exercise together.” Miss Rose expanded on this idea, writing that when she exercises with her friends and family, she can “challenge [herself] and push them to go farther.”

Societal Expectations

The theme societal expectations includes participants’ feelings of insecurity due to social comparisons. Throughout the program, the girls discussed the thin ideal, the messages they received from the media regarding what girls and women are supposed to look like, and the impact these societal messages had on the appearance-related conversations, norms, and expectations they perceived as being present in their worlds. The girls also discussed how they felt when confronted with these societal expectations and wrote about them in their journal entries, with particularly rich descriptions arising from the first and fifth entries (e.g., “My body is...”).

Insecurity Due to Social Comparisons

Several of the girls discussed feelings of insecurity that arose as a result of social comparisons and perceiving themselves as not living up to expectations related to weight, shape,

and appearance. Savage Soccer Gurl was especially aware of the impact of media on her beliefs about herself, writing that “A pic of a skinny girl can come on, and I’ll be like, ‘I wish I had that body.’” She also questioned her weight in relationship to her peers, writing “I know a lot of girls who are so skinny, and then I look at me. Why can’t I be skinny?” Uma echoed these sentiments, writing that she didn’t “look like other girls that are pretty or skinny” and describing her body as “ugly to other people.” That Random Person asked similar questions about her own appearance, writing “Why am I like this?” Unique from other participants, That Random Person also discussed feelings of uncertainty and frustration related to finding her own style with clothing.

I want to look a certain way but I don’t want to be like everyone else but that’s the style I like. “Normal.” I want to look “emo” but I want my way/take on it but it’s hard to do that without copying people.

A few participants discussed how comparing themselves to other girls their age led to feelings of insecurity and frustration around puberty. Totoro described herself as being acutely aware that her body had not developed as much as her peers, saying that for her, “things happen differently and at other times than most girls.” She seemed to experience these forthcoming changes as ominous and scary, writing that “bad things are going to happen in the future because different changes will occur later on.” Miss Rose wrote that she wanted to experience puberty so she could “just get it over already” and was frustrated that these societal expectations and pressures around puberty did not seem to affect her male classmates, saying “I don’t even know why girls have to go through this if boys don’t.”

Examining Girls and Women in Media

The subtheme called examining girls and women in media was related to the ways the participants perceived the media communicating standards for weight, appearance, and shape.

The majority of the data that contributed to this theme resulted from discussion of images the girls brought to the photo elicitation group at the end of the program. For example, many girls brought images of young women who they believed were succumbing to societal pressures by dressing in minimal clothing, wearing what participants deemed to be excessive makeup, and posing themselves in ways that made their bodies appear smaller.

For example, Miss Rose brought an image of a young woman exposing her midsection, saying, “she’s like trying to like, show that she’s really skinny.” Uma, Mrs. Awesome, and Miss Rose discussed an image of a famous young woman in a cosmetics advertisement, with Uma believing “she wasn’t being true to herself. . .because she has a lot of makeup on.” Mrs. Awesome declared the young woman was “just trying to be who society wants you to be.” Along this same line of thinking, That Random Person was critical of the cosmetics advertisements she selected for the group, noting that some individuals try to use makeup to “cover it up and fix it” and “there is a difference between being confident and just trying to cover it up.” Penelope was aware that some media images reflect dissatisfaction with particular parts of one’s body, selecting an image of a woman wearing colored contacts, noting that “she wants to change her eye color because she doesn’t really like the one that’s natural.” Savage Soccer Gurl brought a quote from a teen magazine that read “I’ve had moments when I felt too big or like I had to make myself smaller,” which resonated with her perceptions about her body as she became more aware of the manifestation of societal expectations on her decisions about what to wear and how much to eat.

Penelope provided explicit examples of personal expectations about how girls and women are supposed to look. During her first journal entry, Penelope wrote about ways in which girls and women “destroy their body’s nature” using body modifications such as piercings and

tattoos, but simultaneously seemed to recognize others' rights to make their own decisions about their appearance.

There are some people who tattoo something little on their body and guess it's fine but there are some people who tattoo their whole arms and bodies and that's just destroying their bodies nature! I don't think that's a good decision but it's their body and if they don't decide well, it's their fault and they'll get the consequences.

Several of the girls selected pictures that they believed represented images of confident young women who were operating outside of societal expectations. During the photo elicitation group, Fifi described selecting an image of a young woman whose "posture" exemplified her self-confidence. She said the image reminded her that "some people expect you to look a certain way, but you don't have to. You just have to look confident and be who you are." Uma chose similar images, selecting a photograph of a female Olympic runner whose face appeared determined that reminded her about "being confident about how you look and don't let anybody bring you down." That Random Person brought a photograph of a famous celebrity, noting that it exemplified confidence "because she wears no makeup and does her hair in very awkward ways but she still is, uh, beautiful." Savage Soccer Gurl intentionally selected an image of a young woman she believed to be actively defying societal expectations for young women's fashion.

This girl's outfit is dope and she looks like super comfortable! She looks confident because she's like all dressed in all comfy stuff and a girl probably like her age, normally they would go all full out. Putting like five pounds of make-up and like, super tight clothes to show how skinny they are, and high heels but she's wearing a pair of Adidas shoes, Adidas sweatpants, a jacket, and a shirt.

Rejecting Societal Expectations

The participants talked about the process of rejecting societal expectations related to their weight and appearance and noted the importance of refraining from judging other girls and women, expressing a desire for others to experience a sense of freedom from societal expectations as well. Savage Soccer Gurl wrote about rejecting societal expectations related to weight, writing that “if someone tells me I’m fat, I’ll ignore the haters, take it as a compliment.” Mrs. Awesome noted that she perceived society as saying “girls are always supposed to be one way and not the other,” but that “none of us really look like that.” Penelope stated she realized “I don’t want to look like them. I just want to be myself.” Additionally, That Random Person stated, “I think that you should put some effort into being beautiful, but in your sense of style. Not what’s on TV or what everyone else is doing.” Fifi noted that she would “rather be judged by who I am than what people tell me to be.” During her final journal entry, Penelope wrote extensively about her rejection of societal messages and pressures to look a particular way.

Even if there’s other girls getting surgeries for their bodies or faces, I will never do that. Even if there’s other girls getting tattoos and hundreds of pounds of makeup, I will never do that. Even if there’s other people only eating ice or eating one meal a day or making themselves throw up to look skinny, I will never do that. Nobody should care about what my body looks like and if they insult my body, that’s because they don’t like their own body and are trying to cover it up.

Mrs. Awesome, who initially described herself as “a big girl who has big fat legs and a big stomach” who had “mixed emotions when it comes to [her] body,” demonstrated a shift in thinking, saying “I don’t care what other people say about my body” and writing that “we should all respect each of ourselves and our bodies.” Uma felt encouraged to “not let anybody bring

[her] down.” Savage Soccer Gurl discussed potential romantic partners as only being “worth it” if they liked her without her changing herself, and Totoro echoed these sentiments in her journal, writing that “nobody will change my body ever EVER!!!”

Several participants discussed developing less judgmental attitudes towards other girls and women and their desire for others to experience a sense of freedom from societal expectations as well. Uma noticed that societal expectations are often communicated in media using images of diet food, pointing out “when some people want to look thinner they get this stuff like this, like this bar that says Think Thin. But be confident, because you don’t have to do that to look a certain way for a certain person.” Totoro echoed these sentiments during her individual interview, saying that girls and women “don’t have to eat certain things to look, like, skinny.” Penelope said girls should “just be who [they] want to be” and “not care what other people think.” Miss Rose wrote that girls and women “should be free, not controlled by what they think,” noting that this realization also led her to understand that “I don’t care what other people think about my body.” That Random Person discussed the importance of “not judging people about how they look or what disease they have, or anything that’s going on” and Fifi recommended “approaching things with kindness and peace.”

Mindfulness

The girls talked about what it was like to be mindful during the group exercises (i.e., mindful breathing, mindful walking, and mindful eating), within their journals, during their individual interviews, and during the photo elicitation group. Some participants discussed ways in which they remembered being mindful, while others listed benefits they had experienced from engaging in the exercises throughout the program and continuing to utilize the exercises in daily life.

Being Mindful

The data provided information about the girls' perceptions of the experience of being mindful during their individual interviews, including the exercises they found especially enjoyable and those they had a difficult time completing. Totoro described being mindful as "just like, closing your eyes and breathing," while Uma related being mindful to "thinking about the way we breathe." Mrs. Awesome described the process of being mindful as "trying to calm ourselves" and "taking our time." Miss Rose described being mindful as "actually thinking really close of what we're doing and not thinking of other stuff," while Fifi discussed mindfulness as being "more aware of your surroundings" and "enjoying what we have around us" by "focusing on one exact thing."

Data regarding mindfulness exercises indicated that some participants enjoyed being mindful of their breathing and walking, describing these exercises as "peaceful" (Miss Rose), "really quiet" (Uma), and "nice and relaxing" (Mrs. Awesome). Uma found these exercises particularly helpful because "it was just easy to concentrate," while Penelope described them as "really calming." All but two of the girls found the mindful eating exercise aversive because they found eating the raisin to be unpleasant. In addition to disliking the food utilized during the exercise, That Random Person discussed the aversive nature of being mindful while eating, saying "we had to chew it up and wait, and then swallow it, and it was gross."

Effects of Mindfulness

Analysis of the data revealed information about how participants perceived the effect of mindfulness practice. A number of participants described how mindfulness positively impacted their ability to regulate their emotions and de-stress. Fifi indicated mindfulness helped her to relax, noting that "when you relax, you're able to just calm down, be yourself, and get some 'me'

time.” Totoro noted that she continued to use mindful breathing when frustrated, saying “whenever I get mad, I just breathe. Take a deep breath and relax and just get over it.” Penelope echoed this sentiment, noting “whenever I’m frustrated about something, I breathe and close my eyes.” Mrs. Awesome noted she had continued to use mindfulness “when I’m really stressed to calm down,” as did Miss Rose, who stated the exercises “made us feel calm and relaxed.” Savage Soccer Gurl described the mindfulness exercise as a way to “forget everything, like that stress” and “just calm down” while Penelope noted that mindfulness “made [her] forget all [her] problems.”

Four participants talked about an increased sense of awareness that resulted from being mindful. Penelope noted that mindful eating made her “notice how many things you can do to be able to enjoy the food you’re eating,” while mindful walking “made [her] notice what [her] feet were doing and what [her] muscles were doing to work all together to move [her] body.” Along these same lines, Miss Rose discussed how mindfulness allowed people to “taste and feel and know what we’re doing because sometimes we’re not even paying attention.” Totoro noticed an increase in her ability to enjoy her food, stating that “whenever you do mindful eating, you can just enjoy your food instead of shoving it all in your mouth.” Savage Soccer Gurl noted that during the mindful breathing exercise, “I was just thinking, ‘My life is actually better than I thought.’”

Fifi described a number of unique benefits she had presently experienced as a result of being mindful as well as some ways mindfulness might help shape her future in a positive direction.

Mindfulness is going to help me in the future to be more aware of things. Like who to trust and who to be friends with. Mindfulness will help be more responsible and help me

care for other people. . . It will also help me think positively. During tests and stuff like that, I know I can be more confident and I'm able to pass and if I just keep calm, relax, be more aware of the questions and think, I know I can do good.

Savage Soccer Gurl described an additional benefit of mindfulness as helping her to manage her asthma, noting that when she was "breathing in and out slowly, like it felt better" and helped relieve some tension and pressure she experienced in her chest.

Being in the Group

This theme reflects participants' experiences of participating in the group. Several sub-themes were identified that are encapsulated by this overarching theme, including novelty and enjoyment, openness, and togetherness.

Novelty and Enjoyment

I began each individual interview by asking the girls what it was like for them to be in the program and, without fail, all eight girls immediately responded by saying "it was fun." That Random Person discussed having fun "answering the questions and doing the journal entries," having the opportunity to "get up and move and try new things" and "hanging out with you." Totoro noted she enjoyed "talking about stuff that sometimes people don't talk about," while Miss Rose stated it was fun to "do a lot of new things and experience them." Totoro described having fun learning about "how people think we are supposed to be and what you're supposed to eat and stuff." Savage Soccer Gurl noted it was enjoyable for her to be in the program, as she had "never been in a group like this before," and Mrs. Awesome endorsed a similar statement, saying the program was "kind of different, because I'd never been in a program like that."

Openness

Several participants discussed being able to be open in the group and described the benefits they experienced from talking about how they felt and what they thought. Mrs. Awesome noted that “letting everything out” and sharing “our opinions” helped her to increase her self-confidence, while Uma noted that “just getting it off about what I think” influenced her ability to talk about her body, as “just talking about it the whole time made it a little easier to bring it up.” That Random Person noted that she had become less judgmental of herself and others because “everyone was okay with sharing their feelings.” Savage Soccer Gurl noted she appreciated the ability to “talk about any problems we had” and “like being able to express and open up.” Miss Rose noted she believed the group members “were all sharing our feelings and being true” throughout the process.

Togetherness

In addition to appreciating the ability to be open and honest with their peers, the data reflected that being together with their peers helped the participants experience growth. Miss Rose and Uma noted that “all of us, we’re all friends,” and “we were all together” in the process. Fifi described the “encouragement” she got from her peers as helping to increase her self-confidence. That Random Person connected “getting to know one another better” with a reduction in her tendency to judge herself and others as “we did a lot of bonding” which led to feeling “closer with [her] friends.” Mrs. Awesome and That Random Person discussed how “seeing everyone’s reactions” and “hearing their inputs on it and their opinions” helped broaden their perspectives. This sense of togetherness seemed to extend to me as the group facilitator, as the girls described enjoying being with me throughout this process.

Changes Experienced as a Result of Group Participation

Data revealed that the girls experienced changes as a result of group participation. These changes are represented by four subthemes: increased sense of confidence and capability, changes in relationship with body, changes in relationship with food, and changes in relationship with exercise. Data were especially rich and thick for the first subtheme, increased sense of confidence and capability.

Increased Sense of Confidence and Capability

Data from all participants revealed that they felt more confident as a result of participating in the group. Fifi noted the group “helped [her] in so many ways” and “was exactly what [she] needed,” because she “wanted help at times but [she] just didn’t know how to ask.” She also stated “I know I can move forward being happy with myself,” reflecting a shift in thinking from the feelings of uncertainty about herself and her body she talked about towards the beginning of the program. Penelope described the group as helping her “feel more confident” about herself, and That Random Person noted that participating in the group “let [her] open up more.” Savage Soccer Gurl indicated she felt “more confident in [her] gender” and talked at length about the impact the group had on her sense of empowerment as a girl.

I’ve noticed how people are always, like underestimating girls and women and stuff like that. So I’m like trying to prove to them that we can be just as good as boys and stuff like that. . . Like, how we were talking about girl power and how people are always saying, “Oh! A girl has to look this way and not this way!” And all that stuff . . . So then I’m just like, that made me realize how much people were underestimating us girls. And like, telling us how to look and all that stuff. And it just isn’t like, cool and stuff.

Fifi noticed the impact the group had on the girls in her classroom and pointed out changes she had seen the others making.

Everyone in my classroom seems like they changed a little bit, little by little. . . It's like they don't really care about who they are told to be now. It's like they know who they are right now. They're more confident and, what do you call it? Upstanding. . . Because before we did this—it's like, like one small comment can make them a little, you know, hurt? But now they, after seeing the program and everything, they seem more confident and know what to do. Like, "I'm not going to be bothered by you right now!"

Beyond experiencing an increase in confidence, many of the girls described feeling more capable in their lives as a whole. For example, Fifi stated that before the group, "sometimes I doubted myself . . . I felt like I couldn't do many things, and now I can." She went on to express optimism about her future and her ability to take advantage of different opportunities that might come her way, stating "I can do more stuff, and it's a big world! There's more doors open I know I can walk in." Uma noted that "everybody can do what they have to if they put their mind to it." Miss Rose believed that the group "is going to help me have more fun in life, because I like to go on adventures and experience different things." Penelope stated that participating in the group made "the way [she] thought about life change," leading her to "think more about what [she's] doing daily."

Changes in Relationship with Body

The majority of girls experienced positive changes in their relationships with their bodies, including developing kinder attitudes towards themselves and feeling more confident about their appearance. For example, Fifi wrote in her final journal entry, "I've had doubts but now I know we are all different and that's what makes us beautiful." That Random Person stated she had

“left behind a little bit of insecurity” and was “less judgmental” about her body now. Mrs. Awesome stated that the group “did make a big change, like how I feel and like, how I think about what we talked about,” noting that she was “more confident than how I used to be before.” During her individual interview, Savage Soccer Gurl also talked about feeling more confident about her weight.

It gave me, like, a pair of, like, a pair of fresh new eyes. Because like I would always be like, “Oh my gosh, ew. My fat legs. I have a fat stomach. I have so much fat.” Stuff like that. But right now I’m just like, “I am fine the way I am. And no one can change that.”

She went on to describe a sense of freedom associated with her body in terms of selecting items of clothing she might have shied away from before the group.

I used to like, hate showing my stomach because I am like, okay. But I feel like I’m fat. So then, like, I would always like, cover it up and try to look skinny and all that stuff. But right now, now I really don’t care. I just put whatever on.

Uma noted that before the group, she “didn’t really like [her] body” and “what other people thought about my body, I really cared because it hurt feelings.” She noted she still experienced some insecurity about her body but that her thoughts changed and she felt “just different after talking about it.” Savage Soccer Gurl discussed similar feelings, stating “I still weigh a lot, so I need to like, lose weight,” but that her desire to lose significant amounts of weight had been somewhat reduced: “Back then I was like, ‘I have to lose like 10 pounds, or like five pounds.’ Right now I’m just like, ‘One pound would be fine’ and stuff like that.”

Changes in Relationship with Food

Several participants noted changes in their relationships with food, particularly as related to making healthier choices and engaging mindfully when they were eating. Savage Soccer Gurl described herself as being more mindful about the types of foods she chose, noting that she “started looking at like, the calories and all that stuff” when selecting what to eat. Fifi discussed how her decisions about food and her ability to “listen to her body” had changed.

I like eating healthier now. Well, I always did, but it’s like I have more encouragement to eat, well, not eat a lot, but at the right times . . . Yeah, I like to eat candy and stuff like that, but, I think I know what my limits are.

Totoro noticed herself taking more time to engage with her food, stating “I take eating slowly now,” as did Miss Rose, who indicated the group “changed how I eat because now I actually pay attention, not watch something and then be eating.” Penelope noticed that she now “smelled food a lot more,” while Fifi also described “savoring the food more” when eating.

Changes in Relationship with Exercise

A few participants indicated changes in their relationships with exercise, though the majority did not perceive any shifts in their thoughts, feelings, or behaviors involving exercise. Penelope discussed continuing to engage in gymnastics and soccer as usual, but that she noticed herself paying “more attention to [her] body when moving.” Miss Rose discussed thinking that exercise was “boring and tiring” before the group, but noticed a shift in her attitude about exercise, stating “I think I should do more, because it’s good for your health and your body, and it’s better to be healthy than sick.” Mrs. Awesome noticed that she had started exercising more since participating in the group as well as crediting herself for the informal exercise she got throughout the day: “I realized I do a lot of exercise by doing chores around the house.” Finally,

Mrs. Awesome discussed feeling more confident in her ability to exercise after discussing physical activity with her peers, stating that “If they can do it, I mean, why can’t I!”

What I Learned and Want Others to Know

This theme is characterized by learning, both in terms of knowledge the participants believed they had gained and knowledge they believed could be useful to share with others. Many of the girls talked about things they had learned throughout the program and how this knowledge might benefit them in the future, while others had specific information they wanted to share with younger children, their parents, and with me as the group facilitator.

What I Learned

Data revealed the participants experienced learning throughout the program. For example, Penelope indicated she “learned a lot of things about other people” and “learned a little bit about [herself] too,” stating that the group “proved to [her] that [she] didn’t have to look like everybody else, because then [she] wouldn’t be unique.” She also learned that some of her peers were significantly impacted by societal messages, even though she believed herself to be less susceptible to their influence: “I learned some people still want to look like other people and like listening to what other people are doing.” Totoro noted that the group “taught [her] to relax and not take everything so seriously” and “not to let people judge you and just to be yourself,” while Fifi stated she “got to learn about our bodies and how to like it more.” Mrs. Awesome noted she learned “a lot about eating healthy” and Uma stated she appreciated learning “to be mindful about how I eat.” Miss Rose discussed learning “about how we should be more mindful of what we’re doing,” while Mrs. Awesome described taking away strategies for “calming down when you’re really stressed.”

What I Want Younger Kids to Know

When asked what they might want younger kids to know that they had learned, the girls had a variety of ideas, ranging from thoughts about confidence, strategies for being healthier, how to utilize mindfulness to regulate their emotions, and encouragement to engage in activities that they found personally fulfilling. In relationship to increasing self-confidence, the participants wanted younger children to know to “just be yourself” (Penelope), “don’t let nobody judge you” (Totoro), “you’re fine the way you are” (Savage Soccer Gurl), “don’t let people bring you down” (Uma), “don’t care about what other people are doing” (Penelope), and “understand that it’s okay to be you” (Fifi). Penelope thought the group could be useful for younger participants, noting that the program could help younger children “think better things about themselves and their body.” Fifi was particularly forward-thinking, stating she could “teach [her] own children the same thing and make them feel better about themselves.” Totoro wanted younger children to know that it was “okay to eat what you like and be themselves” rather than believing they needed to restrict their intake to look a certain way. Savage Soccer Gurl had a particularly empowering message for younger girls.

A girl doesn’t have to be pretty, or skinny, or anything. You can be your own type of person. That’s why everyone is different. Like, people say “Why don’t you act normal?” And all that stuff like that. And it’s just like, if everyone, if people say everyone’s different, then how—what is normal? Define normal.

Miss Rose, Mrs. Awesome, and That Random Person discussed wanting to teach younger children about mindfulness in order to “help them whenever they’re frustrated or mad or sad” and to be “more mindful of what you’re doing so that they can be healthy and make right choices.” Additionally, Mrs. Awesome wanted to empower younger children to make their own

decisions and to remain confident and motivated, saying “they should like, keep going and trying more stuff” and they “shouldn’t give up . . . Believe in yourself and believe you can do stuff.”

What I Want My Parents to Know

Participants noted that they wanted to share what they had learned and the changes they had made throughout the program as well as specific things they might want to teach their parents to improve their parents’ lives. In terms of changes she had made related to eating, Uma noted that she wanted her parents to know that she was “going to do more of the mindful eating.” Likewise, Totoro stated she wanted her parents to know that she “learned to take eating slowly and to enjoy your food.” Miss Rose wanted her parents to know about the level of effort, time, and energy she put “into the things we wrote and the things we did.” Three of the participants talked about wanting their parents to know they had become more confident and self-assured. For example, Fifi stated she wanted her parents to know “that I’m happy with who I am, because they’re the ones that taught me this, too.” Similarly, Penelope stated she wanted her mother to know about our first session, because “she would really tell me just to be confident about myself.” Finally, Savage Soccer Gurl wanted her parents to know that she felt “more confident with [her] gender, more powerful.”

Two participants indicated they would like to teach their parents about mindfulness. In relationship to teaching their parents about particular concepts they had learned throughout the group, Miss Rose noted that she believed her mother could benefit from mindfulness training “because sometimes she doesn’t even really pay attention to what she’s doing.” Similarly, Mrs. Awesome thought her father could “be like, not that frustrated, or like, really peaceful” if he learned to approach daily life activities in a mindful way.

What I Want the Group Facilitator to Know

The participants had a number of recommendations for improving the group in the future, both in terms of how the group ran and in the types of conversations we focused on. Six of the girls recommended modifying the mindful eating exercise to include a food other than raisins. Miss Rose noted that “whenever we touched [the raisin], it was squishy, and squishy isn’t a good feeling,” which made it hard for her to actively engage in the process of mindful eating. Two participants gave recommendations for how to select a different food in the future, including “getting everyone’s input and then deciding on one food” (That Random Person) or “having maybe like a fruit” instead (Uma).

Six participants wanted me to know that they wished we had spent more time on particular aspects of the program, with Uma and Mrs. Awesome noting they wished they had more time to complete the journal exercises. Mrs. Awesome talked about how she “felt rushed” to communicate her ideas during some weeks. Penelope, That Random Person, and Savage Soccer Gurl Person provided additional recommendations for modifying the group to include additional conversations about topics related to self-esteem, mindfulness, and exercise. Penelope wanted me to know she wished we had spent “more time talking about the mindfulness exercises,” while That Random Person wanted me to know that the session on exercise could have been improved by talking “about how exercise could be fun in a way.” Penelope recommended including a wider variety of mindfulness exercises, noting that she thought teaching girls about mindful drawing could be another beneficial strategy for helping regulate emotions. Savage Soccer Gurl talked extensively about her recommendation to devote more time talking about “girl power,” deeming these conversations as important to helping other girls become more comfortable with themselves.

I feel like a lot of girls are like, you see people, like, always trying to lose weight and stuff like that, and like, wearing like, a lot of makeup. And like, all these expensive designer clothes. And that's just like, girls need to know that they look fine the way they are. Because they're trying to do it to like, look pretty that way, like so a boy could like them or whatever. And I'm just like, "If he doesn't like you for you, like WHO you really are, he isn't worth it." . . . [I would tell other girls] like, to be who you are, and like, not letting anyone tell you how to look or dress, or how much you have to weigh. . . Just BE YOURSELF! And that's all that matters.

Lastly, Miss Rose recommended "extending the dates" and, while she did not have any ideas for additional topics, simply noted "it was fun and we got to learn a lot and we all would like to stay in longer!"

CHAPTER V

Discussion

This chapter includes an overview of the findings and describes how the findings relate to existing literature, especially in relationship to themes observed in existing research about eating disorder prevention. Limitations for the study, implications for the study, and recommendations for future research are also included.

Overview of Findings and Relationship to Existing Literature

After analyzing the data using Moustakas' (1994) approach discussed in Chapter 3, I observed seven main themes: (a) body talk, (b) food, exercise, and healthy choices, (c) societal expectations, (d) mindfulness, (e) being in the group, (f) changes experienced as a result of group participation, and (g) what I learned and want others to know. Qualitative studies involving eating disorder prevention programs are limited, of variable quality, and utilize participants unlike those who participated in this research. However, there are observable relationships between the themes identified from these studies and those observed in the present study. Relationships observed were identified in three qualitative studies: two related to eating disorder prevention programs and one related to the process of learning how to be mindful. Comparisons were also drawn from existing quantitative research in relationship to outcomes associated with participation in disordered eating prevention programs.

Body Talk

Body talk encompassed the way participants talked about and described their bodies over the course of the program and the concept of body ownership, with the journal entries and verbalizations made by participants about their bodies becoming more positive and less critical over time. These findings generally support Atkinson and Wade's (2015) quantitative study

using a general mindfulness-based intervention to influence disordered eating behaviors in high school girls, where they noted participants experienced fewer concerns about their weight and shape at the end of the program. Additional quantitative studies on prevention programs such as *Girl Talk*, *Student Bodies*, and *The Body Project* revealed statistically significant improvements in self-esteem after participating in group ED prevention (McVey et al., 2003; Taylor et al., 2006; Stice et al., 2006). While the participants in the present study were younger than the participants in any of the previously mentioned studies, the results of the current study appear to support previous studies regarding eating disorder prevention efforts and may be indicative that such efforts can increase positive body talk and self-confidence at younger ages than previously considered.

Food, Exercise, and Healthy Choices

The participants discussed the reasons they ate and exercised, their awareness of the importance of making healthy, balanced choices in terms of nutrition and physical movement, and the difficulties they sometimes had making these healthy choices. This outcome was different than that of previous studies, as data were focused more on the process of making balanced choices about eating and exercising rather than struggling with healthy decisions or modifying patterns of eating and exercising to control weight. For example, participants in other qualitative studies discussed the difficulties they experienced maintaining a healthy diet as teens, noting that it was easier and more enjoyable to eat nutritionally poor foods such as candy or fast food, a notion echoed by participants like Savage Soccer Gurl, who noted she was “always trying to eat healthy unless [she couldn’t] help it” (Gonzalez et al., 2012). Results of the current study regarding exercise were surprising, as the participants in this study did not talk about using exercise as a strategy for weight management. Unlike previous studies, participants in this study

noted that they exercised for reasons other than managing weight, including to feel like themselves, relieve stress, and maintain physical fitness. In other qualitative studies, teenage girls have described excessive exercise and restrictive eating patterns as “normal” ways of losing or controlling weight, especially in relationship to pleasing members of the opposite sex (Gonzalez et al., 2012). This difference may be a function of participant personality, age, nationality, culture, or any number of unique differences, as the girls who participated in this study were younger than in Gonzalez et al.’s (2012) study conducted in Spain with teenage girls.

Societal Expectations

In the current study, participants noted the insecurity they felt when making comparisons between themselves and other girls and women; their personal examinations of girls and women in the media; and their eventual rejection of societal expectations related to their weight, shape, and appearance. Aspects of this theme are similar to findings in previous qualitative studies. For example, in Gonzalez et al.’s (2012) study, participants discussed their thoughts in relationship to the media’s negative effect on models of beauty, similar to the subtheme of examining girls and women in media identified in this study. For example, participants in Gonzalez et al.’s (2012) study noted that “ideals of beauty or models of beauty come from TV or celebrities,” similar to the participants’ observations of how girls and women they saw in the media often exemplified societal expectations related to appearing thin, fashionable, and beautiful by wearing particular clothing, heavy makeup, and even changing their eye color (p. 593). Participants in this same study discussed their frustration with “the prevailing aesthetic model and the overrating of physical appearance,” similar to the comments participants made in the subtheme rejecting societal expectations (Gonzalez et al., 2012, p. 592).

These data also support past quantitative research on dissonance-based eating disorder prevention programs which encourage girls and women to become aware of and critical towards the thin ideal as represented in media. For example, teenage girls who participated in discussions about media literacy and the negative outcomes associated with internalizing the thin ideal using *The Body Project* and *Girl Talk* experienced reductions in eating disorder risk factors and improvements in body esteem, respectively (Stice et al., 2006; McVey et al., 2003). The results of this qualitative study support the quantitative outcomes associated with these studies by situating these positive outcomes in the context of participant experiences. The results of this study are also encouraging in terms of involving younger participants in dissonance-based eating disorder prevention, as the present study utilized younger participants than either of the aforementioned studies.

Mindfulness

Participants talked about being mindful and the effects of mindfulness throughout the study, characterizing the process as peaceful, calming, and relaxing while noting what it was like to experience things like breathing, walking, and eating with all of their senses. Participants also identified effects of mindfulness, including benefits such as ability to regulate emotions, ability to pay closer attention to activities like eating and exercising, provision of a positive perspective on life, and increased academic performance.

To my knowledge, qualitative studies related to how youth engage with mindfulness in the context of eating disorder prevention have not yet been published. However, grounded theory research conducted by Monshat, Khong, Hassed, Vella-Brodrick, Norrish, and Burns (2013) delineates the process of how youth engage in and with mindfulness practices. In that study, youth described their tendency to “freak out and overreact” to life situations and

emotional stimuli before learning how to consistently utilize mindfulness and meditation in their daily lives (p. 574). However, after learning to engage mindfully with their thoughts and feelings, the participants talked about learning to relax, gaining control over their internal experiences, and developing insight about themselves and others which led to increased feelings of confidence and competence (Monshat et al., 2013). Findings in the current study seem to support those findings with relation to benefits of mindfulness practices in youth. For example, Fifi, Totoro, Penelope, Mrs. Awesome, Miss Rose, and Savage Soccer Gurl all talked about the process of regulating their emotions through the mindfulness exercises. Penelope talked about her ability to “notice how many things you can do to be able to enjoy the food you’re eating. . . and what [your] feet were doing and [your] muscles were doing to work all together,” reflecting a greater degree of mind-body awareness. Fifi’s discussion of how she believed mindfulness would help her shape a positive future and make better decisions is similar to the narrative of the youth in Monshat et al.’s (2013) study, who talked about their ability to “see things much clearer and. . .make more balanced decisions because you feel like you’re acting more rationally” (p.576).

These results also relate to qualitative studies of Mindfulness-Based Cognitive Therapy. For example, Cairns and Murray (2013) identified five major themes related to the process of change in MBCT, including: “taking control through understanding, awareness, and acceptance” and “feelings toward the self” (p. 342). In a similar meta-synthesis, Wyatt, Harper, and Weatherhead (2014) identified themes of “relating differently to thoughts and feelings” and “a sense of control and choice” (p. 214)

Being in the Group

The theme being in the group has to do with the enjoyment the participants associated with group participation, their ability to openly express their thoughts and feelings, and the sense of community and togetherness they created. As a whole, this theme seemed to reflect that the participants experienced a fun, safe, welcoming, and supportive environment in which to process their thoughts and emotions. While results in the current study are unique in terms of the age of participants, previous studies have noted the importance of social relationships for those involved in eating disorder prevention programs. For example, college-aged women who participated in both face-to-face and online eating disorder prevention programs noted the importance of the group setting, connecting with other women who may experience similar concerns, and a reduced sense of isolation (Shaw, Rohde, & Stice, 2016).

The participants also talked about the importance of being together and remaining open when sharing their thoughts and feelings in helping them become more confident and less judgmental of themselves and others, which relates to the concept of building sources of social support espoused by the participants in Sharpe, Damazer, Treasure, and Schmidt's (2012) study. Similarly, participants in Gonzalez et al.'s (2012) study discussed the protective nature of social relationships, noting that they needed "someone to talk to. . .someone to tell the truth. . .and help you cope with life's difficulties" (p. 595). The importance of being part of a group appears to be a common thread.

Changes Experienced as a Result of Group Participation

Participants noted experiencing an increase in confidence and competence and changes in their relationships with their bodies, food, and exercise as a result of participation. Seven out of eight participants noted feeling "more confident" about themselves, and some went on to

describe greater feelings of competence in other areas of their lives (e.g., gender empowerment, friendships, academics, planning for the future). The participants also talked about their relationships with their bodies, food, and exercise, noting strides they had made towards becoming more accepting towards themselves, making healthier choices with food, and engaging in exercise as a strategy for maintaining physical health.

As previously noted, there are few published qualitative studies related to eating disorder prevention, and those which do exist are not focused on describing what changes, if any, participants experience as a result of participation (Gonzalez et al., 2012; Shaw et al., 2016). However, comparisons may be drawn between existing quantitative studies. In their study applying general mindfulness techniques to foster self-compassion, Atkinson and Wade (2015) noted that high school girls who participated in the program displayed decreased concerns about their bodies, engaged in less caloric restriction, and were less susceptible to the thin ideal. While Atkinson and Wade's (2015) study was conducted with older participants, the changes made may be similar to those discussed by participants in the present study in relationship to feeling more confident about their bodies, becoming critical of and rejecting towards societal expectations for weight and appearance, and eating in a balanced manner that includes eating for pleasure and eating for health.

The changes the participants discussed in their relationships with food and exercise were also similar to outcome studies for the ED prevention program *Girl Talk*, whose participants experienced increased self-esteem, engaged more frequently in health-promoting behaviors, and dieted less frequently (McVey et al., 2003). For example, Fifi discussed having “more encouragement to eat. . .at the right times,” Savage Soccer Gurl noted her desire to lose weight

as “not as bad,” and Miss Rose discussed a desire to exercise more frequently “because it’s good for your health and your body, and it’s better to be healthy than to be sick.”

What I Learned and Want Others to Know

Participants talked about what they learned in the group and provided recommendations for what they thought younger children, their parents, and the group facilitator should know during their individual interviews. Participants wanted younger children to know about the thin ideal, encouraged them to reject societal standards, and wanted them to feel confident with themselves and their abilities. They also talked about wanting their parents to recognize the level of effort they had put into the group and some changes they made or planned to make as a result of participation, with two participants also wanting their parents to learn about mindfulness as a strategy for helping them live healthier lives.

The results of the current study are similar to those revealed in a qualitative study by Sharpe, Damazer, Treasure, and Schmidt (2012), wherein the authors explored teenage girls’ perceptions about the “causes of body dissatisfaction and dieting and recommendations for prevention” (p. 133). The participants in that study recommended conceptualizing body dissatisfaction as a result of the desire to be accepted by one’s peers, the influence of social media and online materials on body image, and pressures exerted by one’s family, the media, and the fashion industry. When asked what they thought would be useful for eating disorder prevention, the girls recommended the following: “building sources of support; learning to be critical of the media; monitoring the school gym; working with parents; educating about signs and symptoms of eating disorders; working with people who have suffered from eating disorders; and providing help from professionals” (p. 133).

Themes from the Sharpe et al. (2012) study are echoed in the present study, particularly as related to the advice participants had for younger children, such as rejecting social expectations communicated in the media, being true to oneself, and engaging with parents to teach them similar strategies and honor the changes the girls make over the course of the program.

Implications

Given the increased risk for the development of disordered eating behaviors in preadolescence, the severity of pathology associated with eating disorders, and the vast socioeconomic and emotional costs associated with this group of psychological disorders, it is imperative that counselors, counselor educators, and even public policy makers understand strategies for preventing clinically significant disordered eating.

The results of this study reflect the lived experiences of preteen girls participating in this mindfulness-based eating disorder prevention program. Based on the data gathered, units of meaning analyzed, and themes observed, the girls perceived the program as being enjoyable, engaging, supportive, and influential in developing healthier relationships with their bodies, food, and exercise. They also perceived the mindfulness exercises as beneficial for regulating emotions and supporting future development. School and community-based counselors who perceive a need for a disordered eating prevention program in their settings may find these results encouraging and view the program as a viable method for working with groups of young girls to support healthy body image and attitudes around food and exercise.

Additionally, this study utilized a younger group of participants than previous studies on eating disorder prevention. The results were encouraging in terms of the girls' ability to make meaning of the topics discussed and apply them in a manner which led to increased self-

confidence and improved relationships with their bodies, food, and exercise. These results may help counselors begin to understand how targeted eating disorder prevention efforts can be useful for ages younger than previously considered. For example, it may be that targeted eating disorder prevention efforts provided earlier in life could positively impact participants' risk for developing disordered eating behaviors later in adolescence. By having these conversations with girls as they begin to experience puberty and navigate changes in social milieus, child and adolescent counselors may be able to lower the risk of developing disturbances in eating which can occur during this vulnerable period of life.

Additionally, these results may have implications for prevention programs in general. For example, the participants in this study talked about the sense of community they developed along with the fun they had sharing with one another and completing the planned activities. These results may be encouraging for those who intend to implement group prevention programs in their settings, as they suggest ways for making the experience more meaningful and enjoyable for those involved. Moreover, the results related to participating in mindfulness exercises during the group reflected that these exercises were useful in helping participants develop emotion regulation abilities in the context of targeted prevention efforts. Practitioners running other prevention programs may want to consider incorporating mindfulness components to support participant outcomes.

The participants also provided recommendations for improving the program for future cohorts of girls, noting a desire to spend more time on journaling and to modify the mindful eating exercise to be more engaging and enjoyable. This feedback may be used to modify the present program and other prevention programs in general in terms of adjusting content delivery to improve participant engagement and support program goals. Overall, the Free to Be program

may provide counselors with a mindfulness-based prevention program to address the needs of young girls with regard to improving attitudes towards weight, appearance, exercise, and eating through psychoeducation, discussion, and active mindful practice (Klassen, 2017).

The results of this study may have implications for counselor educators as well. For example, the preteen girls who participated in this study responded positively to the group, discussed the impact of sharing their thoughts and feelings with others, and were active and engaged in all aspects of the program, including the group discussions, journaling exercises, and mindfulness interventions. This positive response is encouraging in terms of helping counselors-in-training understand the types of interventions that youth may respond to in individual or group counseling contexts or convey to future counseling practitioners that the youth serve may be struggling with issues but unsure of how to ask for help (i.e., Fifi noting that the group was “exactly what she needed” because she “wanted help but didn’t know how to ask for it.”). Moreover, these results may help inform curricular decisions for counselor education programs in terms of teaching students how to effectively work with children and adolescents, or how to work with and prevent process addictions in the form of eating disorders.

Finally, the results of this study may have implications to inform public policy in relationship to helping girls develop positive body image and improved mental health. Given the number of girls and women who experience clinically significant disturbances in eating and the cost of eating disorders to individuals, families, and societies, it is valuable to understand how providing eating disorder prevention programming to younger girls may impact their physical and mental health long-term. Communicating the value of eating disorder prevention to society is necessary to secure funding for the provision of programs like Free to Be, which have the physical and psychological health of youth in mind.

Limitations of the Study

There are limitations associated with this study. All eight participants came from an intact classroom of 6th grade girls, many whom had attended elementary school together for several years. The group might have functioned much differently if the participants had been a randomly selected group of girls with no existing relationships or prior trust built between them. Essentially, the subthemes of openness and togetherness I observed may have been a function of strengthening these existing relationships rather than a quality of the group or a result of discussing particular topics. Moreover, the school the participants attended was much different than other educational systems in the area, as it was housed within the university and operated by the local school system, significantly smaller than other public schools, and still considered 6th grade to be part of elementary school. Results may have been much different with a group of students who attended a larger educational institution or a junior high school.

Another limitation may be associated with the types of questions asked. I was interested in understanding the girls' lived experiences throughout the process of attending the group, including their experiences with mindfulness, and asked directly about these experiences in the individual interviews and journal prompts. Participants may not have talked about these aspects of the program organically, and it could be that different kinds of questions would have yielded different responses or outcomes. The extent to which the structure of the research influenced the types of data gathered is difficult to predict. Other limitations have to do with the structure of the program itself. Boys were intentionally excluded from the program to provide the girls with the opportunity to express themselves without the pressure of a mixed-gender environment potentially influencing their responses. While girls are significantly more likely to experience disordered eating behaviors and to develop a clinically significant eating disturbance, boys also

struggle with many of these same concerns (e.g., body dissatisfaction, restrictive eating, unhealthy exercise patterns). Results may have been much different if both boys and girls attended the program, or if boys were targeted rather than girls.

Recommendations for Future Research

Recommendations for future research relate to conducting additional qualitative research to understand the experiences of individuals who participate in eating disorder prevention programs, understanding the impact of mindfulness on disordered eating behaviors, and refining and exploring the efficacy of the present program. As previously mentioned, research conducted with the intention of understanding participants' experiences during eating disorder treatment and eating disorder prevention is limited. This information is valuable in terms of understanding what it is like for participants to learn to relate to their bodies, food, and exercise in healthier, more adaptive ways; planning effective prevention and intervention efforts which honor participant perspectives; and empowering girls and women to tell their stories, which may reduce stigma and encourage others to seek needed treatment. The potential of these findings, when synthesized with other qualitative findings, could have far-reaching implications. Additional qualitative research involving eating disorder prevention programming could be synthesized into a meta-ethnography, both using Free to Be and other eating disorder prevention programs. By synthesizing themes associated with each study and prevention program, we may expand our understanding of the ways in which girls and women experience eating disorder prevention as well as the process of improving their relationships with their bodies, food, and exercise.

Additional research on the impact of mindfulness on the relationship with one's body, food, and exercise is also needed. While each of the participants in this study discussed the mindfulness exercises as beneficial in terms of emotion regulation and feeling more engaged

when eating and exercising, additional research is needed to determine how and to what degree mindfulness interventions impact particular disordered eating behaviors (e.g., body checking, self-criticism, caloric restriction, excessive exercise). This research could help in planning how to use specific mindfulness exercises to affect positive change, both during eating disorder treatment and in eating disorder prevention.

In terms of refining Free to Be, the recommendations provided by the participants should be incorporated to allow more time for journaling, more conversations about female empowerment and the thin ideal, and more mindfulness exercises which allow for participant choice, particularly in relationship to mindful eating. Beyond making changes to the program's structure, it is important to conduct outcome research using quantitative methods to understand the impact and efficacy of the program itself. Future research using quantitative methods in the form of randomized controlled trials, exploratory moderation studies, and single case research designs could help in exploring the program's ability to affect measurable change in body image and eating attitudes. Quantitative research assessing potential impact on eating attitudes, body image, and mindfulness could be conducted using pre- and post-test assessments using instruments such as the Children's Eating Attitude Test (ChEAT-26), Body Image Disturbance Questionnaire (BIDQ), and the Child and Adolescent Mindfulness Measure (CAMM). Studies such as these could help with understanding the course of treatment effect and which aspects of the program lead to positive, measurable change (e.g., mindfulness, group alliance, media literacy).

Additionally, research regarding the lived experiences of boys who participate in Free to Be and other eating disorder prevention programs could also be valuable, although small modifications to the types of media included in this program would be necessary (i.e., using

examples of boys and men in the media, talking about societal expectations related to masculine appearance). Moreover, it could be valuable to conduct research using a mixed gender environment to determine whether the group could feasibly and successfully be conducted with all students, as having both genders participate in the program could potentially build empathy and understanding between peers as they become aware of the particular appearance-related pressures faced by both men and women in today's society.

Summary and Conclusions

This study examined preadolescent girls' experiences with an alternative approach to eating disorder prevention which includes aspects of both dissonance-based and mindfulness-based interventions. The program, Free to Be, includes psychoeducation, in vivo practice of mindfulness, and an ongoing critique of the thin ideal which encourages young women to view themselves as being more than their bodies (Klassen, 2017). It was created with the developmental level of preteen girls in mind and provided to an intact group of 6th grade girls over the course of five weeks, with an additional week dedicated to conducting individual interviews with participants who provided both assent and consent.

This investigation addressed three research questions:

1. How do preadolescent girls perceive their bodies, food, and exercise while engaging in a mindfulness-based eating disorder prevention program?
2. How do girls describe the process of participating in mindfulness-based activities?
3. What changes, if any, do girls experience in their relationships with their bodies, food, and exercise after participating in mindfulness exercises?

The benefit of this study is related to exploring and understanding a new method of ED prevention which combined components of traditional, dissonance-based models with

mindfulness-based interventions to foster healthier, more adaptive thoughts about self and others. The results of this study revealed seven overarching themes: (a) body talk, (b) food, exercise, and healthy choices, (c) societal expectations, (d) mindfulness, (e) being in the group, (f) changes experienced as a result of group participation, and (g) what I learned and want others to know. These results are similar to those observed in previous studies of eating disorder prevention and expand knowledge related to participants' perceptions of how their relationships with their bodies, food, and exercise change over the course of program participation. Results also provide support for the inclusion of targeted mindfulness interventions to foster the regulation of emotions related to one's body and healthy engagement with food and exercise. This information is valuable in terms of providing support for a combined approach to ED prevention, demonstrating the benefits of dissonance education and mindfulness-based interventions in supporting body acceptance for young women.

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Appendix A

Journal Prompts

1. My body is... (to be used at the first meeting and fifth meeting)
2. When I think about my body, I feel... (second meeting)
3. What I think about exercise is... (third meeting)
4. What I think about eating is... (fourth meeting)

Appendix B

Photov Elicitation Group Prompts

1. What do you want to say about the pictures you brought?
2. How did you decide on these pictures?
3. What do your pictures show?
4. How does this picture relate to the things we talked about in our group?
5. How are your pictures like other people's pictures? How are they different?
6. After looking at other people's pictures, are there any that really stand out to you?

Appendix C

Semi-Structured Interview Guide

1. What was it like for you to be in the program?
2. What was it like to do the mindfulness exercises? Were there any that you really liked?
Disliked?
3. What may have changed for you after this group in how you think or feel about your
body? About food? About exercise?
4. What difference, if any, do you think this going through this group will make for you?
5. What would you want younger kids to know that you've learned?
6. What would you want your parents to know that you've learned?
7. If you could change anything about what we did, what would it be?
8. Is there anything else you want to tell me about the program?

Appendix D

Demographics Form

Nickname (same one as the assent form!): _____

Age: _____

Race (check all those with which you identify):

- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White
- More than one race
- Prefer not to say

Ethnicity (check ONE with which you most closely identify):

- Hispanic or Latino
- Not Hispanic or Latino
- Prefer not to say

Appendix E

Corpus Christi ISD Institutional Review Board Approval Letter



Office of Information Systems

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
2525 Belton Street, Corpus Christi, Texas 78416
Office: (361) 878-3932 Fax: (361) 878-4860
Website: www.ccisd.us

September 15, 2016

Ms. Samantha Klassen
Doctoral Student
Department of Counseling and Educational Psychology
Texas A&M University, Corpus Christi
6300 Ocean Drive, Unit 5834
Corpus Christi, TX 78412

Dear Ms. Klassen:

Today the members of the CCISD External Research Review Committee granted you **Approval** to conduct your dissertation research entitled *Experiences of Preadolescent Girls Participating in a Mindfulness-Based Eating Disorder Prevention Group* in Corpus Christi Independent School District.

Additionally, the **Approval** indicates that your request meets all research/evaluation and FERPA standards. In that connection, we also appreciate having received your approved IRB proposal from TAMU-CC.

Thank you for submitting the signed and dated *CCISD Principal Consent Form* from our ECDC principal, Dr. Criselda Castillo, as part of your application. This **Approval** also allows the 6th Grade teacher, parents, and students identified in your *Application for External Research* the option of participating in your research. No campus principal, teacher, parent or student is required to participate in external research in CCISD. Final permission is at their discretion.

Ms. Klassen, please contact them in order to receive written permission to conduct your research first on the *CCISD Teacher Consent Form* that must be submitted to this office prior to your investigation. As you have indicated, parent consent and student assent forms are also required—sometimes in English and/or Spanish.

Further, please complete, sign, date, and return the *CCISD Researcher/Investigator Confidentiality Agreement*. Since you and Dr. Moynihan-McCoy have established a shared hosting arrangement through Google Cloud, you know how to submit all the required forms and any other pertinent documents to her via the Internet making it possible for you to have unlimited data space during your research.

It is a pleasure to welcome you to the District as a researcher as you begin your investigation, Ms. Klassen. At the conclusion of your work, please provide us with a copy of the final study. We want to share your findings with educators across CCISD.

Page Two
Letter to Ms. Samantha Klassen

Should you need additional assistance during your research, please feel free to contact Dr. Toni Moynihan-McCoy at 361-878-3900, ext. 10161 and/or via e-mail at Toni.Moynihan-McCoy@ccisd.us.

Sincerely,



Sean Babcock, MS
Director

SB/tmm
Enclosures

cc:

Roland Hernandez, PhD, Superintendent of Schools
Maria Luisa Guerra, EdD, Deputy Superintendent
Criselda Castillo, EdD, Principal, ECDC
James Rosebrock, EdD, Chief Academic Officer
Laura Monette, MS, Associate Director, Student Information Systems/
State and Federal Reporting
Toni Moynihan-McCoy, PhD, Administrative Officer, Information Systems
Marvarene Oliver, EdD, Supervising Professor, Department of Counseling and
Educational Psychology, TAMU-CC
Caroline Lutz, JD, Research Compliance & Export Control Officer-TAMU-CC

Appendix F

Texas A&M University – Corpus Christi Institutional Review Board Approval Letter



OFFICE OF RESEARCH COMPLIANCE
Division of Research, Commercialization and Outreach

6300 OCEAN DRIVE, UNIT 5844
CORPUS CHRISTI, TEXAS 78411
O 361.825.1497 • F 361.825.2755

Human Subjects Protection Program Institutional Review Board

APPROVAL DATE: August 30, 2016
TO: Ms. Samantha Klassen
CC: Dr. Marvarene Oliver
FROM: Office of Research Compliance
Institutional Review Board
SUBJECT: Initial Approval

Protocol Number: #87-16
Title: Experiences of Preadolescent Girls Participating in a Mindfulness-Based Eating Disorder Prevention Group
Review Category: Expedited 7
Expiration Date: August 30, 2017

Approval determination was based on the following Code of Federal Regulations:

Eligible for Expedited Approval (45 CFR 46.110): Identification of the subjects or their responses (or the remaining procedures involving identification of subjects or their responses) will NOT reasonably place them at risk of criminal or civil liability or be damaging to their financial standing, employability, insurability, reputation, or be stigmatizing, unless reasonable and appropriate protections will be implemented so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal.

Criteria for Approval has been met (45 CFR 46.111) - The criteria for approval listed in 45 CFR 46.111 have been met (or if previously met, have not changed).

- (7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(2) and (b)(3). This listing refers only to research that is not exempt.)

Provisions:

Comments: The TAMUCC Human Subjects Protections Program has implemented a post-approval monitoring program. All protocols are subject to selection for post-approval monitoring.

This research project has been approved. As Principal Investigator, you assume the following responsibilities:

1. Informed Consent: Information must be presented to enable persons to voluntarily decide whether or not to participate in the research project unless otherwise waived.
2. Amendments: Changes to the protocol must be requested by submitting an Amendment Application to the Research Compliance Office for review. The Amendment must be approved by the IRB before being implemented.

3. Continuing Review: The protocol must be renewed each year in order to continue with the research project. A Continuing Review Application, along with required documents must be submitted 45 days before the end of the approval period, to the Research Compliance Office. Failure to do so may result in processing delays and/or non-renewal.
4. Completion Report: Upon completion of the research project (including data analysis and final written papers), a Completion Report must be submitted to the Research Compliance Office.
5. Records Retention: All research related records must be retained for three years beyond the completion date of the study in a secure location. At a minimum these documents include: the research protocol, all questionnaires, survey instruments, interview questions and/or data collection instruments associated with this research protocol, recruiting or advertising materials, any consent forms or information sheets given to participants, all correspondence to or from the IRB or Office of Research Compliance, and any other pertinent documents.
6. Adverse Events: Adverse events must be reported to the Research Compliance Office immediately.
7. Post-approval monitoring: Requested materials for post-approval monitoring must be provided by dates requested.