



**BODY IMAGE IN MIDLIFE:  
DEVELOPING A PSYCHOSOCIAL INTERVENTION  
FOR WOMEN WHO HAVE RECEIVED TREATMENT  
FOR BREAST CANCER**

**Volume II of II  
Appendices**

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## Appendix 1 Study One: Databases, search terms, and number of hits

Database	Search Field	Search Terms			No. of Hits
		Women / Breast cancer	Body Image	Intervention	
EBSCO	Abstract	Women Female* Breast cancer Breast tumo#r Breast onco*	Body image Body dissatis* Body satis* Body esteem Body appreciate* Body ideal Body size Appearance Shape concern Shape dissatis* Weight concern Weight dissatis* Aesthetic*	Psychological intervention Psychosocial intervention* Psycho-social intervention* Psychological * intervention Psychosocial * intervention Psycho-social * intervention Psycholo* therapy Group therapy Program* Education Teaching Exercise Advice Communica* Social skill* Social support Camouflage Make-up Wig Scarves CBT Cognitive behavio?ral therapy Behavio?ral therapy Counsel* Peer * Couple-based intervention* Nursing care Psycholo* care Relaxation Self help Self-help Prevent*	4,450
ProQuest	Abstract	Women Female\$ Breast cancer Breast tumo#r Breast onco\$	Body image Body dissatis\$ Body satis\$ Body esteem Body appreciate\$ Body ideal Body size Appearance Shape concern Shape dissatis\$ Weight concern Weight dissatis\$	Psychological intervention Psychosocial intervention\$ Psycho-social intervention\$ Psychological \$ intervention Psychosocial \$ intervention Psycho-social \$ intervention Psycholo\$ therapy Group therapy Program\$ Education Teaching Exercise	422

Database	Search Field	Search Terms			No. of Hits
		Women / Breast cancer	Body Image	Intervention	
			Aesthetic\$	Advice Communica\$ Social skill\$ Social support Camouflage Make-up Wig Scarves CBT Cognitive behavio?ral therapy Behavio?ral therapy Counsel\$ Peer \$ Couple-based intervention\$ Nursing care Psycholo\$ care Relaxation Self help Self-help Prevent\$	
EMBASE	Abstract	Women Female* Breast cancer Breast tumo#r Breast onco*	Body image Body dissatis* Body satis* Body esteem Body appreciate* Body ideal Body size Appearance Shape concern Shape dissatis* Weight concern Weight dissatis* Aesthetic*	Psychological intervention Psychosocial intervention* Psycho-social intervention* Psychological * intervention Psychosocial * intervention Psycho-social * intervention Psycholo* therapy Group therapy Program* Education Teaching Exercise Advice Communica* Social skill* Social support Camouflage Beauty Wig Scarves CBT Cognitive behavio*ral therapy Behavio*ral therapy Counsel* Peer * Couple-based intervention* Nursing care Psycholo* care	6,232

Database	Search Field	Search Terms			No. of Hits
		Women / Breast cancer	Body Image	Intervention	
				Relaxation Self help Self-help Prevent*	
Science Direct	Abstract	Women Female* Breast cancer Breast tumor#r Breast onco*	Body image Body dissatis* Body satis* Body esteem Body appreciate* Body ideal Body size Appearance Shape concern Shape dissatis* Weight concern Weight dissatis* Aesthetic*	Psychological intervention Psychosocial intervention* Psycho-social intervention* Psychological * intervention Psychosocial * intervention Psycho-social * intervention Psycholo* therapy Group therapy Program* Education Teaching Exercise Advice Communica* Social skill* Social support Camouflage Make-up Wig Scarves CBT Cognitive behavio*ral therapy Behavio*ral therapy Counsel* Peer * Couple-based intervention* Nursing care Psycholo* care Relaxation Self help Self-help Prevent*	219
SSCI & SCI	Topic	Women Female* Breast cancer Breast tumor\$r Breast onco*	Body image Body dissatis* Body satis* Body esteem Body appreciate* Body ideal Body size Appearance Shape concern Shape dissatis* Weight concern Weight dissatis* Aesthetic*	Psychological intervention Psychosocial intervention* Psycho-social intervention* Psychological * intervention Psychosocial * intervention Psycho-social * intervention Psycholo* therapy Group therapy Program* Education Teaching Exercise Advice	5,404

Database	Search Field	Search Terms			No. of Hits
		Women / Breast cancer	Body Image	Intervention	
				Communica* Social skill* Social support Camouflage Make-up Wig Scarves CBT Cognitive behavior\$ral therapy Behavior\$ral therapy Counsel* Peer * Couple-based intervention* Nursing care Psycholo* care Relaxation Self help Self-help Prevent*	
Web of Knowledge: Grey lit	(no abstract option)	Women Female* Breast cancer Breast tumor\$ Breast onco*	Body image Body dissatis* Body satis* Body esteem Body appreciate* Body ideal Body size Appearance Shape concern Shape dissatis* Weight concern Weight dissatis* Aesthetic*	Psychological intervention Psychosocial intervention* Psycho-social intervention* Psychological * intervention Psychosocial * intervention Psycho-social * intervention Psycholo* therapy Group therapy Program* Education Teaching Exercise Advice Communica* Social skill* Social support Camouflage Make-up Wig Scarves CBT Cognitive behavior\$ral therapy Behavior\$ral therapy Counsel* Peer * Couple-based intervention* Nursing care Psycholo* care	339

Database	Search Field	Search Terms			No. of Hits
		Women / Breast cancer	Body Image	Intervention	
				Relaxation Self help Self-help Prevent*	
PubMed	Topic (no abstract option)	women female "breast cancer" "breast tumour" "breast tumor" "breast oncology"	body image body dissatis* body satis* body esteem body appreciat* body ideal body size appearance shape concern shape dissatis* weight concern weight dissatis* aesthetic*	psychology intervention psychological intervention psychosocial intervention psycho-social intervention psychology therapy psychological therapy group therapy program* education teaching exercise advice communicat* social skills social support camouflage make-up beauty wig scarves CBT behavioural therapy behavioral therapy counsel* peer* couple-based couples intervention nursing care psychological care relaxation self-help self help prevent*	2,834
Cochrane Library	Title/Abstract	Women Female* "breast cancer" "breast tum*r" "breast onco*"	"body image" "body dissatis*" "body satis*" "body esteem" "body appreciate*" "body ideal" "body size" appearance "shape concern" "shape dissatis*" "weight concern"	"psychological intervention*" "psychosocial intervention*" "psycho-social intervention*" "psychological * intervention" "psychosocial * intervention" "psycho-social * intervention" "psycholo* therapy" "group therapy"	286

Database	Search Field	Search Terms			No. of Hits
		Women / Breast cancer	Body Image	Intervention	
			"weight dissatis*" aesthetic*	program* education teaching exercise advice communica* "social skill*" "social support" camouflage "make-up" beauty wig scarves CBT "cognitive behavio*ral therapy" "behavial therapy" counsel* peer* "couple-based intervention*" "nursing care" "psycholo* care" relaxation "self help" "self-help" prevent*	
Zetoc	Abstract	Women* Female* Breast Cancer*	Body image* Appearance*		99
EThOS	All search terms	Women Female Breast cancer	Body image Appearance		39
National Research Register	All search terms	Women Female Breast cancer	Body image Appearance		378
UK Clinical Research Network	All fields		Body image Appearance		1



## Appendix 2 Study One: Risk of bias judgements for individual studies

### Studies targeting women not treated for breast cancer

Interventions with significant effects on body image at follow-up

McLean et al (2011)		
Entry	Judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	“Suitable participants were randomly allocated to intervention or delayed treatment control groups”.
Allocation concealment (selection bias)	Low risk	“Allocation followed a computer-generated randomization plan that used randomly permuted blocks and was managed by an external researcher.”
Blinding of participants and facilitators (performance bias)	High risk	Author was facilitator.
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided.
Incomplete outcome data addressed (attrition bias)	Low risk	“Study completion rate from baseline to post-test was also high (intervention, 87.9%; control, 86.2%). The 6-month follow-up assessment was completed by 25 (75.6%) intervention participants. Differences in baseline scores between completers and dropouts were not examined for statistical significance as the number of dropouts was low (intervention $n = 3$ ; control $n = 4$ )”. An intent-to-treat analysis was carried out.
Selective reporting (reporting bias)	Low risk	All variable outcomes consistently reported throughout.
Other sources of bias	Low risk	None.

Pearson et al (2012)		
	Judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	“Individuals who elected to participate in the study were randomized by coin flip to either the ACT condition or a wait-list control condition”.
Allocation concealment (selection bias)	Unclear	No information provided.
Blinding of participants and facilitators (performance bias)	High risk	No information provided.
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided.
Incomplete outcome data addressed (attrition bias)	Low risk	Similar numbers of missing data across groups and adequate reasons for missing data provided.
Selective reporting (reporting bias)	Low risk	All variable outcomes consistently reported throughout.
Other sources of bias	Low risk	None.

<b>Smith et al (2001)</b>		
<b>Entry</b>	<b>Judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	Low risk	“Random assignment to the two conditions”.
Allocation concealment (selection bias)	Unclear risk	No information provided.
Blinding of participants and facilitators (performance bias)	High risk	“Their work was observed and supervised by the first author”.
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided.
Incomplete outcome data addressed (attrition bias)	Low risk	“9 of the 46 participants in the CBT group dropped out; however this difference was not significant”, “nor were there differences of pre-treatment values between drop-outs and completers”. “There were no differences in assessment completion rates across treatment conditions or exercise status.”
Selective reporting (reporting bias)	Low risk	All variable outcomes consistently reported throughout.
Other sources of bias	Low risk	“A significant baseline difference was detected for the MBSRQ Overweight Preoccupation scale. This was addressed later in the pre-treatment outcome analyses”.

#### Interventions with significant effects on body image at post-intervention only

<b>Elavsky &amp; McAuley (2007)</b>		
<b>Entry</b>	<b>Judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	Low risk	“The randomization was performed by study investigators using the Statistical Package for Social Sciences software with participants being stratified based on the daily frequency of vasomotor-type symptoms (self-reported during initial telephone screening) to ensure equal representation across all three groups.”
Allocation concealment (selection bias)	Unclear risk	No information provided.
Blinding of participants and facilitators (performance bias)	High risk	“Participants were informed of their assignment by email”.
Blinding of outcome assessment (detection bias)	Low risk	“All medical and testing staff were blind to group allocation at outcome assessment.”
Incomplete outcome data addressed (attrition bias)	High risk	“There were some missing data across assessments due to participant refusal to answer certain questions, failure to return some questionnaires, or refusal to participate in physiological testing or body composition assessment using the DXA”. “Drop outs differed from those who completed the study relative to BMI and body measurement”.
Selective reporting (reporting bias)	Low risk	All variable outcomes consistently reported throughout
Other sources of bias	Low risk	Baseline comparison: Participants in the control group were slightly younger than participants in the other groups. These differences were controlled for in analyses.

<b>Hős (2005)</b>		
<b>Entry</b>	<b>Judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	High risk	“Participants who could not take part in the aerobic programme for several reasons formed the control group”.
Allocation concealment (selection bias)	High risk	See above.
Blinding of participants and facilitators (performance bias)	High risk	See above.
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided.
Incomplete outcome data addressed (attrition bias)	Unclear risk	Attrition not addressed.
Selective reporting (reporting bias)	Low risk	All variable outcomes consistently reported throughout.
Other sources of bias	Low risk	None.

<b>Poelke (1998)</b>		
<b>Entry</b>	<b>Judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	Low risk	“Participants were randomized to the CALMM intervention or waitlist-control group”.
Allocation concealment (selection bias)	Unclear risk	No information provided.
Blinding of participants and facilitators (performance bias)	High risk	“Participants were informed about being randomly assigned to the waitlist condition or the intervention, and they were encouraged to consider their commitment to this study.”
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided.
Incomplete outcome data addressed (attrition bias)	Low risk	Similar numbers of missing data across groups and adequate reasons for missing data provided.
Selective reporting (reporting bias)	Low risk	All variable outcomes consistently reported throughout.
Other sources of bias	Low risk	None.

## Interventions with no significant effects on body image

<b>Cruz-Ferreira et al (2011)</b>		
<b>Entry</b>	<b>Judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	Low risk	“Participants were randomly allocated by an honest broker, using a table of random numbers to the Pilates exercise group or the control group.”
Allocation concealment (selection bias)	Low risk	“The allocation was concealed.”
Blinding of participants and facilitators (performance bias)	High risk	Author was the facilitator.
Blinding of outcome assessment (detection bias)	Low risk	“The psychological parameters were measured by an assessor, blinded to the participants’ group assignment.”
Incomplete outcome data addressed (attrition bias)	High risk	“After the randomization and before the first assessment, 18 participants dropped out of the study, 2/40 from the EG and 16/40 from the CG... The reasons for withdrawal from the EG were personal issues, such as lack of time, and from the CG were illness (n = 2), pregnancy (n = 1) and personal issues (n = 13), namely the desire to engage in an exercise program.” – Related to outcome.
Selective reporting (reporting bias)	Low risk	All variable outcomes consistently reported throughout.
Other sources of bias	Low risk	None

<b>Arbour &amp; Ginis (2008)</b>		
<b>Entry</b>	<b>Judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	Low risk	“Random assignment to either the experimental or control condition”.
Allocation concealment (selection bias)	Unclear risk	“Random numbers were used” – no indication of whether concealed.
Blinding of participants and facilitators (performance bias)	Participants = Low risk Facilitators = High risk	“Participants were unaware of the 2 different conditions until debriefing”. Author was the facilitator.
Blinding of outcome assessment (detection bias)	Low risk	Outcome assessor blinded to participant group assignment.
Incomplete outcome data addressed (attrition bias)	Low risk	Missing outcome data balanced across groups, with similar reasons given.
Selective reporting (reporting bias)	Low risk	All variable outcomes consistently reported throughout.
Other sources of bias	High risk	No evidence of a baseline comparison between conditions on all variables.

<b>Merckx (2003)</b>		
<b>Entry</b>	<b>Judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	High risk	“Participants were matched following completion of the pre-intervention questionnaire according to appearance evaluation scores, and randomly assigned to one of three treatment groups. A matching technique was used to divide the participants into equal cells that represented similar appearance evaluations from MBSRQ were present in each group”. Method of random assignment not described. In 3 cases, participants were assigned to a condition by a physician.
Allocation concealment (selection bias)	High risk	No information provided.
Blinding of participants and facilitators (performance bias)	High risk	No information provided.
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided.
Incomplete outcome data addressed (attrition bias)	Unclear risk	Attrition not addressed.
Selective reporting (reporting bias)	Low risk	All variable outcomes consistently reported throughout.
Other sources of bias	High risk	No evidence of a baseline comparison between variables.

### **Studies targeting women treated for breast cancer**

Interventions with significant effects on body image at follow-up only and not at post-intervention

<b>Hsu et al (2010)</b>		
<b>Entry</b>	<b>Judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	High risk	“Convenience sampling approach to recruiting participants.”
Allocation concealment (selection bias)	High risk	Unable to conceal allocation due to convenience sampling approach.
Blinding of participants and facilitators (performance bias)	High risk	No information provided.
Blinding of outcome assessment (detection bias)	Unclear risk	“The researchers collected the data from T1; separately, two trained oncology nurses collected the data from T2 and T3 to avoid researcher bias and threat of external validity.” Still no indication of blinding.
Incomplete outcome data addressed (attrition bias)	Low risk	“One control group participant withdrew from the study for personal reasons.”
Selective reporting (reporting bias)	Low risk	All variable outcomes consistently reported throughout.
Other sources of bias	Low risk	None.

## Interventions with significant effects on body image at post-intervention only

<b>Fadaei et al (2011)</b>		
<b>Entry</b>	<b>Judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	High risk	“The patients were divided into two groups using convenience method.”
Allocation concealment (selection bias)	High risk	Unlikely. See above.
Blinding of participants and facilitators (performance bias)	High risk	No information provided.
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided.
Incomplete outcome data addressed (attrition bias)	Unclear risk	Attrition rate not described.
Selective reporting (reporting bias)	Low risk	All variable outcomes consistently reported throughout.
Other sources of bias	Low risk	None.

<b>Mehnert et al (2011)</b>		
<b>Entry</b>	<b>Judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	Low risk	“A simple randomization procedure was applied with external randomization at the Hamburg University Institute of Sports Medicine.”
Allocation concealment (selection bias)	Low risk	“External randomization”.
Blinding of participants and facilitators (performance bias)	High risk	No information provided.
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided.
Incomplete outcome data addressed (attrition bias)	Low risk	“No participants dropped out of the study since enrolment.”
Selective reporting (reporting bias)	Low risk	All variable outcomes consistently reported throughout.
Other sources of bias	Low risk	None.

<b>Salonen et al (2009)</b>		
<b>Entry</b>	<b>Judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	High risk	“The women were quasi-randomized according to the pre-existing admitting schedule, that is, the group assignment was based on the raffled order of the questionnaires. Women who got odd numbers were assigned to the intervention group, and women who got even numbers were assigned to the control group.”
Allocation concealment (selection bias)	High risk	“No blinding was used, but at the time of consent, neither the nurse nor the consenting women knew to which group each woman would be assigned.”
Blinding of participants and facilitators (performance bias)	High risk	“No blinding was used, but at the time of consent, neither the nurse nor the consenting women knew to which group each woman would be assigned.”
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided.
Incomplete outcome data addressed (attrition bias)	High risk	Unequal numbers of participants dropped out across groups, and no reasons provided for withdrawal.
Selective reporting (reporting bias)	Low risk	All variable outcomes consistently reported throughout.
Other sources of bias	Low risk	None

<b>Speck et al (2010)</b>		
<b>Entry</b>	<b>Judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	Low risk	“A blinded staff member placed participants randomly into two equal-sized groups through a computerized process called minimization.”
Allocation concealment (selection bias)	Low risk	“..in a manner that was unpredictable and concealed from those who determined eligibility”
Blinding of participants and facilitators (performance bias)	High risk	No information provided.
Blinding of outcome assessment (detection bias)	Low risk	“All measurement staff remained blinded throughout the study”.
Incomplete outcome data addressed (attrition bias)	High risk	“The rate of participants lost to follow-up was 20.7% (N = 61) for complete baseline and 12-month BIRS scores.” Adequate reasons for withdrawal not provided. As-treated analysis conducted.
Selective reporting (reporting bias)	Low risk	All variable outcomes consistently reported throughout.
Other sources of bias	Low risk	None

## Interventions with no significant effects on body image

<b>Beatty et al (2010)</b>		
<b>Entry</b>	<b>Judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	Low risk	“Block random allocation was used (implemented through the use of numbered containers)”.
Allocation concealment (selection bias)	Low risk	“The sequence was concealed until interventions were assigned and informed of their treatment status on receiving the workbook (treatment intervention) or an information booklet (control condition).”
Blinding of participants and facilitators (performance bias)	Participants: Low risk Facilitators: N/A	Active control group.
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided.
Incomplete outcome data addressed (attrition bias)	Low risk	“Non-respondents numbered four at 3 months follow-up (intervention: 1/25; control: 3/24) and zero at 6 months follow-up.” All participants analysed.
Selective reporting (reporting bias)	Low risk	All variable outcomes consistently reported throughout.
Other sources of bias	Low risk	None.

<b>Dibbell-Hope (2000)</b>		
<b>Entry</b>	<b>Judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	Low risk	“Women were randomly assigned to either a treatment or a control group of 10 to 12 members in each area”.
Allocation concealment (selection bias)	Unclear risk	No information provided.
Blinding of participants and facilitators (performance bias)	High risk	No information provided.
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided.
Incomplete outcome data addressed (attrition bias)	Unclear risk	Attrition rate not addressed.
Selective reporting (reporting bias)	Low risk	All variable outcomes consistently reported throughout.
Other sources of bias	Low risk	None.



<b>Duijts et al (2012)</b>		
<b>Entry</b>	<b>Judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	Low risk	“patients were randomly assigned to the CBT, PE, CBT/PE, or control groups using computerized block randomization.”
Allocation concealment (selection bias)	Unclear risk	No information provided.
Blinding of participants and facilitators (performance bias)	High risk	No information provided.
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided.
Incomplete outcome data addressed (attrition bias)	Low risk	“Percentage available follow-up data did not differ significantly between groups.” All analyses were conducted on an intention-to-treat basis.
Selective reporting (reporting bias)	High risk	“Only those variables for which significant group differences over time were observed are reported in this table.”
Other sources of bias	Low risk	None.

<b>Helgeson et al (1999)</b>		
<b>Entry</b>	<b>Judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	Low risk	“When 10-12 women had been recruited for a site, the group was randomized to 1 of 4 conditions”.
Allocation concealment (selection bias)	Unclear risk	No information provided.
Blinding of participants and facilitators (performance bias)	High risk	No information provided.
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided.
Incomplete outcome data addressed (attrition bias)	Unclear risk	Analysed data using all participants. Article states “since those who did not attend meeting or attended a few times were excluded”, but doesn’t state the number.
Selective reporting (reporting bias)	High risk	“We analyzed the individual MOS SF-36 scales and summarized their results, but do not present the data in this article.”
Other sources of bias	Low risk	None.

<b>Jun et al (2011)</b>		
<b>Entry</b>	<b>Judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	Low risk	“Sixty participants who met all the inclusion criteria were randomly selected from a sampling list and assigned to either the intervention or the control group using a random-number table with consecutive numbers.”
Allocation concealment (selection bias)	High risk	Used an open random allocation schedule.
Blinding of participants and facilitators (performance bias)	High risk	No information provided.
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided.
Incomplete outcome data addressed (attrition bias)	Low risk	Similar numbers of missing data across groups, and similar reasons for withdrawal provided which were unrelated to the intervention. Intention-to-treat analysis used.
Selective reporting (reporting bias)	Low risk	All variable outcomes consistently reported throughout.
Other sources of bias	Low risk	None.

<b>Mock et al (1994)</b>		
<b>Entry</b>	<b>Judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	Low risk	“The investigator randomly assigned participants in clusters to an experimental group or a usual care group.”
Allocation concealment (selection bias)	Unclear risk	No information provided.
Blinding of participants and facilitators (performance bias)	High risk	No information provided.
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided.
Incomplete outcome data addressed (attrition bias)	High risk	“4 of the 18 (22%) possible participants withdrew for reasons unrelated to the study.” Data analysis was carried out on the remaining 14 participants (Experimental: 9, Control: 5).
Selective reporting (reporting bias)	Low risk	All variable outcomes consistently reported throughout.
Other sources of bias	Low risk	None.

<b>Pinto et al (2005)</b>		
<b>Entry</b>	<b>Judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	Low risk	“They were stratified for age (50 years v 50 years), cancer stage (stage 0 and I v stage II), and medical treatment (received v did not receive chemotherapy) and then randomly assigned to the PA or control group.”
Allocation concealment (selection bias)	Unclear risk	No information provided.
Blinding of participants and facilitators (performance bias)	High risk	No information provided.
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided.
Incomplete outcome data addressed (attrition bias)	Low risk	“The retained sample (n = 82) and the four dropouts did not differ significantly on demographic, medical, or treatment variables.”
Selective reporting (reporting bias)	Low risk	All outcome variables reported consistently throughout.
Other sources of bias	Low risk	“Significant differences were found on one demographic variable and one treatment variable. Both of these variables were controlled for as covariates in subsequent analyses.”

<b>Quintard and Lakdja (2008)</b>		
<b>Entry</b>	<b>Judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	Low risk	“Two groups of randomized subjects were constituted”.
Allocation concealment (selection bias)	Unclear risk	No information provided.
Blinding of participants and facilitators (performance bias)	High risk	No information provided.
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided.
Incomplete outcome data addressed (attrition bias)	Low risk	No drop outs.
Selective reporting (reporting bias)	Low risk	All variable outcomes consistently reported throughout.
Other sources of bias	Low risk	None.

<b>Sandel et al (2005)</b>		
<b>Entry</b>	<b>Judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	Low risk	“Randomization was done by computer-generated random numbers, with a separate list for each cancer centre.”
Allocation concealment (selection bias)	Low risk	“Sequential sealed envelopes were opened at the conclusion of baseline testing.”
Blinding of participants and facilitators (performance bias)	High risk	No information provided.
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided.
Incomplete outcome data addressed (attrition bias)	Low risk	“Reasons for dropping out included fatigue, other commitments, and one participant reported shoulder discomfort. An evaluation by an independent physical therapist, who was not associated with the study, determined that the discomfort was related to a preexisting shoulder condition, and was unlikely related to the program.”. An intention-to-treat analysis was used.
Selective reporting (reporting bias)	Low risk	All variable outcomes consistently reported throughout.
Other sources of bias	Low risk	None.

<b>Scheier et al (2005)</b>		
<b>Entry</b>	<b>Judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	Low risk	“Participants were randomly assigned either to a control arm, which received standard medical care, or to one of two active treatment arms.”
Allocation concealment (selection bias)	Unclear risk	No information provided.
Blinding of participants and facilitators (performance bias)	High risk	No information provided.
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided.
Incomplete outcome data addressed (attrition bias)	High risk	More than 10% of participants withdrew and reasons for withdrawal not provided in the majority of cases. As-treated analysis carried out.
Selective reporting (reporting bias)	Low risk	All variable outcomes consistently reported throughout.
Other sources of bias	Low risk	None.

<b>Svensk et al (2009)</b>		
<b>Entry</b>	<b>Judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	Low risk	“The randomization was computer-generated.”
Allocation concealment (selection bias)	Unclear risk	No information provided.
Blinding of participants and facilitators (performance bias)	High risk	No information provided.
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided.
Incomplete outcome data addressed (attrition bias)	Low risk	“One of the 42 participants in the control group was excluded because of incomplete data. Data analyses therefore comprise 41 women, 20 women in the intervention group and 21 in the control group.”
Selective reporting (reporting bias)	Low risk	All variable outcomes consistently reported throughout.
Other sources of bias	Low risk	None.

<b>Vito (2008)</b>		
<b>Entry</b>	<b>Judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	High risk	“Due to small numbers of participants, every other person was assigned to the yoga treatment group in order to facilitate beginning the study.”
Allocation concealment (selection bias)	High risk	Unable to conceal alternation.
Blinding of participants and facilitators (performance bias)	High risk	No information provided.
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided.
Incomplete outcome data addressed (attrition bias)	High risk	22% of participants dropped out, and imbalance of numbers across groups. As-treated analysis conducted.
Selective reporting (reporting bias)	Low risk	All variable outcomes consistently reported throughout.
Other sources of bias	High risk	“Significant differences were found at baseline between the yoga and the control group on the Marlowe-Crown social desirability scale and the MFSI mental fatigue subcategory”.

## Appendix 3 Study Two: Participant information page

### Information Sheet

#### **The Exploration of Body Image amongst Adult Women**

You are being invited to take part in a research study. Before you decide whether to participate, it is important for you to understand why the research is being carried out and what it will involve.

Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like further information.

#### **Who is carrying out the research?**

This study is being carried out by Helena Lewis-Smith, a PhD student based at the Centre for Appearance Research at the University of the West of England. The PhD is being supervised by Prof Diana Harcourt, Dr Phillipa Diedrichs, and Prof Nichola Rumsey.

#### **What is the purpose of the study?**

The purpose of this study is to explore the thoughts and feelings that adult women possess regarding their appearance. We are including women who have been diagnosed with breast cancer, as well as women who have not. We are interested in whether the nature of, and influences on body image are similar or different between women who have, and have not, received a diagnosis of breast cancer. Findings will help to inform the development of a body image intervention.

#### **Why have I been invited to take part?**

We are inviting women over the age of 35, with or without a diagnosis of breast cancer to take part in the study. We are looking for a total of 500 women to participate (250 who have been diagnosed with breast cancer, and 250 who have not).

#### **What will participation involve and how long will it take?**

If you agree to take part in the study, you will be asked to complete an online survey. The survey will ask you questions about the thoughts and feelings you hold regarding your appearance. Some questions might sound quite similar, but they allow us to compare information, for example, between women who have, and have not, received a diagnosis of breast cancer. It is therefore important that you try to answer them all.

The survey will take approximately 30 minutes of your time to complete, however you do not have to complete it all in one sitting. You just need to paste the survey link in to your browser and it will take you back to where you were in the survey. Link: <http://bit.ly/1pOHcmG>

Upon completion of the survey, you have the opportunity to be entered into a prize draw to win one of four £25 Amazon vouchers.

#### **What about confidentiality?**

The online survey is secure and the information you provide will be kept strictly confidential and anonymous. You will generate a unique participant identification code which is needed in the case that you wish to withdraw your data at a later date. Should you wish to withdraw, you will need to inform us by email ([helena.lewis-smith@uwe.ac.uk](mailto:helena.lewis-smith@uwe.ac.uk)), quoting your unique participant identification code. This will allow us to identify all the material that needs to be deleted due to your withdrawal from the study.

Upon completion of the survey, you have the opportunity to provide your email address if you wish to enter the prize draw and/or wish to be informed of the findings. Your email address will be kept separately from your responses to ensure that your anonymity is protected.

Your data may be published in an academic journal or presented at a conference, and whilst your direct quotes might be used, any identifying information will remain anonymous. Data will only be accessible to the researchers working on the programme.

#### **Do I have to complete the whole survey?**

Your participation in this research is entirely voluntary and you have the right to answer as many or as few questions as you wish. However the more questions you answer, the more helpful this will be.

#### **What are the potential disadvantages and risks of taking part?**

We understand that participating in research can raise sensitive issues or painful emotions. If you find yourself feeling distressed during the study, we recommend for you to contact the following for support:

- Your GP
- NHS Choices: Counselling: <http://www.nhs.uk/conditions/counselling/pages/introduction.aspx>
- Mind: <http://www.mind.org.uk/> or 0300 123 3393 (helpline)
- BEAT: The Eating Disorders Association: [www.b-eat.co.uk](http://www.b-eat.co.uk)
- Breast Cancer Care: <http://www.breastcancercare.org.uk> or 0808 800 6000 (free helpline)
- NHS Choices: Cancer information and support services: <http://www.nhs.uk/Service-Search/Information-and-support-for-cancer/LocationSearch/320>

It is entirely your choice what you wish to share with the researchers. We must also reassure you that there are no right or wrong answers, and no judgements will be made on the basis of the information you provide.

#### **What are the potential benefits of taking part?**

Although we cannot promise that this study will help you personally, we hope that having the opportunity to share your opinions and experiences will be a positive experience. Your participation will contribute towards a greater understanding of body image amongst adult women, whilst also helping to inform the development of future body image interventions which have the potential to improve the lives of women who are distressed about their appearance.

#### **Can I withdraw from the study?**

You have the right to withdraw from the study up to four weeks after you have completed the survey. Should you wish to withdraw your information from the study, you will need to inform us by email, quoting your participant identification code which you will generate before you begin the survey. This will enable us to identify all the material that needs to be withdrawn from the study.

#### **What will happen to the results of this study?**

The results of this study will be discussed in academic journals or presented at conferences. The findings will also be shared with Breast Cancer Care and healthcare professionals. However, you will not be identified in any outputs from the research. We will also provide feedback to all participants, so that you will be informed of the study findings.

#### **Who has reviewed this study?**

This study has been reviewed and approved by the University of the West of England Research Ethics Committee (REF No: HAS/14/03/63) and Breast Cancer Care.

#### **Contact for further information**

Helena Lewis-Smith (PhD researcher): [Helena.lewis-smith@uwe.ac.uk](mailto:Helena.lewis-smith@uwe.ac.uk) or 0117 93281895

Prof Diana Harcourt (Primary Supervisor): [Diana2.Harcourt@uwe.ac.uk](mailto:Diana2.Harcourt@uwe.ac.uk) or 0117 93282192

**Appendix 4 Study Two: Participant consent form****STATEMENT OF CONSENT**

Before you take part in the survey, we would like to make sure that you have understood the information we have provided so far. Please answer all the following questions honestly, by clicking on the 'Yes' or 'No'.

- |    |  |     |    |
|----|--|-----|----|
| 1. | Do you understand that by consenting to take part in this study you are still able to withdraw at any time without having to give any reasons?   | Yes | No |
| 2. | Do you understand that you can ask questions about the study after you have completed the study?   | Yes | No |
| 3. | Do you understand that you will never be personally identified in any report or write up that stems from this research and that your name will be replaced by a number so that all the data can remain confidential? | Yes | No |
| 4. | Do you confirm that you are over the age of 35?  | Yes | No |
| 5. | Do you consent to taking part in this study?   | Yes | No |



**Appendix 5 Study Two: Survey questions**Information about yourself

What is your age? ..... years

How would you describe your ethnic group?

- White
- Mixed/multiple ethnic group
- Asian/Asian British
- Black/African/Caribbean/Black British
- Other (please state) .....

What is your marital status?

- Single
- Married
- In a relationship
- Divorced
- Separated
- Widowed

How many children do you have? .....

What is your employment status?

- Working full time
- Working part-time
- Unemployed
- Retired
- Student
- Other (please state) .....

What is the highest level of education you have completed?

- GCSE/O-Level or equivalent
- A Level or equivalent
- Higher education certificate or diploma
- Undergraduate degree
- Master's degree
- PhD or equivalent
- No qualifications

Which area do you live in?

- England  
 Scotland  
 Wales  
 Northern Ireland  
 Ireland  
 Outside the UK and Ireland (please state)
- .....

What is your height?

..... feet.....inches **or**

.....metres .....centimetres

- Don't know

What is your weight?

.....stones ..... pounds **or**

.....kg

- Don't know

What is your menopausal status?

- Postmenopausal (no periods for over 12 months)  
 No period in past 12 months  
 Bleeding in past 12 months but not in the past 3 months  
 Experiencing period irregularity  
 Premenopausal  
 Medical menopause (menopause caused by treatment)

Have you ever received a diagnosis of cancer?

- No  
 Yes

If **yes**, what type of cancer was this?

- Breast cancer  
 Other (please state) .....

**(IF BREAST CANCER INDICATED, FUNNEL TO BREAST CANCER-SPECIFIC QUESTIONS LATER ON)**

The following pages contain a series of statements and questions about how people might think, feel, or behave. You will be asked to indicate the extent to which statements relate to you personally. You will also be asked open-ended questions for which we are interested in hearing your thoughts and experiences.

Please read each of the following items carefully. Using the scale provided, please indicate the number that reflects your degree of agreement with the statement.

- 1**        **Definitely disagree**  
**2**        **Mostly disagree**  
**3**        **Neither agree nor disagree**  
**4**        **Mostly agree**  
**5**        **Definitely agree**

- \_\_\_\_\_ 1. I would pass most physical-fitness tests.  
 \_\_\_\_\_ 2. It is important that I have superior physical strength.  
 \_\_\_\_\_ 3. I am not involved in a regular exercise program.  
 \_\_\_\_\_ 4. I am in control of my health.  
 \_\_\_\_\_ 5. I know a lot about things that affect my physical health.  
 \_\_\_\_\_ 6. I have deliberately developed a healthy lifestyle.  
 \_\_\_\_\_ 7. I constantly worry about being or becoming fat.  
 \_\_\_\_\_ 8. I like my looks just the way they are.  
 \_\_\_\_\_ 9. My physical endurance is good.  
 \_\_\_\_\_ 10. Participating in sports is unimportant to me.  
 \_\_\_\_\_ 11. I do not actively do things to keep physically fit.  
 \_\_\_\_\_ 12. My health is a matter of unexpected ups and downs.  
 \_\_\_\_\_ 13. Good health is one of the most important things in my life.  
 \_\_\_\_\_ 14. I don't do anything that I know might threaten my health.  
 \_\_\_\_\_ 15. I am very conscious of even small changes in my weight.  
 \_\_\_\_\_ 16. Most people would consider me good-looking.  
 \_\_\_\_\_ 17. I easily learn physical skills.  
 \_\_\_\_\_ 18. Being physically fit is not a strong priority in my life.  
 \_\_\_\_\_ 19. I do things to increase my physical strength.  
 \_\_\_\_\_ 20. I am seldom physically ill.  
 \_\_\_\_\_ 21. I take my health for granted.  
 \_\_\_\_\_ 22. I often read books and magazines that pertain to health.  
 \_\_\_\_\_ 23. I like the way I look without my clothes on.  
 \_\_\_\_\_ 24. I do poorly in physical sports or games.  
 \_\_\_\_\_ 25. I seldom think about my athletic skills.  
 \_\_\_\_\_ 26. I work to improve my physical stamina.

- \_\_\_\_\_ 27. From day to day, I never know how my body will feel.
- \_\_\_\_\_ 28. If I am sick, I don't pay much attention to my symptoms.
- \_\_\_\_\_ 29. I make no special effort to eat a balanced and nutritious diet.
- \_\_\_\_\_ 30. I like the way my clothes fit me.
- \_\_\_\_\_ 31. I dislike my physique.
- \_\_\_\_\_ 32. I don't care to improve my abilities in physical activities.
- \_\_\_\_\_ 33. I try to be physically active.
- \_\_\_\_\_ 34. I often feel vulnerable to sickness.
- \_\_\_\_\_ 35. I pay close attention to my body for any signs of illness.
- \_\_\_\_\_ 36. If I'm coming down with a cold or flu, I just ignore it and go on as usual.
- \_\_\_\_\_ 37. I am physically unattractive.
- \_\_\_\_\_ 38. I am very well coordinated.
- \_\_\_\_\_ 39. I know a lot about physical fitness.
- \_\_\_\_\_ 40. I play a sport regularly throughout the year.
- \_\_\_\_\_ 41. I am a physically healthy person.
- \_\_\_\_\_ 42. I am very aware of small changes in my physical health.
- \_\_\_\_\_ 43. At the first sign of illness, I seek medical advice.
- \_\_\_\_\_ 44. I am on a weight-loss diet.

Using the response scale provided with each statement, please indicate the number that represents your degree of agreement.

- \_\_\_\_\_ 45. I have tried to lose weight by fasting or going on crash diets.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very Often

- \_\_\_\_\_ 46. I think I am:

1. Very Underweight
2. Somewhat Underweight
3. Normal Weight
4. Somewhat Overweight
5. Very Overweight

\_\_\_\_\_ 47. From looking at me, most other people would think I am:

1. Very Underweight
2. Somewhat Underweight
3. Normal Weight
4. Somewhat Overweight
5. Very Overweight

Is there anything else you would like to add in relation to these questions?

.....

Please use the following scale to indicate how dissatisfied or satisfied you are with each of the following areas or aspects of your body.

- |          |   |
|----------|---|
| <b>1</b> | <b>Very dissatisfied</b>                  |
| <b>2</b> | <b>Mostly dissatisfied</b>                |
| <b>3</b> | <b>Neither satisfied nor dissatisfied</b> |
| <b>4</b> | <b>Mostly satisfied</b>                   |
| <b>5</b> | <b>Very satisfied</b>                     |

- |       |  |
|-------|--|
| _____ | 1.Face (facial features, complexion)               |
| _____ | 2. Hair (colour, thickness, texture)               |
| _____ | 3. Lower torso (buttocks, hips, thighs, legs)      |
| _____ | 4. Mid torso (waist, stomach)                      |
| _____ | 5. Upper torso (chest or breasts, shoulders, arms) |
| _____ | 6. Muscle tone                                     |
| _____ | 7. Weight  |
| _____ | 8. Height  |
| _____ | 9. Overall appearance                              |

Is there anything else you would like to add in relation to these questions?

.....

Please read each of the following items carefully. Using the scale provided, please indicate the number that reflects your degree of agreement with the statement

- |          |                            |
|----------|----------------------------|
| <b>1</b> | <b>Definitely disagree</b> |
| <b>2</b> | <b>Mostly disagree</b>     |

**3 Neither agree nor disagree**

**4 Mostly agree**

**5 Definitely agree**

- \_\_\_\_\_ 1. I do not care if my body looks like the body of people who are on TV
- \_\_\_\_\_ 2. I compare my body to the bodies of people who are on TV
- \_\_\_\_\_ 3. I would like my body to look like models who appear in magazines
- \_\_\_\_\_ 4. I compare my appearance to the appearance to the appearance of TV and movie stars
- \_\_\_\_\_ 5. I would like my body to look like the people who are in movies
- \_\_\_\_\_ 6. I do not compare my body to the bodies of people who appear in magazines
- \_\_\_\_\_ 7. I wish I looked like the models in music videos
- \_\_\_\_\_ 8. I compare my appearance to the appearance of people in magazines
- \_\_\_\_\_ 9. I do not try to look like the people on TV

Is there anything else you would like to add in relation to these questions?

.....

Please read each of the following items carefully. Using the scale provided, please indicate the number that reflects your degree of agreement with the statement

**1 Definitely disagree**

**2 Mostly disagree**

**3 Neither agree nor disagree**

**4 Mostly agree**

**5 Definitely agree**

- \_\_\_\_\_ 1. I have felt pressure from the media (TV, films, magazines, newspapers) to change my appearance
- \_\_\_\_\_ 2. I have felt pressure from my partner to change my appearance
- \_\_\_\_\_ 3. I have felt pressure from my friends to change my appearance
- \_\_\_\_\_ 4. I have felt pressure from my family to change my appearance

Is there anything else you would like to add in relation to these questions?

.....

The statements below are beliefs that people may or may not have about their physical appearance and its influence on life. Please read each of the following items carefully. Using the scale provided, please indicate the number that reflects your degree of agreement with the statement.

**1 Definitely disagree**

- 2 Mostly disagree**
- 3 Neither agree nor disagree**
- 4 Mostly agree**
- 5 Definitely agree**

- \_\_\_\_\_ 1. Before going out in public, I always notice how I look
- \_\_\_\_\_ 2. I am careful to buy clothes that will make me look my best
- \_\_\_\_\_ 3. I check my appearance in a mirror whenever I can
- \_\_\_\_\_ 4. Before going out, I usually spend a lot of time getting ready
- \_\_\_\_\_ 5. It is important that I always look good
- \_\_\_\_\_ 6. I use very few grooming products
- \_\_\_\_\_ 7. I am self-conscious if my grooming isn't right
- \_\_\_\_\_ 8. I usually wear whatever is handy without caring how it looks
- \_\_\_\_\_ 9. I don't care what people think about my appearance
- \_\_\_\_\_ 10. I take special care with my hair grooming
- \_\_\_\_\_ 11. I never think about my appearance
- \_\_\_\_\_ 12. I am always trying to improve my physical appearance

Is there anything else you would like to add in relation to these questions?

.....

Please read each of the following items carefully. Using the scale provided, please indicate the number that reflects your degree of agreement with the statement

- 1 Strongly disagree**
- 2 Mostly disagree**
- 3 Neither agree nor disagree**
- 4 Mostly agree**
- 5 Strongly agree**

- \_\_\_\_\_ 1. I compare myself to those who are better looking than me rather than those who are not
- \_\_\_\_\_ 2. I tend to compare my own physical attractiveness to that of magazine models
- \_\_\_\_\_ 3. I find myself thinking about whether my own appearance compares well with models and movie stars
- \_\_\_\_\_ 4. At the beach or athletic events (sports, gym, etc.) I wonder if my body is as attractive as the people I see there with very attractive bodies
- \_\_\_\_\_ 5. I tend to compare myself to people I think look better than me
- \_\_\_\_\_ 6. When I see a person with a great body, I tend to wonder how I 'match up' with them
- \_\_\_\_\_ 7. When I see good-looking people I wonder how I compare to them

- \_\_\_\_\_ 8. At parties or other social events, I compare my physical appearance to the physical appearance of the very attractive people
- \_\_\_\_\_ 9. I find myself comparing my appearance with people who are better looking than me
- \_\_\_\_\_ 10. I compare my body to people who have a better body than me
- \_\_\_\_\_ 11. When I see a person who is physically unattractive I think about how my body compares to theirs
- \_\_\_\_\_ 12. I tend to compare my body to those who have below average bodies
- \_\_\_\_\_ 13. At the beach, gym, or sporting events I compare my body to those with less athletic bodies
- \_\_\_\_\_ 14. I compare myself to people less good looking than me
- \_\_\_\_\_ 15. I think about how attractive my body is compared to overweight people
- \_\_\_\_\_ 16. At parties I often compare my looks to the looks of unattractive people
- \_\_\_\_\_ 17. I often compare myself to those who are less physically attractive
- \_\_\_\_\_ 18. I tend to compare my physical appearance with people whose bodies are not as physically appealing

Is there anything else you would like to add in relation to these questions?

.....

Please read each of the following items carefully. Using the scale provided, please indicate the number that reflects your degree of agreement with the statement

- 1 Strongly disagree**
- 2 Disagree**
- 3 Neither agree nor disagree**
- 4 Agree**
- 5 Strongly agree**

- \_\_\_\_\_ 1. I have never lied about my age in order to appear younger
- \_\_\_\_\_ 2. It doesn't bother me at all to imagine myself as being old
- \_\_\_\_\_ 3. I have never dreaded the day I would look in the mirror and see grey hairs
- \_\_\_\_\_ 4. I have never dreaded looking old
- \_\_\_\_\_ 5. When I look in the mirror, it bothers me to see how my looks have changed with age

Is there anything else you would like to add in relation to these questions?

.....

Please read each of the following items carefully and indicate the number that best reflects your agreement with the statement



- 1 Strongly disagree**
- 2 Disagree**
- 3 Neither agree nor disagree**
- 4 Agree**
- 5 Strongly agree**

- \_\_\_\_\_ 1. I try to adjust my expectations rather than think that my body should not change with age
- \_\_\_\_\_ 2. When I worry about the effects of age-related changes to my appearance, it helps to find a different way of looking at things
- \_\_\_\_\_ 3. It is realistic to accept changes in my body due to age
- \_\_\_\_\_ 4. I try to change my expectations about my appearance, rather than think that I must always look youthful
- \_\_\_\_\_ 5. I try to take the pressure off myself by thinking that it is okay for my body to change as I get older
- \_\_\_\_\_ 6. I change the ideals I set for my appearance, instead of feeling bothered about the effects of getting older
- \_\_\_\_\_ 7. It is unrealistic to expect that women should not show the effects of aging on their appearance
- \_\_\_\_\_ 8. I accept age-related changes to my body rather than worry about them
- \_\_\_\_\_ 9. Rather than worry about getting older, I change the standards I set for my appearance
- \_\_\_\_\_ 10. I accept the effects of aging rather than try to fight them
- \_\_\_\_\_ 11. When I look at my body now, I remind myself that changes with age are a natural part of life

Is there anything else you would like to add in relation to these questions?

.....

Please circle the relevant number to represent your agreement with the following statement:

*I have high self-esteem*

**Not very true of me      1      2      3      4      5      6      7      Very true of me**

Please read each of the following items carefully. Using the scale provided with each statement, please indicate the number that reflects your degree of agreement

\_\_\_\_\_ 1. I feel tense or 'wound up'

1. Most of the time
2. A lot of the time
3. Time to time, occasionally
4. Not at all

\_\_\_\_\_ 2. I still enjoy the things I used to enjoy

1. Definitely as much
2. Not quite as much
3. Only a little
4. Hardly at all

\_\_\_\_\_ 3. I get a sort of frightened feeling as if something awful is about to happen

1. Very definitely and quite badly
2. Yes, but not too badly
3. A little, but it doesn't worry me
4. Not at all

\_\_\_\_\_ 4. I can laugh and see the funny side of things

1. As much as I always could
2. Not quite so much now
3. Definitely not so much now
4. Not at all

\_\_\_\_\_ 5. Worrying thoughts go through my mind

1. A great deal of the time
2. A lot of the time
3. From time to time but not too often
4. Only occasionally

\_\_\_\_\_ 6. I feel cheerful

1. Not at all
2. Not often
3. Sometimes
4. Most of the time

\_\_\_\_\_ 7. I can sit at ease and feel relaxed

1. Definitely
2. Usually

3. Not often
4. Not at all

\_\_\_\_\_ 8. I feel as if I am slowed down

1. Nearly all the time
2. Very often
3. Sometimes
4. Not at all

\_\_\_\_\_ 9. I get a sort of frightened feeling like 'butterflies' in the stomach

1. Not at all
2. Occasionally
3. Quite often
4. Very often

\_\_\_\_\_ 10. I have lost interest in my appearance

1. Definitely
2. I don't take so much care as I should
3. I may not take quite as much care
4. I take just as much care as ever

\_\_\_\_\_ 11. I feel restless as if I have to be on the move

1. Very much indeed
2. Quite a lot
3. Not very much
4. Not at all

\_\_\_\_\_ 12. I look forward with enjoyment to things

1. As much as I ever did
2. Rather less than I used to
3. Definitely less than I used to
4. Hardly at all

\_\_\_\_\_ 13. I get sudden feelings of panic

1. Very often indeed
2. Quite often
3. Not very often
4. Not at all

\_\_\_\_\_ 14. I can enjoy a good book or radio or TV programme

1. Often
2. Sometimes
3. Not often
4. Very seldom

Is there anything else you would like to add in relation to these questions?

.....

Please indicate the extent to which you agree with the following items using the scale below

- 1 Strongly disagree**
- 2 Disagree**
- 3 Neutral**
- 4 Agree**
- 5 Strongly agree**

- \_\_\_\_\_ 1. In uncertain time, I usually expect the best
- \_\_\_\_\_ 2. If something can go wrong for me, it will
- \_\_\_\_\_ 3. I'm always optimistic about my future

Is there anything else you would like to add in relation to these questions?

.....

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

**Almost never      1      2      3      4      5      Almost always**

- \_\_\_\_\_ 1. When I fail at something important to me I become consumed by feelings of inadequacy.
- \_\_\_\_\_ 2. I try to be understanding and patient towards those aspects of my personality I don't like.
- \_\_\_\_\_ 3. When something painful happens I try to take a balanced view of the situation.
- \_\_\_\_\_ 4. When I'm feeling down, I tend to feel like most other people are probably happier than I am.
- \_\_\_\_\_ 5. I try to see my failings as part of the human condition.
- \_\_\_\_\_ 6. When I'm going through a very hard time, I give myself the caring and tenderness I need.
- \_\_\_\_\_ 7. When something upsets me I try to keep my emotions in balance.
- \_\_\_\_\_ 8. When I fail at something that's important to me, I tend to feel alone in my failure

- \_\_\_\_\_ 9. When I'm feeling down I tend to obsess and fixate on everything that's wrong.
- \_\_\_\_\_ 11. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.
- \_\_\_\_\_ 12. I'm disapproving and judgmental about my own flaws and inadequacies.
- \_\_\_\_\_ 13. I'm intolerant and impatient towards those aspects of my personality I don't like.

Is there anything else you would like to add in relation to these questions?

.....

Using the scale below, please indicate the number that best characterizes your attitudes or behaviour

- 1        Never**
- 2        Seldom**
- 3        Sometimes**
- 4        Often**
- 5        Always**

- \_\_\_\_\_ 1. I respect my body
- \_\_\_\_\_ 2. I feel good about my body
- \_\_\_\_\_ 3. On the whole, I am satisfied with my body
- \_\_\_\_\_ 4. Despite its flaws, I accept my body for what it is
- \_\_\_\_\_ 5. I feel that my body has at least some good qualities
- \_\_\_\_\_ 6. I take a positive attitude toward my body
- \_\_\_\_\_ 7. I am attentive to my body's needs
- \_\_\_\_\_ 8. My self-worth is independent of my body shape or weight
- \_\_\_\_\_ 9. I do not focus a lot of energy being concerned with my body shape or weight
- \_\_\_\_\_ 10. My feelings toward my body are positive, for the most part
- \_\_\_\_\_ 11. I engage in healthy behaviours to take care of my body
- \_\_\_\_\_ 12. I do not allow unrealistically thin images of women present in the media to affect my attitudes toward my body
- \_\_\_\_\_ 13. Despite its imperfections, I still like my body

Is there anything else you would like to add in relation to these questions?

.....

**BREAST CANCER-SPECIFIC QUESTIONS (ONLY COMPLETED BY WOMEN WITH BREAST CANCER)**

How long ago did you receive your diagnosis of breast cancer? ..... years ..... months

What type of breast cancer were you diagnosed with?

- Invasive
- Non-invasive (e.g. DCIS)
- Not sure

Overall, how long did your treatment last? .....months .....years

What type of surgical treatment did you receive?

- Lumpectomy or wide local excision
- Mastectomy *without* breast reconstruction
- Mastectomy *with immediate* breast reconstruction
- Mastectomy *with delayed* breast reconstruction

Please enter how long after your mastectomy you had the reconstruction: .....years.....  
months

- No surgical treatment
- Not sure

How long ago did you have your *last* surgical treatment?

- I did not have surgical treatment
- ..... years ..... months

Did you receive chemotherapy?

- Yes
- No
- Not sure

If **yes**, how long ago did you finish receiving chemotherapy?

..... years ..... months

Did you receive radiotherapy?

- Yes
- No
- Not sure

If **yes**, how long ago did you finish receiving radiotherapy?

..... years ..... months

What type of hormonal therapy, if any, did you receive?

- Tamoxifen

- Aromatase Inhibitor (e.g. Anastrozole, Exemestane, Letrozole)
- Other (please specify).....
- Not sure
- None

How long ago did you finish receiving hormone therapy?

- I did not receive hormone therapy
- ..... years ..... months

Have you received any type of support specifically focused on improving your feelings about your appearance?

- No
- Yes

If **yes**, at what point in your treatment journey did you receive this support?

- Upon diagnosis
- The beginning of treatment
- During treatment
- After treatment
- During the whole journey
- Other (please specify)

.....

If **yes**, what support was this?

- One-to-one therapy
- Self-help group
- Structured small group programme led by a trained facilitator
- Self-help material or Information
- Physical exercise
- Practical support (e.g. lingerie evenings, wig workshops, Look good.. feel better)

Other (please specify)

.....

If **yes**, from whom did you receive this support?

- Doctor
- Specialist Breast Cancer Nurse
- Psychologist/Counsellor
- Peers (other women who have had breast cancer)
- Other (please specify)

.....

If **yes**, did you find the support beneficial?

- Yes
- No

Do you feel support focusing on body image (feelings regarding your appearance) would be of benefit to yourself?

- No
- Yes

If **yes**, at what point in your treatment journey do you think this support would be of most benefit?

- Upon diagnosis
- The beginning of treatment
- During treatment
- After treatment
- During the whole journey
- Other (please specify)

.....

If **yes**, what type of support do you think would be of most benefit?

- One-to-one therapy
- Self-help group
- Structured small group programme led by a trained facilitator
- Self-help material or Information
- Physical exercise
- Practical support (e.g. lingerie evenings, wig workshops, Look good.. feel better)
- Other (please specify)

.....

If **yes**, from whom would you prefer to receive this support?

- Doctor
- Specialist Breast Cancer Nurse
- Psychologist/Counsellor
- Peers (other women who have had breast cancer)
- Other (please specify)

.....



## Appendix 6 Study Two: Participant debriefing page

### Debriefing Sheet

This study was designed to explore the nature of, and influences upon, appearance concerns amongst adult women (above the age of 35), with the intention of identifying possible targets for a body image intervention for women with breast cancer.

This study aimed to address the following questions:

- Are there similarities and differences in appearance concerns between women with, and without, breast cancer? i.e. do women with breast cancer experience issues which are distinct from their treatment-related appearance changes?
- What factors influence the body image of women with, and without, breast cancer?
- What features would women with breast cancer favour in a body image intervention?

All participants received the same questions regarding their thoughts and feelings about their appearance. However, women with a diagnosis of breast cancer were additionally asked about the impact of treatment-related appearance changes and preferences for a body image intervention.

If you wish to be informed of the study findings, you may enter your email below. This will be stored separately to your data, and so your data will remain anonymous.

### **Support**

There are a number of useful links from medical information to support groups/charities set up to help people affected by different body or appearance-related conditions. However, if you have any concerns at all about any aspect of your appearance or about your self-esteem in general, it is always best to start by talking to your GP who can advise you on finding the help you need.

### **Useful Links:**

1. **Mind** <http://www.mind.org.uk/>

The leading mental health charity for England and Wales

2. **Breast cancer Care** [www.breastcancercare.org.uk/](http://www.breastcancercare.org.uk/)

Support and advice for anyone affected by breast cancer

3. **BEAT: The Eating Disorders Association** [www.b-eat.co.uk](http://www.b-eat.co.uk)

A UK charity for people with eating disorders and their families

4. **NHS Choices: Counselling:**

<http://www.nhs.uk/conditions/counselling/pages/introduction.aspx>

Support and advice regarding different forms and availability of counselling services

5. **NHS Choices : Cancer Information and support services** <http://www.nhs.uk/Service-Search/Information-and-support-for-cancer/LocationSearch/320>

Find cancer support and information services in your area

**Contacting the researchers**

Please feel free to contact Helena Lewis-Smith (PhD Researcher) or Prof Diana Harcourt (Primary Supervisor) with any further questions you might have regarding the study.

Helena Lewis-Smith  
Centre for Appearance Research  
Faculty of Health and Applied Sciences  
University of the West of England  
Frenchay Campus, Bristol, BS16 1QY

[Helena.Lewis-Smith@uwe.ac.uk](mailto:Helena.Lewis-Smith@uwe.ac.uk)

0117 3281895

Prof Diana Harcourt  
Centre for Appearance Research  
Faculty of Health and Applied Sciences  
University of the West of England  
Frenchay Campus, Bristol, BS16 1QY

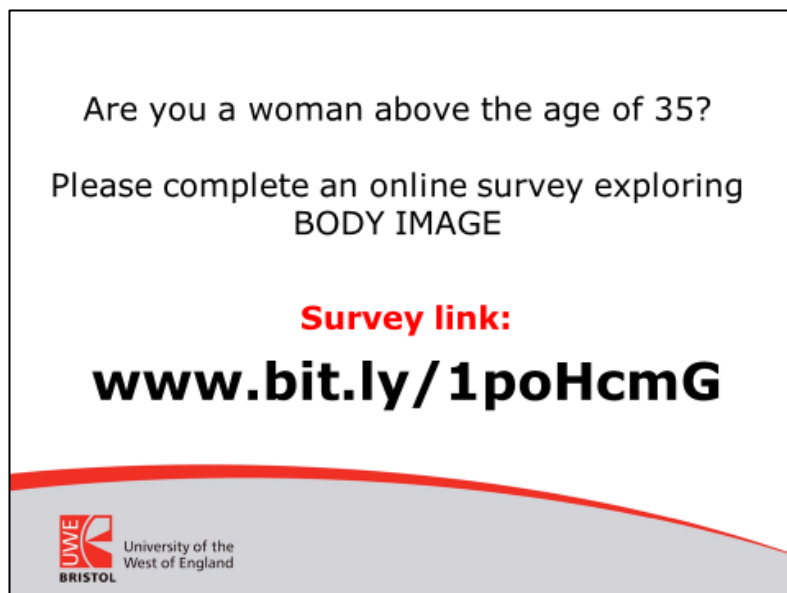
[Diana2.Harcourt@uwe.ac.uk](mailto:Diana2.Harcourt@uwe.ac.uk)

0117 93282192

**Thank you for your participation**

**Appendix 7 Study Two: Participant recruitment cards**


Front:



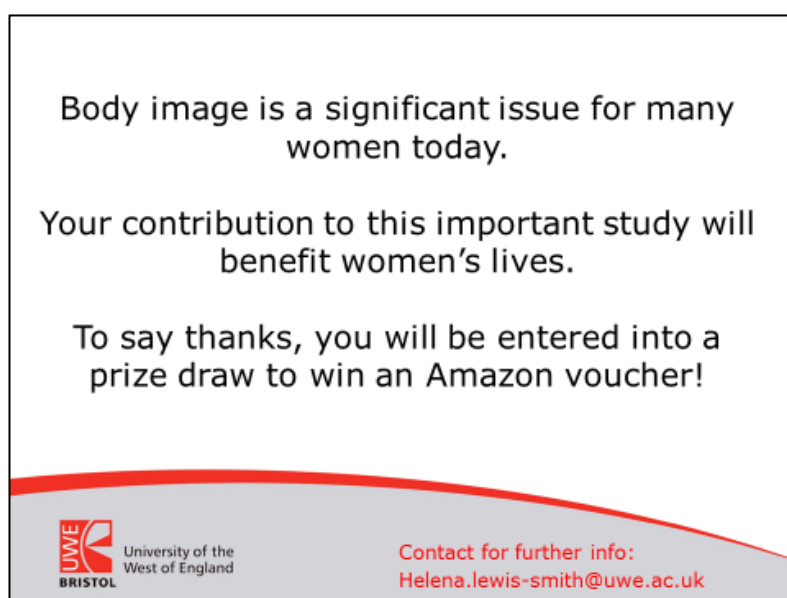
Are you a woman above the age of 35?

Please complete an online survey exploring  
BODY IMAGE

**Survey link:**  
**[www.bit.ly/1poHcmG](http://www.bit.ly/1poHcmG)**

 University of the  
West of England


Back:



Body image is a significant issue for many  
women today.

Your contribution to this important study will  
benefit women's lives.

To say thanks, you will be entered into a  
prize draw to win an Amazon voucher!

 University of the  
West of England

Contact for further info:  
[Helena.lewis-smith@uwe.ac.uk](mailto:Helena.lewis-smith@uwe.ac.uk)

## Appendix 8 Study Two: Participant recruitment advert

### How do adult women feel about their appearance? Contribute to an important study and win an Amazon voucher

Hello,

I'm a Psychology PhD student from the University of the West of England in Bristol, and I'm conducting a research study to explore how adult women feel about their appearance. Body image is an important issue for many women today.

I'm hoping to recruit women above the age of 35 who are happy to complete an online questionnaire which will take approximately 30 minutes. Your participation will contribute towards a greater understanding of body image amongst adult women, whilst also helping to inform the development of future body image interventions which have the potential to improve the lives of women who are distressed about their appearance.

Body image is an important issue for many women today and your contribution to this important study will benefit people's lives. In exchange for your greatly appreciated participation, you will be entered into a prize draw to win one of four **£25 Amazon vouchers**.

To participate in the study, please click on the link at the end of this paragraph. It will take you straight to the Participant Information Sheet which provides more details about the study. Once you indicate consent, you will be taken to the survey. Follow this link for the survey:

<http://bit.ly/1pOHcmG>

Should you have any questions about this study, please feel free to contact me via email:

[helena.lewis-smith@uwe.ac.uk](mailto:helena.lewis-smith@uwe.ac.uk).

Thank you for your support and I hope you find the survey interesting.

Best wishes,

Helena Lewis-Smith

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## **Appendix 9 Information about individual cancer organisations**

### **Breast Cancer Care**

A UK charity that provides support for individuals with, and affected by, breast cancer, particularly through the use of online resources and discussion groups and locally run group courses (e.g., Moving Forward: helping women get back to 'normal' following treatment). They also campaign for improvement in standards of support and care.

### **Haven**

A UK charity that also provides care and support for those with and affected by breast cancer. They have five centres across the UK, where individuals can go to receive free practical, emotional, physical support from health professionals.

### **Maggie's**

A UK charity providing free practical, emotional, and social support, to individuals with any type of cancer, and their family and friends. They have 16 centres across the UK, and anyone is able to drop by at any time.

### **Bosom Buddies**

A Bristol-based monthly support group for anyone who has been diagnosed with breast cancer.

### **Keeping Abreast: Bristol and South West**

A support group in the South West of England specifically for women considering breast reconstruction, who have the opportunity to meet others who have undergone the procedure.

### **BUST Members Support Group**

A charity which supports the work of the Bristol Breast Care Centre at Southmead Hospital. It provides information for anyone diagnosed with breast cancer and their families, while offering the opportunity to meet other women who have undergone treatment.

## Appendix 10 Study Two: Participant recruitment poster



# Body image amongst women with breast cancer: Please share your views

**Centre for Appearance Research**

**What is the study about and what are the benefits of taking part?**  
This study aims to explore women's thoughts and feelings about their appearance. The results will help to inform better ways of supporting women with breast cancer who may be faced with the challenges of an altered appearance.

**Who is eligible to take part?**  
Women above the age of 35 who have received a diagnosis of breast cancer at any point in their life.

**What will my participation involve?**  
You can complete the survey from any computer in your own time. It will take approximately 30 minutes to complete and you will have the opportunity to be entered in to a prize draw!

**Find the survey here:**  
[www.bit.ly/1pOHcmG](http://www.bit.ly/1pOHcmG)

**UWE BRISTOL** University of the West of England

**Contact for further information**  
Helena Lewis-Smith,  
Centre for Appearance Research,  
University of the West of England.  
[helena.lewis-smith@uwe.ac.uk](mailto:helena.lewis-smith@uwe.ac.uk)

## Appendix 11 Outline of the original intervention

Session	Aims	Content	Individual Tasks to Prepare before Session	Group Session Tasks
1	<ul style="list-style-type: none"> <li>To introduce group members.</li> <li>To share body image and eating concerns.</li> <li>To explore readiness for change.</li> </ul>	<ul style="list-style-type: none"> <li>Common body image concerns among women and their impact</li> <li>Disordered eating behaviours: dieting, binge eating</li> <li>Pathways between body dissatisfaction, dieting, and binge eating</li> <li>Development of body dissatisfaction and disordered eating: psychological factors, developmental factors, sociocultural factors</li> <li>Impact of body image and eating problems: <ul style="list-style-type: none"> <li>Psychological well-being: low self-esteem, feeling depressed, feeling anxious</li> <li>Physical health</li> <li>Effects on personal life and relationships</li> </ul> </li> <li>Pros and cons of change, barriers to change, e.g., role demands related to midlife</li> <li>Set Your Body Free intervention goals</li> </ul>	<p><b>1.1 Your Life:</b> Consider how body dissatisfaction and/or eating problems have affected different aspects of your life, and how these might change if you felt more positive about your body.</p> <p><b>1.2 Exploring the Pros and Cons:</b> Write a list of the reasons for changing (i.e., feeling more positive about your body) and the reasons not to change (i.e., continue to experience body dissatisfaction).</p> <p><b>1.3 Writing a Letter (Optional):</b> Write a letter to the body image and eating “minx” (a persona for the individual’s body image concerns) as if it were your friend, and another letter as if it were your enemy.</p> <p><b>1.4 Plans for Change:</b> Write down the changes you would like to make as goals, and the reasons for these.</p>	<p><b>1.A Your Future:</b> Imagine two scenarios in 5 to 10 years’ time: after deciding it was too difficult to change and you continue to experience body dissatisfaction, versus how you would really like things to be if you were able to feel more positive about your body.</p> <p><b>1.B Looking Back:</b> Spend time thinking back to life before the body image eating “minx” got in the way.</p>
2	<ul style="list-style-type: none"> <li>To review impressions from Session One.</li> <li>To discuss commitment to</li> </ul>	<ul style="list-style-type: none"> <li>Motivation for change - further exploration of positive benefits of change</li> <li>A Cognitive Behavioural Therapy approach for the treatment of body image and eating concerns</li> </ul>	<p><b>2.1 A Miracle:</b> Imagine you wake up tomorrow with no body image and eating concerns, what happens? Answer 9 questions about reactions and impact, e.g., what do you see yourself doing that is different?</p>	<p><b>2.A Commitment to Body, Mind and Health:</b> Sign a certificate indicating your self-care commitment.</p> <p><b>2.B Giving up Dieting:</b> Think about what dieting means to you, including your fears,</p>

Session	Aims	Content	Individual Tasks to Prepare before Session	Group Session Tasks
	<p>change and self-care.</p> <ul style="list-style-type: none"> <li>To provide a rationale for the therapeutic approach.</li> <li>To initiate first steps in the change process.</li> </ul>	<ul style="list-style-type: none"> <li>Commitment to change and permission for self-care</li> <li>Unhealthy eating behaviours: history of dieting, reasons to give up dieting and their implications</li> <li>Food rules and forbidden foods</li> <li>Behavioural strategies to challenge food rules and address forbidden foods: —exposure and response prevention</li> <li>Managing eating behaviour: natural eating – will I gain weight from natural eating?</li> <li>Structured eating schedule: to ensure regular, but not excessive, eating throughout the day.</li> <li>Tips for “sitting” with anxiety</li> </ul>	<p><b>2.2 My Needs:</b> Go through a list of areas in life (e.g. my relationships, my career), and think about what you want and need within these areas.</p> <p><b>2.3 Self-care:</b> Consider ways in which you might be practising self-neglect, and some areas within which you could turn this around and start engaging in self-care.</p> <p><b>2.4 Food Rules and Forbidden Foods:</b> If you try to avoid or cut out foods, make a list of your food rules and forbidden foods, and think about the problems these restrictions create for you.</p> <p><b>2.5 Structured Eating Schedule:</b> Write an eating schedule to include times for main meals and snacks.</p>	<p>and how giving it up would improve your life.</p> <p><b>2.C Strategies to Assist with Overeating and Binge Eating:</b> Brainstorm a list of strategies to help if you encounter difficulties with natural eating: delay strategies, distraction strategies, and behavioural strategies.</p>
3	<ul style="list-style-type: none"> <li>To continue exploring relationships with food.</li> <li>To explore the association between body image and self-esteem.</li> </ul>	<ul style="list-style-type: none"> <li>Managing natural eating</li> <li>Breaking the binge-purge cycle: <ul style="list-style-type: none"> <li>Resisting the craving to eat</li> <li>Delaying the binge</li> <li>Stopping in the middle of a binge</li> </ul> </li> <li>Strategies to stop vomiting (if relevant) <ul style="list-style-type: none"> <li>Delaying vomiting</li> <li>Reducing episodes of vomiting</li> </ul> </li> <li>Eating and emotions</li> </ul>	<p><b>3.1 Emotional Eating:</b> Recognise the ways in which unnecessary eating may be connected to your emotions, and think of alternative strategies to stop emotional eating.</p> <p><b>3.2 Natural Eating Plan:</b> Add “what to eat” and “where to eat” components to the eating schedule developed in session two – external cues for eating.</p>	<p><b>3.A Body Image and Your Life:</b> Brainstorm ways to enhance self-esteem without having to alter body shape, weight, or appearance to improve self-worth.</p> <p><b>3.B Progressive Muscle Relaxation Experience:</b> Engage in group relaxation.</p>



Session	Aims	Content	Individual Tasks to Prepare before Session	Group Session Tasks
	<ul style="list-style-type: none"> <li>To learn relaxation training.</li> </ul>	<ul style="list-style-type: none"> <li>Natural eating: what to eat, and where to eat</li> <li>Mindfulness eating exercise</li> <li>Body image avoidance in midlife—exposure and response prevention</li> <li>Mood enhancement</li> <li>Exploration of body image and self-esteem</li> <li>Relaxation training</li> </ul>	<p><b>3.3 Mindful Eating:</b> Following the mindful eating techniques, choose a good to eat and become aware of new sensations while eating it.</p> <p><b>3.4 Don't Wait:</b> Think about activities that have been avoided or put on hold due to body shape and weight concerns, and use the exposure strategies learnt from session two to help stop avoiding these activities.</p> <p><b>3.5 Mood Enhancement:</b> Choose and schedule two mood enhancement activities for the week.</p>	
4	<ul style="list-style-type: none"> <li>To examine thought patterns and negative thinking.</li> <li>To gain an awareness of common thinking traits.</li> <li>To expand body focus and appreciation beyond appearance.</li> </ul>	<ul style="list-style-type: none"> <li>Cognitive components of the CBT approach</li> <li>Recognising body-related negative talk, e.g., “I am so fat and ugly”, and its associated feelings e.g., hopelessness, and reactions e.g., avoid social situations</li> <li>Common “thinking traits”: perfectionism, ‘all-or-nothing’ thinking, selective abstraction, overgeneralisation, personalisation and self-reference, ‘shoulds’, superstitious thinking, magnification or catastrophising.</li> <li>Strategies for stopping negative self-talk, e.g., visualization</li> <li>Developing alternative, balanced thoughts</li> </ul>	<p><b>4.1 Understanding your “Thinking Traits” (Optional):</b> Choose three “thinking traits” that typically characterise your thinking with a body image or eating related example from your self-monitoring sheets.</p> <p><b>4.2 Answering Negative Body Talk:</b> Identify three instances from your self-monitoring sheet when you have said negative body-talk statements about yourself. Using the examples as a guide, answer back to your negative body-talk.</p> <p><b>4.3 Self-Care Activity Schedule:</b> Choose at least four days over the next week where you</p>	<p><b>4.A Self-Care Revisited:</b> Discuss the progress that has been made with self-care e.g., How have others reacted to your commitment to self-care? What barriers to engaging in self-care have you encountered?</p> <p><b>4.B Body Experience:</b> Engage in a group process of body attending.</p>

Session	Aims	Content	Individual Tasks to Prepare before Session	Group Session Tasks
		<p>e.g., from “my thighs are disgusting” to “my thighs are what they are, they don’t have any particular value”.</p> <ul style="list-style-type: none"> <li>• Self-care: activity scheduling in context of role demands</li> <li>• Relationship between body function and movement (physical activity)—movement scheduling</li> <li>• Appropriate physical activity levels</li> </ul>	<p>will commit to self-care tasks, thinking about the purpose of the activity, and its effect on the way you think and feel about your body.</p> <p><b>4.4 Re-evaluating Perceptions of Physical Activity:</b> Contemplate your reasons for exercising, and the reflect the degree to which these reasons are helpful, or whether they reinforce feelings of body dissatisfaction.</p> <p><b>4.5 Activity Schedule:</b> Schedule physical activities into your daily life and routine, including the time of day, type and length of activity, and purpose and benefits of the activity.</p>	
5	<ul style="list-style-type: none"> <li>• To explore the interaction between relationships, and body image and eating concerns.</li> <li>• To examine socio-cultural appearance pressures.</li> <li>• To examine internalisation of</li> </ul>	<ul style="list-style-type: none"> <li>• Relationships, body image, and eating concerns <ul style="list-style-type: none"> <li>• Getting the support you need</li> <li>• Protecting important relationships</li> <li>• Self-disclosure</li> </ul> </li> <li>• Sociocultural pressures for midlife women and media literacy <ul style="list-style-type: none"> <li>• Historical perspectives on the sociocultural appearance ideal</li> <li>• Media portrayal of women</li> <li>• Media messages</li> <li>• Positive media messages</li> </ul> </li> </ul>	<p><b>5.1 Your Relationships:</b> Think about the following with regards to your relationships with friends, a partner, or your family: particular relationships that are supportive and make you feel positive about yourself, identify what needs to be improved in relationships that are not as supportive as they could be; identify how you can repair relationships that have been damaged by body dissatisfaction and eating concerns.</p> <p><b>5.2 Media Influences:</b> Take note of media images of women over the next week, and</p>	<p><b>5.A Impact of Relationships on Change Activities:</b> Discuss any instances when significant others may be overtly or unintentionally uncooperative with your self-change efforts.</p> <p><b>5.B Qualities of Women:</b> Think about attractive and successful women around you, or are aware of (e.g. in business, arts) and discuss whether the premise that you need to look like the youthful-thin ideal to be attractive and successful holds true.</p> <p><b>5.C Reducing Internalisation of the</b></p>

Session	Aims	Content	Individual Tasks to Prepare before Session	Group Session Tasks
	the “youthful-thin ideal”.	<ul style="list-style-type: none"> <li>• Impact of media messages</li> <li>• Body image messages within subcultures: age-related appearance norms and thin/youthful ideal</li> <li>• Body comparisons</li> </ul>	<p>consider the image presentation (e.g., how the women have been depicted) and your responses (e.g., how you feel about your body when you look at the images).</p> <p><b>5.3 Body Image Messages:</b> Internalisation dissonance activity: Socratic questioning of expected rewards and consequences of attempting to meet ideals, followed by thinking of coping statements to be used by women.</p> <p><b>5.4 Testing Comparisons:</b> Systemic behavioural experiment with age-appropriate targets: firstly engage in ten different upwards comparisons, followed by comparisons with ten consecutive women regardless of their appearance – consider their effects.</p>	<p><b>Youthful-Thin Ideal:</b> Reflect on your experiences of body dissatisfaction, and what you have learned about addressing body image concerns in the programme to date, to develop “anti” youthful-thin ideal statements and strategies that can be implemented in the programme in the future.</p>
6	<ul style="list-style-type: none"> <li>• To learn further strategies to refute negative self-talk.</li> <li>• To begin body acceptance.</li> </ul>	<ul style="list-style-type: none"> <li>• Natural eating review</li> <li>• Cognitive restructuring               <ul style="list-style-type: none"> <li>• Challenging distorted thinking - looking for alternative, balanced thoughts</li> <li>• Cognitive restructuring process and example: Write down your negative thought, rate the strength of belief in your thought, what “thinking trait” am I using? What is the evidence for this? Is this always true? What is the very worst</li> </ul> </li> </ul>	<p><b>6.1 Natural Eating Progress:</b> Consider what is going well with your eating, and which aspects you are still struggling with.</p> <p><b>6.2 Creating Alternative, Balanced Responses:</b> Choose three negative, distorted thoughts recorded on your monitoring sheets during the previous week, and use the cognitive restructuring technique to examine the thought and develop alternative, balanced</p>	None

Session	Aims	Content	Individual Tasks to Prepare before Session	Group Session Tasks
		<p>that could happen? What alternative views are there? Would I apply these standards to other people? What is the effect of thinking like this? What steps can I take? What is my alternative, balanced thought?</p> <ul style="list-style-type: none"> <li>• Finding your new balanced voice</li> <li>• Using self-talk to nurture your body <ul style="list-style-type: none"> <li>• Tips for generating balanced, nurturing, self-statements</li> </ul> </li> <li>• Body acceptance</li> </ul>	<p>thoughts.</p> <p><b>6.3 Mirror Exposure:</b> Stand in front of a mirror, then select three body related things about which you can say balanced, non-judgemental self-statements. If you feel ready, you could also say positive self-statements about your body.</p> <p><b>6.4 Writing a Letter to “My Body”:</b> Write a letter to your body expressing the need to have a better relationship with it, thinking about how it has helped you in the past and allows you to do on a daily basis.</p>	
7	<ul style="list-style-type: none"> <li>• To continue progress with body acceptance.</li> <li>• To extend cognitive restructuring to mistaken beliefs.</li> <li>• To continue behavioural strategies for physical activity.</li> </ul>	<ul style="list-style-type: none"> <li>• Ageing related changes to appearance</li> <li>• Core beliefs: situation -&gt; interpretation and self-talk (affected by core beliefs) -&gt; emotions and behaviours</li> <li>• Downward arrow</li> <li>• Modifying mistaken beliefs using cognitive restructuring: Write down your mistaken belief. In what ways in the belief unreasonable? What advantages does the belief provide? In what ways is the belief unhelpful? Where did the belief come from? What would be a more moderate alternative that would confer the advantages of the mistaken belief, without its disadvantages?</li> </ul>	<p><b>7.1 Body Changes:</b> Choose four changes to your body since adulthood and think about their effects on how you feel about yourself, and attempts you might have made to resist these changes.</p> <p><b>7.2 Identifying Core Beliefs:</b> Use provided strategies to identify two to three mistaken beliefs that shape the way you think and feel about yourself.</p> <p><b>7.3 Creating Modified Beliefs:</b> Choose two of the mistaken beliefs from task 7.2 and use the cognitive restructuring technique to help</p>	<p><b>7.A Re-evaluating Appearance Changes:</b> Discuss strategies which can reduce the negative impact of ageing related changes to appearance, e.g. cognitive restructuring, or behavioural changes aimed at rejecting the thin-youthful ideal.</p>

Session	Aims	Content	Individual Tasks to Prepare before Session	Group Session Tasks
		<p>How can I test my modified belief?</p> <ul style="list-style-type: none"> <li>• Physical activity and movement <ul style="list-style-type: none"> <li>• Stimulus control</li> <li>• Reinforcement</li> </ul> </li> <li>• Body nurture and sensuality: Focusing on becoming tuned to the internal and external sensations of the body, by engaging with senses of smell, hearing, touch or appearance.</li> </ul>	<p>examine your mistaken beliefs.</p> <p><b>7.4 Environmental Cues and Rewards for Physical Activity:</b> Over the next week, modify three aspects of your environment (stimulus control) and select one or two behaviour activity goals (reinforcement) that will result in either a reduction in sedentary behaviour or increases in incidental or purposeful physical activity. Set out in advance two appropriate reinforcements that you will implement when you achieve these goals.</p> <p><b>7.5 Sensuality:</b> During the coming week, choose two activities that you will do to enhance your sensuality.</p>	
8	<ul style="list-style-type: none"> <li>• To review and expand on progress and changes made.</li> <li>• To develop a relapse prevention plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Positive body affirmations</li> <li>• Accomplishments and progress</li> <li>• Relapse prevention <ul style="list-style-type: none"> <li>• 1. Realistic expectations for the future</li> <li>• 2. Overeating</li> <li>• 3. Risks of dieting</li> <li>• 4. Negative thoughts</li> <li>• 5. Sociocultural pressures</li> </ul> </li> <li>• Dealing with a lapse</li> <li>• Steps to consider to get back on track</li> </ul>	<p><b>8.1 My Body: My Affirmations:</b> Write a list of at least three positive body affirmations about yourself that you have developed in the course of the programme -consider different facets of your body including your appearance, abilities, health, movement, and pleasure your body gives you.</p> <p><b>8.2.1 Facing Your Fears:</b> Choose one situation or activity that you avoid but would like to be able to be involved in. Make a</p>	<p><b>8.A Future Plans:</b> Discuss the future plans and challenges that you will take on over the next few months and beyond.</p>

Session	Aims	Content	Individual Tasks to Prepare before Session	Group Session Tasks
		<ul style="list-style-type: none"> <li>• Respond appropriately to the lapse</li> <li>• Examine the “slip/lapse”</li> <li>• In what areas may you still be vulnerable?</li> <li>• What caused your lapse?</li> <li>• What else can you do to start feeling better?</li> </ul>	<p>commitment to face this situation or activity before the coming session.</p> <p><b>8.2.2 The Wider World:</b> Develop one more anti-thin-youthful ideal statement aimed to reduce internalisation of the ideal that can be added to the strategies that were developed in the group task from session five.</p> <p><b>8.2.3 Triggers for Negative Thoughts:</b> Apply the stimulus control strategies developed in session seven for reducing sedentary behaviour, to one or two situations that lead to negative thoughts. Think about removing, adding or modifying aspects of your environment, including the physical setting and structure, or people within the environment, to reduce the likelihood that negative self-talk will occur.</p> <p><b>8.3 My Relapse Plan:</b> 1. Make a list of warning signs that the symptoms may be coming back. 2. Make a list of the specific strategies you need to use to cope with the recurrence of symptoms. 3. Make a list of things that help to motivate and encourage you to change.</p>	

Appendix 12 Adapted intervention manual



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## *Introduction to the “Set Your Body Free” Manual*

*Set Your Body Free* was originally designed by a group of researchers in Australia (S. Mclean, E. Gollings, and S. Paxton) to improve body dissatisfaction and disordered eating among women in midlife. It was found to be highly effective in reducing body image and eating concerns within this group<sup>1</sup>, and has consequently been adapted by researchers in the UK (H.Lewis-Smith, D. Harcourt, and P. Diedrichs) for use with women who have been treated for breast cancer.

Being involved in *Set Your Body Free* presents you with the opportunity to make important positive changes to the way you feel about yourself. The *Set Your Body Free* programme is *designed* for the Programme Manual to be used in concert with the group therapy sessions. The manual is to be used for weekly reading and out of session activities while you are involved in *Set Your Body Free*. The weekly reading and activities are directly relevant to the group sessions. Completing the reading and activities will facilitate positive change as you move through the programme.

To help you challenge some of *your* body image beliefs the *Set Your Body Free* programme aims to provide direct guidance, support and assistance in the following ways:

- Provide a group environment where you can receive support from women who have shared similar experiences.
- Provide the security of being involved in weekly group sessions using methods and strategies that have previously been shown to be effective.
- Facilitate change through work with a trained therapist.
- Provide a safe place to talk.
- Provide a supportive environment where you are free to ask any questions.
- Help keep you on track.
- Help with motivational levels.
- Facilitate acquisition of effective and successful change strategies, and recognition of unsuccessful strategies.
- Help you learn a set of skills, which will help you regain control and provide you with the power to help yourself.
- Provide regular feedback.

## *Expectations of Group Members*

This manual and the group sessions in which you will be involved can only help you if it is YOU who has decided to try to feel better about yourself. You will gain the most benefit from *Set Your Body Free* if you adhere to the following guidelines.

Attend weekly group sessions.

- Share your experiences in the group sessions.
- Contribute to the group discussion.
- Listen to others.
- Provide feedback to the group.

## *Who may Benefit from this Programme?*

Women experiencing some, or many of a wide range of body image concerns which may, or may not be related to treatment for breast cancer will find this programme useful. Examples include; women who feel unable to look at their body in the mirror; women who feel distressed about their body shape and weight; women who avoid touching their scars from surgery; women who avoid social situations due to feeling anxious about their appearance; women who frequently find themselves checking that their prosthesis is in place; and women who may feel distressed and anxious about the extent to which their appearance is dominating their lives.

Naturally, there will be some people who might have slightly different experiences from the ones mentioned above, to a lesser or greater extent, particularly since body image experiences and the course and types of treatment for breast cancer will be different for every individual. We anticipate that the *Set Your Body Free* group therapy sessions and accompanying manual will prove to be useful at some level for all of these difficulties. The general principles and strategies used in the programme apply to all people who are experiencing concern about their appearance. The programme aims to help reduce body image concerns and to put anxieties about appearance in to a manageable perspective. Early intervention when experiencing initial signs of body dissatisfaction prevents more severe problems from developing at a later time.

## *Who may be Unsuitable for this Programme?*

There are several factors which may indicate that some people may not be suitable for *Set Your Body Free*. Please read through the factors below and consider whether you believe you are suitable or unsuitable for this programme.

- The programme requires completion of homework exercises. They do not take a great deal of time but are important. If you think you won't be able to do them, this programme may not be for you.
- Regular attendance at the group sessions is essential. If you think you will

not be able to attend regularly, this programme may not be for you.

- Contribution to the group discussions during therapy sessions and respect for other group members is essential for the sessions to operate successfully. If this may not be possible for you, individual therapy sessions may be more appropriate.
- The programme has been developed to address body image concerns. Self-esteem and interpersonal issues are also addressed. It does not however, focus on other problems (e.g. alcohol or drug use, severe depression). If you believe you have other problems that take precedence over body image concerns, it would be appropriate to seek assistance for these before embarking on this programme.
- The programme addresses body image concerns and is not a programme for eating disorders. If you have been diagnosed with an eating disorder, this programme will not attend to your concerns and you would need to seek alternative assistance.

## *Manual Outline*

There is a considerable amount of information provided in this manual. Briefly have a look through the entire manual to get an idea of the information it contains. Throughout the programme however, it is essential that you follow the readings and tasks in the order they are presented in the manual and not rush through the reading. You might also find it helpful to complete the tasks as they arise throughout the reading.

If you come across material that you feel is not entirely relevant to you, please read through it anyway as it will give you an understanding of what other group members may be going through.

## *Session Outline*

At the beginning of each week is a session outline which details:

- Aims for the session.
- Agenda of topics to be covered in each session.
- Tasks to be done before each session.
  - These include tasks that are required to be completed in preparation for each session as well as optional tasks that you can choose to complete if you wish.
- Group In-session Tasks.
  - These are tasks that will be discussed as a group in the therapy sessions and do not need to be completed prior to the session.

## *Help Page*

We understand that participating in the *Set Your Body Free* programme may raise sensitive issues or painful emotions. If at any point you feel that you cannot manage, we advise you to talk to your GP or specialist Breast Cancer nurse, who can advise you on finding the help you need. Alternatively, the following are a number of useful links which can provide you with further support.

- NHS Choices: Counselling
  - <http://www.nhs.uk/conditions/counselling/pages/introduction.aspx>
- NHS Choices: Cancer Information and support services
  - <http://www.nhs.uk/Service-Search/Information-and-support-for-cancer/LocationSearch/320>
- Breast Cancer Care: Support and advice for anyone affected by breast cancer
  - [www.breastcancercare.org.uk/](http://www.breastcancercare.org.uk/)
- Macmillan Cancer Support: Support and advice for anyone affected by cancer
  - <http://www.macmillan.org.uk/>
- Maggie's Centres: Support and advice for anyone affected by cancer
  - <https://www.maggiescentres.org/>
- Samaritans: 24 hour telephone support
  - 08457 90 90 90

## *Good Luck and Enjoy the Programme*

The next few weeks will no doubt be challenging for everybody. You will learn new information and be asked to consider aspects about yourself and your thoughts in ways that you may not have done before.

There are bound to be ups and downs over the next few weeks, times when you feel really motivated to change and are feeling really strong, and other times when you may feel down and find the process of change more difficult. These feelings are normal and most people experience them at some stage when undertaking the challenging task of trying to make changes to their lives.

*Set Your Body Free* is here to support you through the ups and downs you are likely to encounter and will help you to adjust to the changes you are implementing.

Good luck with your journey throughout the next seven weeks and beyond.



## *Session One*

### *Aims*

- To introduce group members
- To share body image concerns
- To explore investment in improving your body image
- To explore readiness for change

### *Agenda*

- Group member introductions
- Sharing of experiences with body image problems
- Examine the development of body dissatisfaction
- Examine the impact of poor body image
- Are you ready to change?
- Set your body free goals

### *Tasks to do in Preparation for Session One*

- **Task 1.1** Your Life ..... 19
- **Task 1.2** Exploring the Pros and Cons of Change..... 20
- **Task 1.3** Plans for Change ..... 21

### *Group Session Tasks*

- **Task 1.A** Your Future
- **Task 1.B** Looking Back

## *Body Dissatisfaction*

### *Body Image Attitudes in Women*

It is becoming increasingly common for women to feel unhappy with their body shape, weight and appearance, even before receiving a diagnosis of and subsequent treatment for breast cancer. Many women feel very dissatisfied with their body. They dislike it, try to hide it by avoiding activities they enjoy, and would love to be able to change it. In our society, women receive constant messages about the way their bodies should look. The advertising and media worlds spend a lot of money convincing women that they should aspire to fit a “young and thin” ideal stereotype.

Thinness and youthful looks have become the hallmarks of female physical attractiveness and acceptability, yet women are not biologically designed to remain youthful forever, nor to fit the ever narrowing standards of beauty. Increasing pressure to live up to this “ideal” may lead to attempts to follow the latest fad diet, attempts to conceal or camouflage certain areas of the body, and finally, to feeling disheartened with one’s own body. Complying with this unrealistic youthful and thin “ideal” can be ever more difficult for women have received treatment for breast cancer, and consequently have to come to terms with unexpected changes to their appearance.

When negative thoughts and feelings about one’s body image intensify, this can result in body dissatisfaction. Body dissatisfaction can be expressed and felt in many different ways. It may include being preoccupied with shape and weight, or certain aspects of one’s appearance, and having these concerns dominate one’s thinking. A woman who is dissatisfied with her body may frequently worry about gaining weight and have a distorted perception of her body size and/or her appearance. She may struggle to feel positively about her body in any way and may believe that it is futile to make any attempts to feel good about her body as she wishes she could live up to the youthful-thin ideal. Social situations may become daunting as they can elicit even more scrutinization of one’s own body or constant comparison with the bodies of others. This can lead to avoidance of particular situations as they become increasingly too painful. Unfortunately, this avoidance then leads to feelings of loneliness and isolation, which affects one’s mood and confidence. As you can imagine, and may well be aware through your own experience, this cycle continues and the individual becomes more withdrawn and unhappy.

## *Development of Body Dissatisfaction*

Our understanding of the development of body image dissatisfaction is based on a “**biopsychosocial**” model. This means that body image concerns develop from a combination of biological, psychological and social factors. Biological factors include BMI (body mass index) and biological milestones, for example, puberty and menopause. Psychological influences include low self-esteem, interpersonal problems, personality traits, developmental influences, poor coping skills, maladaptive behaviours and social factors are social isolation, impaired social support networks and cultural (media, family and peers) influences. Life events which alter appearance, such as being treated for breast cancer, can also influence the development of body image dissatisfaction.

In this programme we are concerned with the psychological and social, or sociocultural, factors that have potential to be modified or altered, to produce a desired outcome. Although biological factors do play a role in these concerns, *Set Your Body Free* is a psychological therapy programme and will not address biological factors.

### *Psychological Factors*

There are a range of psychological factors that can contribute to body image concerns. These include lowered mood, feelings of unhappiness or depression, boredom, stress, anxiety, loneliness, social introversion, avoidance behaviours, and poor self-esteem. Psychological theories can be helpful to understand the development of body image concerns. One theory<sup>2</sup> suggests that low self-esteem and longstanding feelings of worthlessness can lead to the development of extreme appearance, weight and shape concerns, which may promote and maintain the adoption of unhealthy behaviours and outcomes (e.g., dieting practices; too much or too little exercise).

Body dissatisfaction develops over time, in response to different environments and experiences in life. From childhood, your values about your body and yourself are developed from parents, teachers, peers, older siblings, aunts, uncles, and grandparents. A negative view of your body can be acquired from many different sources. For example, modelling from mothers who may be critical of their own body, fathers or older brothers making inappropriate comments or teasing their daughters, and experiences in peer groups where there is often teasing, comparison and competition. In addition to these influences is the particularly strong pressure of advertising and the media, where the stereotypical image of women having a “thin, youthful body” is portrayed as the “ideal”. These messages are all internalized, that is, taken in and identified as one’s own values, and then outwardly expressed as body dissatisfaction when one does not meet the ideal. Those who were exposed to negative messages about their body as they were growing up will most likely have lower esteem about their body as adults.

### *Developmental Factors*

Ageing and the developmental milestones of puberty, pregnancy and menopause, all have the potential to adversely affect body image. As women traverse these milestones their appearance may move further away from the culturally defined and valued youthful-thin ideal<sup>3</sup>.

Each of the developmental milestones is associated with either increases in fat deposition, or changes to the shape and appearance of the body,<sup>4, 5</sup> such as thickening of the waist that occurs at menopause<sup>6</sup>. Similarly, with ageing comes a decrease in both metabolic rate<sup>7</sup> and lean muscle mass, and an increase in body fat<sup>8</sup>. Hair goes grey and becomes thinner, whilst skin loses elasticity, leading to the development of wrinkles. These changes in body composition are likely to contribute to body dissatisfaction and a perception of being less attractive as it is much more difficult for women to maintain a culturally bound ideal body shape and appearance in the face of biologically determined body changes.

A change in the value placed on women can also accompany ageing. This is referred to as the double standard of ageing, in which men become “distinguished” as they age and women tend to become “invisible”. Thus the physical signs of ageing such as grey hair, wrinkles and changes in body composition can have great significance, and can be felt very strongly as the changes are interpreted signifying a loss of value. In fact, some women in midlife are dissatisfied with the physical signs of ageing because they believe it contributes to the discrepancy between the way that they see themselves, which is generally positive, and the way that they believe society perceives them, as generally negative<sup>9</sup>.

### *Sociocultural Factors*

As previously mentioned, sociocultural factors influence body dissatisfaction problems through societal pressure on women to achieve an ultra-slender body shape. In addition, a youthful appearance is strongly valued by Western culture, and natural ageing and its physical consequences are disparaged. One theory has suggested that sociocultural pressures to have a thin body are transmitted by family, peer group and friends, and the media<sup>10</sup>. These pressures influence the internalisation of the “youthful-thin ideal” stereotype, and consequently, whether body dissatisfaction is experienced. It is thought that the degree to which these factors impact on one’s life depends on self-esteem.

Various societal influences from our family, peers, and the media have also been demonstrated to be precursors to the development of body dissatisfaction. These influences include modelling what others do, competitiveness, comparison with others and conforming to a narrow range of acceptable behaviour or appearance norms.<sup>11, 12</sup> It has also been suggested that an individual with a lower sense of autonomy, or individuality, may be more vulnerable to these social influences of body comparison and internalising the “young and thin-ideal”. There will be a chance to discuss ways in which we can attempt to combat these sociocultural influences later in the programme.

### *Life Events: Treatment for Breast Cancer*

As you will know, women with breast cancer tend to undergo a combination of different treatments, often over a prolonged period of time. Each type of treatment is associated with various side effects, many of which impose changes to women's bodies and appearance. Breast surgery comprises of partial to complete loss of one or both breasts, and may cause breast asymmetry, loss of breast and nipple sensation, scarring, use of a breast prosthesis or breast reconstruction, altered limb movement and lymphedema. Undergoing chemotherapy treatment can bring about side-effects, including fatigue, weight fluctuation, hair loss, hot flushes related to early-onset menopause, and skin and nail discolouration. Furthermore, radiotherapy can lead to skin reactions and discolouration, whilst hormonal treatment can present additional changes to the body, including weight gain and hot flashes.

These appearance alterations can cause a great deal of distress and body dissatisfaction for women, particularly because they are out of their control. Indeed, these changes to appearance can impact upon feelings of femininity, sexuality, and sense of self.

### *Impact of Body Image Concerns on your Life*



Learning to feel good about your body is the main aim of this programme. Many women treat their body as if it were an enemy, spending many years judging it negatively. Somehow it can never be good enough. You may feel like your body has let you down, and you may not feel happy with the residual consequences of treatment and ageing on your body.

We hope that this programme helps you to start caring for yourself more. We want to show you ways to see your body in a different light. We want to show you that

your body is only one part of you and that it does not define the individual you are. We want to spend time focusing on other aspects of you and reduce the importance of your appearance in your life.

The first, but difficult, step towards feeling good about your body is to recognize the impact of body image concerns on your life. Raising this awareness helps to direct your change efforts. Feeling unhappy about your body and trying to change it can have a profound effect in many domains, including psychological wellbeing and social interactions.

*"I can't stand looking at myself in the mirror. When I do look I am disgusted and revolted by what I see. My partner says I have nothing to be worried about, but sometimes I think he is just trying to be nice. Compliments about my appearance don't make any difference to me. I just can't stand my body anymore and wish it didn't belong to me."*

Negative views about your appearance can eventually take over your life. Body image can become of paramount importance and all the other things that were once enjoyable slowly fade away. You may no longer see the bigger picture and forget about all the other parts of your life that used to make you happy. Remember going shopping with your best friend, taking your children to the cinema, having a coffee with "the girls", going to yoga, enjoying time with your family, becoming passionate about a project at work, going away to the country with a group of friends, spending a lazy afternoon with your partner, visiting your parents, taking your niece/nephew out for the day, taking a peaceful walk along the beach, having a romantic dinner?

We would like to see you get all of these things back. To be able to do this you need to find the motivation and determination to get on top of some of the body image concerns that have developed in your life. Finding this motivation is an important step in managing your life again. Overcoming these problems can bring back some of the special things in your life that you may have been missing.

We will now describe aspects of life that are often most affected by body image concerns. As you are reading, think about how these may relate to your own experiences. We will then give you an opportunity to examine facets of your own life that have changed since body image became important for you.

## *Psychological Wellbeing*

Unfortunately, women who are very dissatisfied with their bodies tend to also suffer from low self-esteem, depression and anxiety.

### *Low self-Esteem*

The focus and importance that many individuals place on their appearance affects their global self-esteem, or their overall picture of themselves.

Feeling unhappy with and disliking one of the most central facets of one's self-concept, your body, is a strong contributor to poor self-esteem. When you are highly critical of yourself and continually judge your appearance and your body, your self-esteem clearly suffers. This negative and judgemental thinking overtakes most of your life and will often fill you with self-doubt. Improving your body image and how you see and think about yourself can help to improve your self-esteem and your general feelings of well-being.

### *Feeling Depressed*

Strong feelings of self-doubt often lead to the development of feelings of worthlessness. A feeling of hopelessness can develop from harsh and self-critical thoughts about failure to achieve an ideal appearance and from determining one's sense of self from this perceived shortcoming.

### *Feeling Anxious*

It is common for people with body image concerns to report heightened symptoms of anxiety. Certain situations can also create anxiety. For example, social situations or activities undertaken in public can become very anxiety provoking due to the fear of being judged or scrutinised by others. Often social situations are avoided, only exacerbating the problem and making it more likely to provoke anxiety in the future.

## *Effects on Personal Life and Relationships*

The personal and social lives of people who have extreme body dissatisfaction suffer considerably. Life often becomes more and more difficult. Low self-esteem makes it harder to go out and socialise with peers but spending time alone often draws an individual further into their shell, which can create more loneliness and deepen the feelings of isolation. Many individuals intentionally cut themselves off from 'normal' social life as they may feel too ashamed of their bodies to be seen in public. This may create difficulties in friendship groups and stop you from enjoying the activities that are important to you.

Once an individual develops a more positive attitude to their appearance, their social and personal life will improve dramatically. When we feel better about ourselves and learn to value ourselves for more than our appearance, everything becomes easier – socialising, work, intimate personal relationships, and family life.

### *Task 1.1 - Your Life*

For this task, take some time to think about how body dissatisfaction has affected different aspects of your life.

**(1)** How does feeling unhappy with your body image and appearance affect you? Write a list of the ways it affects you. Think about your: -

- physical health
- psychological health
- social life
- family life
- romantic life
- education and career
- financial security

**(2)** How would things be for you if you **felt more positive** about your body?

Write another list about the affects on your life if you felt good about your body image and appearance (not that you change your appearance in any way, but that you can feel good about your current appearance). Comment on your: -

- physical health
- psychological health
- social life
- family life
- romantic life
- education and career
- financial security

### *Are You Ready to Change?*

Before embarking on this programme, it is likely that you have made the decision that you really want to change, that you are tired of being preoccupied with your body, and thinking too much about the way you look. This can be a very difficult decision to



come to as people can feel as if they have two different parts to themselves that don't agree. It can feel as if one side of you is being pulled by the body image force and the other side wants to protect you from this and wants you to get well.

Many people fear changing behaviour that is familiar, and in some ways comfortable. However, they may also be desperate to escape the tiring cycle of worrying about the way they look and appear to others. It can feel as though they are fighting with themselves, which leads to feeling confused and unsettled. It is sometimes helpful to write your thoughts down, to make them appear more organized, and then it is easier to deal with them more systematically.

Undertaking a commitment to change thoughts, feelings and behaviours that have been with you for a long time can be a daunting task. It is often associated with concern about losing the things that have been helping you to cope for many years. These are things that you are familiar with, and you may feel that a big hole will be left if you no longer have these coping mechanisms upon which to rely. The following task encourages you to weigh up the pros and cons of holding on to your body image problems and to become aware of those things that you will be letting go if you make positive changes.

### *Task 1.2 · Exploring the Pros and Cons of Change*

Take a sheet of paper and divide it length-wise into two main columns. At the top of one column write "Reasons for Changing", and on the other write "Reasons Not to Change".

#### **1. Reasons for Changing**

Make a list of all the reasons you have for wanting to change. Think about **practical** and **emotional** gains you would hope for.

*e.g. "I will be able to go out with my friends more and have fun because I won't be worrying about what I look like"*

*"I won't have to spend as long getting ready in the morning"*

*"I'll be able to start take up the activities (e.g., swimming) that I enjoy but have avoided for so long."*

#### **2. Reasons Not to Change**

Make a list of all the reasons you have for not wanting to change. Think about **practical** and **emotional** losses you are concerned about.

*e.g. "I am scared of people staring at me"*

*"I am scared of what other people will say"*

Have this balance sheet in the back of your mind for the following week and jot down any new thoughts you have. *Adapted from Miller & Rollnick<sup>13</sup>*



## Group Discussion

### Group Task 1.A - What Would Life Look Like?

In this group task we will be reflecting on the “Pros and Cons of Change” identified in Task 1.2. Keep these in mind while we discuss each of the following scenarios.

#### Scenario 1

Imagine yourself in 5 to 10 years time, after you decided that it was *too difficult* to change and *took too much time and effort*. You continue to spend excessive amounts of money on beauty products, go on yo-yo diets, consider having expensive cosmetic surgery, and have a very poor image of yourself. All the negative consequences that you recognized in “Your Life” from Task 1.1 have continued, as you were unable to overcome the difficulties associated with making positive change.

#### Scenario 2

Imagine how you would really like things to be in 5 to 10 years time. You have been able to overcome your fears and let go of unhelpful coping strategies that you had been clinging to for so many years. Your life is now reflecting all of the positive effects you imagined would happen if you were able to feel more positive about your body (think back to “Your Life” in Task 1.1).

*Adapted from Schmidt & Treasure<sup>15</sup>*

### Group Task 1.B - Looking Back

For some people, it is incredibly difficult to imagine a positive future, without body image concerns intruding in their lives. This can make committing to change so much more difficult as they struggle to understand what they are striving to achieve.

As we finish up the session we will get a feeling of what that positive clean space can be like and spend some time thinking back on what life was like before body dissatisfaction got in your way.

*Questions / Comments Page:*

Please write down any notes, thoughts, comments or questions you had on the reading material and tasks that you completed for this session and bring them to the group for discussion.

## Session Two

### *Aims*

- To review impressions from Session One
- To discuss commitment to change and self-care
- To provide a rationale for the therapeutic approach used in group sessions
- To explore the relationship between body image and self-esteem
- To learn relaxation training

### *Agenda*

- Review motivation for change
- Provide a rationale for a Cognitive Behavioural Therapy (CBT) approach
- Establish commitment to change and permission for self-care
- Explore body image and well-being
- Relaxation training
- Introduce and explain self-monitoring sheets

### *Tasks to do in Preparation for Session Two*

- **Task 2.1** A Miracle ..... 25
- **Task 2.2** My Needs ..... 26
- **Task 2.3** Self-care ..... 28
- **Task 2.4** Don't Wait ..... 31
- **Task 2.5** Mood Enhancement ..... 32

### *Group Session Tasks*

- **Task 2.A** Commitment to Body, Mind and Health
- **Task 2.B** Body Image and your Life
- **Task 2.C** Progressive Muscle Relaxation

## *Motivation for Change*

In the first session of *Set Your Body Free*, a lot of time was spent discussing the benefits you could gain from making positive changes to the way you feel about your body.

To help you with these changes, it is important that you do not lose sight of the reasons that you want to change so that you can clearly see the path forward. It is natural that everyone will experience some ups and downs and may have times when it feels like making positive change is an uphill battle. The aim of the next two tasks is to help you keep in mind the reasons for taking that battle on. The tasks are intended to remind you of all the rewards that will come from the hard work you will put in during the therapy sessions.

### *Task 2.1 - A Miracle*

This is an imaginative exercise for you to try. Don't rush through this activity. Allow yourself plenty of time. You might like to write answers to the questions on another piece of paper. We will discuss responses towards this task during the session this week.

Imagine going to sleep tonight and while you are sleeping a miracle happens. Although your appearance hasn't changed in any way, body image concerns are no longer a problem for you and you feel happy and comfortable with your body. You wake up in the morning, stretch and realise something is different.....

- What is the first sign that tells you the miracle has happened?
- What is different about the way you are feeling?
- What are you thinking about instead?
- What do you see yourself doing that is different?
- Who notices first?
- What do they notice?
- What is their reaction?
- How do you respond to this?
- What do others notice?

By the time night comes you lie down on your bed ready for sleep. You pause for a moment and think about your day and remember all the changes that you noticed.

- Is this your preferred way of being (of living your life)?
- What's getting in your way of change?
- What makes it easier to change?

*Adapted from O'Hanlon & Beadle<sup>16</sup>*

## *Task 2.2 - My Needs*

Below is a list of areas in life in which needs and wants are common to many people. Take your time and go through the list and think about what you want and need in different areas of your life. This activity helps you to clarify what you want to achieve in your life and can help to put body image concerns into perspective.

### **What do you need/want in the following areas?**

My relationship with a significant other.....

Other relationships.....

My family.....

My home.....

My career.....

My education.....

My creativity.....

My spirituality.....

My leisure time.....

My health.....

My personal development.....

As you progress through the *Set Your Body Free* sessions, keep in mind the needs and wants that you have identified as being important.

## *A Cognitive Behavioural Therapeutic Approach*

Cognitive behavioural therapy (CBT) is the predominant approach for the effective treatment of body image concerns. Research evidence indicates that CBT is successful in helping people improve their body image and moderate their concerns about their shape and weight<sup>17</sup>. The effectiveness of CBT for body image concerns among women who have been treated for breast cancer has also received support<sup>18,19,20</sup>.

It is an approach where the interaction between beliefs, thoughts, feelings and behaviours is examined to bring about desired changes. One of the main principles of CBT is that thoughts, feelings and behaviours come about through experience, that is, through learning. Following from this reasoning, feelings, thoughts and behaviours can be “**unlearned**” or modified in a particular way through purposefully altering experiences and the interpretation of those experiences.

In very general terms, the premise of CBT is that an individual’s interpretation of a situation, in terms of their beliefs about the situation and the way they think about the situation, will determine how they behave, and how they feel.



*“It feels like every single second of my life is dominated by thoughts about how much I dislike my body. When I shower at the gym, I struggle with anxious thoughts about everyone staring at my chest. I feel self-conscious and embarrassed and so I wait to shower when I get home.”*

Body image concerns arise and are maintained by overvalued ideas (beliefs and thoughts) about the importance of appearance. In the description above, **situations** involving displaying or showing your body are **interpreted** within the context of a preoccupation with body image. This interpretation leads to negative **feelings** and changes in **behaviour** (i.e. social withdrawal) to try to cope with the concerns.

In the early stages of the *Set Your Body Free* sessions the focus will be on changing behaviour. New behavioural strategies and skills will be learned and practised and these will start to modify associations between situations, thoughts, feelings and behaviours. It may initially seem counter-intuitive to make changes to your behaviour before you feel like doing so and before you really believe in those behaviours. However, an important component of CBT is to begin to behave in a way that (although may be contrary to your assumptions) will actually help you to change the way you think and feel.



For successful outcomes to be achieved, individuals undertaking CBT need to become actively involved in the treatment and make a conscious effort to accomplish change. *Set Your Body Free* sessions, the programme manual and your group therapist can be viewed as facilitators for change. The role of the group therapist in this process is to provide support, demonstrate and teach helpful behaviour change strategies and skills and, in latter stages, facilitate the acquisition of cognitive change activities

### *Commitment to Change and Permission for Self-Care*

Being involved in *Set Your Body Free* presents you with the opportunity to make important positive changes to the way you feel about yourself. These changes are most likely to occur if you can fully commit yourself to the programme, and make a full commitment to **yourself**. This involves an undertaking to make time for yourself, to prioritise your own needs and to give yourself permission to pursue your own interests and desires. The activities that you will embark on to fulfil these commitments can be considered **self-care** activities.

Women tend to find it very difficult to put themselves first and to look after their own needs. Commitment to career, children, partners, extended family and volunteer activities, among other things, often leaves little time and energy for women to focus on caring for themselves. It is also culturally acceptable, and perhaps expected, for women to put the needs of others ahead of their own. This can lead to the unintentional practise of **self-neglect**. Although women may be encouraged to “have it all”, recognising and focusing on what is important for their own wellbeing can be missing from the picture.

During the course of the *Set Your Body Free* programme you will be asked to put yourself first and to concentrate on your needs and wishes. This can be difficult for many women. The following task will help you with the first steps towards committing to your own needs.

*Task 2.3 - Self-Care*

Take some time to consider the ways in which you might be practising self-neglect.

.....

.....

.....

Identify some of the areas in which you could turn this around and start engaging in self-care.

.....

.....

During the group session we will discuss any difficulties you encountered in embarking on this approach.

## *Tips for “Sitting” with Anxiety*

Anxiety and distress are emotions that we all experience at one time or another. Although the usual, and often sensible, reaction to negative emotions is to try and change them to feel better, in the long term it is not always the most beneficial approach as the behaviours chosen to deal with the negative emotions can make the situation worse. There are also occasions when it is not possible to fix a problem or change your feelings in response to the situation. Therefore, in certain situations, learning to tolerate, or “sit” with the negative emotions can be a very helpful skill to get through difficult situations. In the long term, tolerating distress will actually help to reduce your distress.

- Acknowledge to yourself that this is a painful experience and it is okay to feel distressed.
- Observe and become aware of your reaction.
  - Notice changes in your thoughts, feelings and physical sensations.
- Experience these feelings without attempting to change them.
- Try to remember that although the feelings are painful, they will pass. The more you struggle against them, the less likely they will be to dissipate.
- If the feelings become too intense, focus on breathing slowly and deeply until the intensity of the experience lessens.
- When the negative emotions have passed, notice the differences in your thoughts, feelings and physical sensations.
- It may not be appropriate to attempt to sit with negative emotions arising from all situations. When emotions are extremely intense, it may be too distressing to use this technique. In those situations, other coping strategies, such as distraction and seeking support, are more appropriate.

## Body Image and Wellbeing

An individual with body dissatisfaction may avoid situations that provoke anxiety about physical appearance. For example, a person may avoid going to a party for fear of being judged by others, or avoid beaches for fear of wearing a swimming costume in public, or avoid going to the gym and exercising, going to the hairdressers, or eating at restaurants for fear of being watched eating food. Individuals may also choose to avoid situations until they attain the “right” body shape or weight, putting off certain activities while they wait to get “thin enough”. Other women may also stop engaging in certain activities because they think they look too old or they don’t want to show their scars, e.g. wearing certain types of clothing. When an individual avoids situations, their friendship and social networks begin to shrink, and they progressively feel lonelier and more depressed. People who avoid getting on with their lives often have unrealistic beliefs:



*“If only I didn’t have all these scars and red patches of skin, I would go on spa weekends with my friends, and have fun, and my life would be so much happier and easier.”*

*“I’m confident with my clothes on, but I feel awful about my body underneath. I can’t bear to let anyone see what I really look like, so I never go on beach holidays”*

Avoidance is undertaken due to a fear of provoking body dissatisfaction. This leads to attempts to avoid situations that are anticipated to result in distress. Unfortunately, like any avoidance activities, as a coping strategy, it only provides short term relief, and in the longer term, exacerbates the fear or anxiety associated with body dissatisfaction and the avoided situation. Not only does avoidance of particular situations lead to diminishing friendships and social networks, but it can also lead to increasing feelings of anxiety and insecurity that disrupt psychological wellbeing. For example, one might avoid wearing brightly coloured clothes for fear this would draw extra attention to the body, or avoid looking in the mirror in order to prevent distressing emotions related to body dissatisfaction from occurring. However, these activities become progressively associated with heightened anxiety, such that it becomes impossible to wear any coloured clothing, leaving a drab wardrobe of greys, blacks and browns, or catching any self-reflections becomes unbearable to the point that clothes cannot be tried on in fitting rooms and drying oneself in the bathroom mirror is a distressing experience each morning.

Take a look at Task 2.4 and start thinking about situations or certain environments that you may avoid because of the way you feel about your body and yourself.

## *Task 2.4 - Don't Wait*

This task encourages you to think about all the activities you have put on hold because of appearance concerns. It encourages you not to wait any longer to do things, and to stop putting off living until you feel you have the “right” body.

Start looking at what you can do today in the body that you have now. Think about job opportunities, hobbies, clothes, and relationships. Using the **exposure strategies** that were developed in the previous session, tackle an easy situation early in the week, and a slightly more difficult one later in the week. Of course, this is a difficult task, and it is not fun to do. It will take time to feel more at ease with yourself, but the more you expose yourself to awkward and anxiety-provoking situations the easier they will get. Remember, getting better is about taking some risks.

It is important to realise that attitudes towards one’s body are more difficult to change than behaviour, and they change much more slowly. You should expect to feel anxious and self-conscious at times. It will take time and lots of practice before you will begin to feel completely comfortable in these situations again.

1. What are you no longer doing because of changes to your body or general appearance concerns?  
Create a list of the situations or activities that you avoid.
  
2. Think about the two most difficult situations that you tend to avoid.  
What effect has this ‘avoidance’ had on your life?
  
3. Choose two things that you plan to stop avoiding.

Make a commitment to start working towards these activities at some time during the group sessions. Adapt the exposure technique skills you have developed to help tackle these situations. Your progress with this will be revisited at a later time.

4. Write an exposure list for these activities.

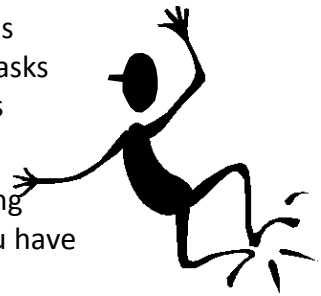
Following the example presented in Appendix A, write a list for each of your body related anxiety provoking situations. Set aside a specific time in the next week to tackle the first situation on one of the lists. During the group session we will discuss your progress with this exposure task.

## *Mood Enhancement*

The majority of the tasks and reading activities for this session have been challenging, both in terms of facing new tasks and attempting to deal with difficult emotions and situations without turning to familiar coping strategies.

It is important to ensure that you are also experiencing some positive events to balance the challenges in which you have been immersed.

The next task involves deliberate planning of positive activities to enhance your mood.



### *Task 2.5 - Mood Enhancement*

Choose to do two things specifically for yourself this week to help you feel good and to contribute to positive mood and wellbeing.

Schedule these activities in advance. Make an appointment with yourself in your diary or calendar to make sure that you will have enough time to dedicate to yourself and your needs.

If you are feeling a little bit hesitant, or having any doubts about taking this time, remember the commitment you made to yourself in session two, and how important it is to take care of yourself and your own needs.

My two mood enhancement activities are:

1.

2.

I will schedule these activities for the following day and time:

1.

2.

When I feel hesitant about doing these activities I will remind myself..

## *Body Image and Self-Esteem*

One of the key factors leading to a feeling of wellbeing is self-acceptance. Self-acceptance and liking yourself, is referred to as self-esteem. Other words that are related to the global term self-esteem are self-worth, self-respect, self-satisfaction, and confidence. When you judge yourself negatively and are highly self-critical, self-esteem suffers. When this happens you may feel depressed, or have feelings of loneliness, worthlessness, and helplessness.

### *Development of Self-Esteem and Body Image Beliefs*

The development of self-esteem is largely dependent on your own personal history. Similarly, the development of poor body image can be influenced by the way you were treated in the past and what you were exposed to. Early adolescence is a particularly vulnerable period when peer group norms and societal expectations play a large part in the development of self-esteem.

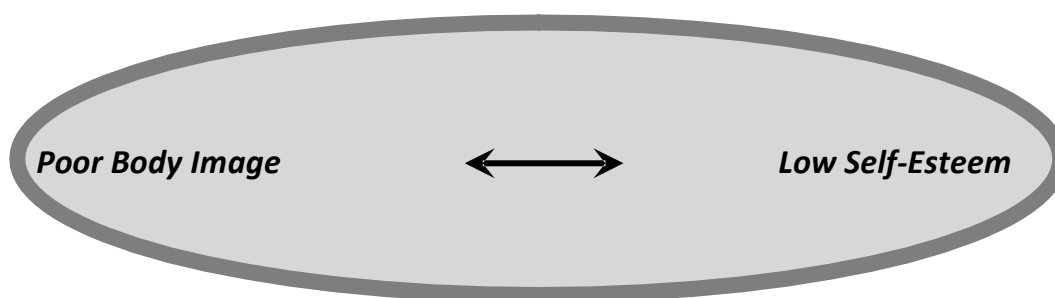
Different cultural backgrounds and heritages can also pass down entrenched rules and attitudes towards appearance. Peer groups, particularly during adolescence, but also beyond, can be very influential in the development of an individual's self-esteem. School yard teasing, such as "fatso", "big nose" and "thunder thighs", is often not forgotten and not helpful at a time when adolescent girls face physical and biological changes associated with puberty (e.g. weight gain and increase in body fat). Body transformations occurring at puberty, teasing comments, and socio-cultural pressures to achieve the ideal body shape and appearance, combine to increase the likelihood of adolescent girls reporting body image dissatisfaction and thus engaging in weight loss behaviour such as dieting. These feelings and behaviours are difficult to let go of into adulthood.

### *How are Self-Esteem and Body Image linked?*

Having low self-esteem and being self-critical is often associated with poor body image. This association can develop into a continuous cycle where low levels of self-esteem contribute to poor body image, and poor body image further contributes to low self-esteem.

Body dissatisfaction leads to low self-esteem when body and appearance self-esteem (i.e. level of body satisfaction) dominates global self-esteem and impacts on our view of our whole self and life. This often happens when someone becomes preoccupied with physical appearance such that they believe they will only be able to feel good about themselves if they look perfect or get their old body back. Body image and self-esteem can also become intertwined. Instead of identifying feelings and saying "I feel unhappy" or "I feel helpless", we will use our bodies to attack and express ourselves by saying "I look abnormal" or "I'm ugly".

Experiencing low self-esteem contributes to vulnerability for body dissatisfaction. If someone lacks self-worth in general, they are also likely to be critical of specific aspects of their self-concept. Body image, a crucial component of one's self-concept, does not escape from these overall feelings of low self-worth.



Both poor body image and low self-esteem can make you lose confidence in yourself. When we lack confidence, everything becomes harder. It is harder to talk to people. It is harder to socialise and meet new people. A lack of self-confidence can lead you to feel lonely and this makes you feel even worse about yourself and your body.

### *Individual Self-Esteem*

Body image is only **one** aspect of your identity and self-concept, although at times it can feel like the dominant aspect. Self-esteem is multifactorial. For example, it may be based on intellectual capabilities, athletic ability, social skills, creative ability, and physical attractiveness. By allowing your body image to control your beliefs about who and what you are, you are denying yourself the rewards and more positive aspects of your whole self. We are often a lot harsher on ourselves than anyone else, and we tend to be much more self-critical than is appropriate or useful.

Nobody is perfect, even before receiving treatment for breast cancer and experiencing appearance changes, and you need to try to accept yourself as you are. Feeling disgusted with your body will not make you feel any happier. To truly value yourself as a whole person you can try to change the negative thoughts and feelings you have about yourself by looking at all the other factors that make up the person you are and try putting them in perspective. This will be the focus of one of our group discussion activities in this week's session.

## *Relaxation Training*

Research has found that by developing relaxation skills, you are in a healthier position to try and tackle stress and anxiety that contributes to feelings of unhappiness. It is believed that regular, daily practise of deep relaxation can produce a greater sense of relaxation across the rest of your life. Deep relaxation means more than simply unwinding in front of the television or having a bath. Although these activities can be relaxing, they will not necessarily reduce anxiety and stress levels.

There are many ways to achieve a state of deep relaxation. Two common methods are described below, (1) Breathing Exercise, and (2) Autogenic Method of Relaxation. You will be taken through a third method of relaxation, Progressive Muscle Relaxation, in the group session this week.

### *Some Tips Before Starting:*

- Relaxation training is a skill that needs to be learned and practised.
- To learn relaxation skills properly it is best to set aside at least 20 minutes per day. Do **not** just try relaxation when you are feeling tense or anxious.
- Make yourself comfortable by either sitting or lying down, and closing your eyes.
- Remember to concentrate on breathing slowly, smoothly, and evenly, and not too deeply throughout the training.
- It is hoped that once you learn and feel comfortable with relaxation exercises, you will be in a position to use relaxation to combat stress in everyday life situations.

### *Diaphragmatic Breathing Exercise*

1. Put your hand on your abdomen just below your ribs and inhale slowly through your nose, feeling your abdomen push against your hand. Slowly count to five (“one..two..three..four..five”) as you breathe in.
2. Pause.
3. Slowly exhale, breathing out through your nose or mouth, and count to five or as long as it takes to exhale fully.
4. Take two breaths in your normal breathing rhythm, then repeat steps 1 to 3.
5. Continue with this breathing exercise for 5 minutes. You will probably go through at least 10 cycles of in-five, pause, out-five. Remember to take two normal breaths between each cycle.
6. Each time you exhale, say to yourself “relax”, “calm”, “let go”, or any other relaxing word or phrase. Allow your whole body to let go and notice the relaxing feeling as you do this.



## *Autogenic Method of Relaxation*

This method of relaxation<sup>21</sup> aims to bring about some of the physical sensations that are associated with a relaxed state. Two sensations associated with deep relaxation are warmth throughout the body and heaviness in the limbs.

1. Get into a comfortable position and close your eyes.
2. Breathe slowly and deeply throughout the exercise, letting all the air out of your body as you breathe out.
3. Say the following statements silently to yourself. Say each one slowly and repeat it three times.

Concentrate on feeling heavy in the arms and legs. Pause between each statement. Remember to say each one three times.

- My head is heavy.
- My neck and shoulders are heavy.
- My right arm is heavy.
- My left arm is heavy.
- My right leg is heavy.
- My left leg is heavy.
- My whole body is heavy and relaxed.

Now concentrate on feeling warm. Say each statement three times, pausing between each.

- My head is warm.
- My neck and shoulders are warm.
- My right arm is warm.
- My left arm is warm.
- My right leg is warm.
- My left leg is warm.
- My whole body is warm and relaxed.

Repeat silently to yourself three times "I feel calm and relaxed."

Finish the exercise by taking a deep breath, stretch, then open your eyes.

*Group Discussion*

*Group Task 2.A - Self-Care Commitment*

*SET YOUR BODY FREE*

*“COMMITMENT TO BODY, MIND AND HEALTH”*

*NAME:* \_\_\_\_\_

*I will make a commitment to myself and try to attend to my needs.*

*I will make a strong attempt to value myself as a person and not just for my appearance.*

*I will try to challenge the negative attitudes I have towards myself.*

*I will make a commitment to take care of my body and learn to be responsive to my body's real needs.*

*I will make every effort to stop punishing myself.*

*SIGNATURE:* \_\_\_\_\_

*DATE:* \_\_\_\_\_

## *Group Task 2.B - Body Image and Your Life*

In this group task we will brainstorm ways to enhance self-esteem without having to alter appearance to improve self-worth.

### *General Self-Esteem*

1. What are the sources of self-esteem?
2. How do other people feel good about themselves?
3. What are some of the ways in which people's lives can be fulfilling? What is important?

### *Personal Self-Esteem*

1. What are some things you like doing in your life?
2. What do you believe you do well?
3. What do you like about yourself?
4. What do others say they like about you? (think about family & friends)
5. What would others say if they heard you being critical of yourself?

## *Group Task 2.C - Progressive Muscle Relaxation*

During the session we will experience a method of relaxation known as "Progressive Muscle Relaxation".

*Questions / Comments Page:*

Please write down any notes, thoughts, comments or questions you had on the reading material and tasks that you completed for this session and bring them to the group for discussion.

## *Session Three*

### *Aims*

- To examine thought patterns and negative thinking
- To gain an awareness of common thinking traits
- To expand body focus and appreciation beyond appearance

### *Agenda*

- Body-related negative self-talk and common thinking traits
- Stopping negative talk
- Explore alternative, balanced thoughts
- Body function and movement
- Explain self-monitoring task to prepare for Session 5 (Comparisons)

### *Tasks to do in Preparation for Session Three*

- **Task 3.1** Understanding your “Thinking Traits” ..... 46
- **Task 3.2** Answering Negative Body Talk ..... 50
- **Task 3.3** Self-care Activity Schedule ..... 51
- **Task 3.4** Re-evaluating Perceptions of Physical Activity ..... 53
- **Task 3.5** Activity Schedule ..... 54

### *Group Session Tasks*

- **Task 3.A** Self-care Revisited
- **Task 3.B** Body Experience



## *Cognitive Components of the CBT Approach*

As you are discovering, body image affects the way we **behave** and the way we **think**. You may avoid certain social situations as you're anxious that people will stare at you. This may seem like an effective strategy, however the negative thoughts about you appearance still remain. What you think, that is, what you say to yourself in your head, largely determines your mood and feelings. This is a very quick, automatic process and most of the time you won't notice it happening. It can help to think of self-talk as part of the running commentary on life that goes on almost constantly inside our heads while we are awake.

Self-talk results from your interpretation of what is going on around you, and although we tend to believe that it is objective and accurate, it is not fact. The interpretation that leads to self-talk depends on many factors, including self-esteem, and how things are going in our lives generally. If we are feeling confident and happy then the self-talk will most likely reflect that state and be positive and happy; if we feel unhappy and lack self-confidence, the self-talk is likely to be negative and pessimistic.

It is natural to think that external situations make you feel the way you do but this is not the whole story. It is the interpretation of the event and the meaning we apply to the interpretation that determines the way we feel and behave. Basically, much of the time we are responsible for how we are feeling, although without tapping into our self-talk we may not realise that we have that responsibility and control. We can fall into traps of seemingly self-protective behaviour by blaming the way we feel on something or someone else, rather than taking personal responsibility for how we feel. Once we can begin to accept responsibility for our feelings, we can then take charge of our lives. This process can be very empowering.

External Events → Interpretation of Events & Self-Talk → Feelings & Reaction

The negative self-talk in which we engage can be unreasonable, unhelpful, and serves no useful purpose. As self-talk is based on a number of factors, including our interpretation of events, the context of the situation and other personal factors such as mood and personal history, it does not always reflect an objective reality. Following from this premise, we can consider negative thinking and self-talk to be a **bad habit** that has developed over time. We are not born with a predisposition to negative self-talk, it is something that we **learn**, and something that can be **unlearned**. Other unhealthy **behavioural** habits, such as smoking or drinking too much alcohol, can be replaced with more positive, health promoting behaviours. There is no reason that we cannot replace unhealthy negative self-talk with more positive, healthy **mental** habits, such as constructive thinking and self-talk.

In earlier sessions of *Set Your Body Free*, the focus has been on the behavioural components of positive change. We now turn our focus to another aim of cognitive behavioural therapy which is to help you think in a more balanced, positive way. This

will in turn help you change your behaviour and help you to feel better. Initially, this can take a lot of effort and practice, but eventually you will find that instead of seeing the negative side of things, you will learn how to think in a more balanced way. This will assist you to overcome your body image concerns, to feel better and to cope with life more easily.

## *Recognising Negative Self-Talk*

A first step towards thinking more positively and reducing body dissatisfaction is being able to recognise the negative self-talk that you direct towards your body. After you begin to focus on your self-talk you will realise how frequently you engage in negative commentary about your body. You may notice negative self-talk when you look in the mirror, try on clothes, are in the shower, or compare your body to other women. It is also important to be aware of the impact negative self-talk has on how you view yourself and the way you feel. Negative self-talk perpetuates the damaged relationship you have with your body, influences mood and contributes to self-defeating behaviours that maintain body dissatisfaction.

The following examples of body-related negative self-talk might be familiar to you and will also help you to recognise your own negative thoughts. During the group session this week we will discuss the instances of self-talk that you recorded on your monitoring sheets.

## *Body-Related Negative Talk*

**Negative self-talk:** *I am so fat and ugly*

**Associated feelings:** Defective, hopeless, depressed  
**Reaction:** Avoid social occasions



**Negative self-talk:** *My chest is*

*disgusting* **Associated feelings:**

Inadequate, trapped, judged  
**Reaction:** Never wear low cut tops

**Negative self-talk:** *I should be able to control my appearance*

**Associated feelings:** Anxious, guilty, frustrated

**Reaction:** Lose temper, shout at people



**Negative self-talk:** *My partner prefers my old hair*

**Associated feelings:** Angry, fearful, inadequate

**Reaction:** Avoid intimate situations with partner

**Negative self-talk:** *People will feel uncomfortable if I don't draw on my eyebrows*

**Associated feelings:** Fearful, inadequate, anxious

**Reaction:** Always draw on eyebrows when out or avoid social situations

## *Thinking About the Way You Think - Common "Thinking Traits"*

The situations that individuals encounter and the interpretations they make in response can give rise to many different examples of negative self-talk. Although these will differ between people, there are common thinking traits, or types of thinking, that the thoughts will resemble. It may be useful to explore whether you identify with any of the following.

### *Perfectionism*

Perfectionism is the tendency to have unrealistically high **expectations** of yourself. Over time you may have developed a set of rules for yourself about how to behave, what to think, and how to act as a person. A person who is a perfectionist may be exceptionally tough on him or herself when evaluating themselves against the strict rules they impose.

Perfectionism can be associated with body image concerns by making you feel worse about yourself when you don't live up to the perfect standards you set. For example, a perfectionist may think "If I can't lose all the weight I put on from treatment by the end of the month, I am useless". These strict standards and expectations can be quite destructive as they lead to disappointment and feelings of failure when they are not met.

### *"All-or-Nothing" Thinking*

All-or-nothing thinking means to view things in absolute and extreme ways. Events that occur are only seen as black or white, right or wrong, good or bad. Examples may include thinking: "If I gain one kilogram, I'll go on and gain one hundred kilograms";

“If I’m not in control now, I lose all control”; “If I can’t master this area of my life, I’ll lose everything”; or “Anything less than total success is utter failure”.

Thinking in this way can become catastrophic and make you feel you should give up altogether. Of course, in reality things are never as black and white as you may imagine. Everything always falls somewhere between the two extremes, and it is a matter of examining the situation or circumstance and trying to look at it more realistically.

### *Selective Abstraction*

This type of thinking is demonstrated by the process of being one sided, looking only at a specific isolated detail and ignoring other contradictory evidence. Examples may include “My nails looked awful last night, they will never look good again”; or “I can never control myself. Last night when I had dinner in a restaurant, I ate everything I was served”.

By looking at one factor, or one detail of a situation or event, one tends to miss the big picture. This type of thinking can be unhelpful when you are trying to get an overview of the influence of your experience on how you are feeling.

### *Overgeneralisation*

Overgeneralization refers to a tendency to believe a rule on the basis of one event and then apply it to other, dissimilar situations. For example: “Perfect breasts are a symbol of femininity, now I am asymmetrical I am no longer feminine” or “When I was bigger I wasn’t happy. So if I put on weight again I will be unhappy”. The use of overgeneralisation can be very restrictive and cause people to become stuck in cycles of self-destructive behaviour.

### *Personalization and Self-Reference*

This type of thinking refers to thinking about oneself and taking things personally. A person thinking in this way may over interpret events relating to the self or be egocentric and so intently focused on themselves that they interpret impersonal events personally. An element of feeling self-conscious also contributes to personalisation. Examples include: “The obesity rates are going up in the UK, I am going to become obese too”; “A group of girls whispered when I walked passed them. They were probably commenting on my hair”. This type of thinking can cause problems, as benign or unrelated events trigger intense personal reactions.

## *Shoulds*

Rules are often created around things that a person believes he or she **should** or **shouldn't** do to be a worthy and good person. For example: "I should be able to reduce the swelling of my arm due to lymphoedema, to the get it back to the size before treatment"; "I have to be in control". Rigid statements like this are over demanding and unreasonable and cause unnecessary pressure.

## *Superstitious Thinking*

Being superstitious is often a part of one's nature, but it is also a style of thinking that can become unhelpful. Superstitious thinking is characterised by believing in the cause-effect relationship of events that actually have nothing to do with each other, or by predicting the future. For example: "If I don't take supplements for my nails **everyday**, they will never grow back"; or "If I go out in the sun, I will develop five new wrinkles the next day." Distorted thinking like this prevents real facts from being tested and confirmed for accuracy.

## *Magnification or Catastrophising*

Magnification involves magnifying or exaggerating the consequences and or significance of events. Examples include "If I put on one kilogram that would be disastrous"; "I nearly died when I found my first grey hair". Magnification causes unnecessary distress when minor events are interpreted catastrophically.



### *Task 3.1 - Understanding Your "Thinking Traits"*

Take some time to consider which "thinking traits" you might relate to.

Choose three of the "thinking traits" that typically characterise your thinking and write them down with a body image or eating related example from your self-monitoring sheets.

**1. Thinking Trait:**

**Practical Example:**

**How has this way of thinking caused problems for you?**

**2. Thinking Trait:**

**Practical Example:**

**How has this way of thinking caused problems for you?**

**3. Thinking Trait:**

**Practical Example:**

**How has this way of thinking caused problems for you?**

## Stopping Negative Self-Talk

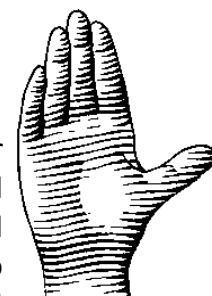
You may have been surprised to discover the extent to which you engage in negative self-talk on a daily basis. Negative self-talk develops gradually over time and in response to many different situations. Consequently, the self-talk you engage in is generally well established and resistant to change. This means that countering negative self-talk is a challenging process requiring persistent effort. The strategies you will learn during *Set Your Body Free* will help you to make progressive changes that can be built upon with each session to reduce the impact that self-talk has on body dissatisfaction.

Recognising negative self-talk, becoming aware of when it is most likely to occur, and in what situations, and learning which types of thinking traits you tend to engage in is the preparatory phase in the process of changing negative self-talk. The next step in the process is **stopping** negative self-talk in its tracks before the mood and behavioural consequences take effect. If the negative emotions and self-defeating behaviours can be prevented from occurring, the influence of self-talk will be much diminished. In following tasks further strategies will be developed to assist with countering negative self-talk.

The process of stopping negative self-talk appears relatively simple on paper, but in practice it is not so simple. Implementing the strategies repeatedly will reinforce their use, and gradually, negative self-talk will become easier to stop. Stopping negative self-talk involves a three step process. The first is to be able to recognise when it is happening. Your self-monitoring will be helpful with this. The second step is to put the brakes on the negative self-talk and stop yourself from repeating the thoughts and allowing them to linger. The last step is to stop you from returning to the same negative thought after you have put the stop process in place.

Next time negative self-talk surfaces, use the following guidelines to stop the self-talk. You may wish to adapt them, or come up with additional strategies for stopping the self-talk so that you find the approach that is most suitable for you.

1. Tune into your thoughts, try to take notice of what you are saying to yourself and become aware of your negative thoughts.
2. Use a variety of different cues to stop the negative thoughts in their tracks. You may visualise different cues, e.g. a stop sign, a hand being held out in a stop gesture, traffic lights turning to red, a solid brick wall blocking the thoughts. Auditory and other cues can also be used, e.g. yelling out the word STOP (in your head or out loud), imagining a breeze blowing the thought away or imagining the thought being frozen in an ice-block and unable to escape. Find out which stopping cues work best for you.



3. Once the thought has been stopped, take some time to breathe deeply and count to ten, focusing on your breathing and counting to distract you from the thought. Once you have finished counting, refocus and resume your task at hand.

If the negative talk reappears, implement steps 2 and 3 repeatedly until you are able to fully concentrate on a new activity.

After applying the stopping technique, take note of the difference in the way you feel and react when the self-talk has been stopped. Compare this to the way you feel when the negative talk is left to continue.

### *Alternative Balanced Thoughts*

The ultimate goal in dealing with negative thoughts is to replace them with more constructive, helpful and possibly even positive thoughts. For most people it is quite a challenge to jump from negative thinking to positive thinking. It can also be counterproductive to start trying to think positively when you really do not believe in what you are saying to yourself. To address this problem, an intermediate step is introduced in which negative thoughts are replaced with **alternative, balanced** thoughts, rather than positive thoughts. This is beneficial in two ways. Firstly, balanced thoughts are initially more believable and acceptable than positive thoughts and secondly, balanced thoughts tend to be easier to generate than positive thoughts, particularly in relation to strongly held negative beliefs about body image.

In the initial stages of tackling negative thoughts, it is useful to practise both processes described above; thought stopping and replacing negative thoughts with balanced alternatives. In some situations it is easier to use the stopping technique, particularly when you may not have the time or opportunity to develop an alternative thought. If you use either of the two processes, whichever is most suitable, you will be continually attacking the negative thoughts, rather than letting them pass by without intervention, thus preventing the negative thoughts and their consequences from being continuously reinforced.

The two examples below follow on from the statements presented earlier. They offer alternative responses to the initial negative thoughts and can help to diminish the emotional reaction to negative thoughts. It is important to repeat the alternative thoughts a number of times. Saying them only once may not provide a sufficient counter to your well-established negative thoughts. When repeated, the alternative, balanced thoughts are more likely to penetrate and have an impact on the way you feel.

**Example 1**

When I think: *My chest is disgusting*

Then I focus on: The parts of myself I don't like

And I feel: Inadequate, trapped, judged

My balanced thought is: *Yes, my chest is different, but my whole body has changed throughout my life*

Now I feel: Calm, non-judgemental

**Example 2**

When I think: *My partner prefers me slimmer*

Then I focus on: My partner finds me less attractive and loves me less

And I feel: Angry, fearful, inadequate

My balanced thought is: *My partner loves me beyond my appearance like I love him beyond his*

Now I feel: Empowered, free

### Task 3.2 - Answering Negative Body Talk

Identify three instances from your self-monitoring when you have said negative body-talk statements about yourself. Using the examples above as a guide, answer back to your negative body-talk.

When I think....

---



---



---

Then I focus on....

---



---



---

And I feel....

---



---



---

My balanced thought is....

---



---



---

Now I feel ....

---



---



---

Take note of the differences in your emotional reaction after the initial negative thought and then after the more balanced alternative thought. If you don't notice much of a change in the way you feel, you may need to generate a different balanced thought that works better for you, or you may need to repeat the alternative thought a few more times for it to have a stronger impact.



## *Looking After Yourself and Your Body - Self-Care*

During one of the earlier sessions of *Set Your Body Free* the concept of self-care was introduced and commitments were made towards looking after your own needs. In this next section, self-care is re-visited.

As well as enhancing general well-being, engaging in specific self-care tasks can enhance feelings of positivity towards your body. Women who experience body dissatisfaction tend to think about their body from a very narrow perspective. Bodies are thought of in relation to how they look, how much they weigh and the shape of the figure. Self-care can help one to appreciate that the body can contribute to positive feelings and experiences, such as pleasant sensations, relaxation, fun and sensuality.

For some women it is quite a leap from living a life of pleasing others and attending to day-to-day pressures, to trying to fulfil their own needs. Despite the barriers you may encounter, such as unfamiliarity with self-care, feeling guilty or selfish, feeling undeserving of self-care attention, or perceiving resentment from others for the time you are devoting to yourself, the pursuit of self-care is a valuable enterprise as it will expand your perspective of your body and the pleasure you can derive from a positive and caring body focus. During the group session we will discuss some of the challenges and successes you have encountered in attempting to value yourself and take care of your needs.

The next task helps you to reinforce your commitment to self-care and gain an understanding of how caring for your needs can contribute to positive feelings about your body. Body-related self-care tasks can be varied, resulting in enhanced feelings of comfort, rest, strength, relaxation, health, fitness and accomplishment. You will be asked to commit to different self-care tasks on at least four days over the coming week, to describe the purpose of the self-care task, e.g. for relaxation, to experience pleasant sensations etc, and to recognise how that activity affects the way you think and feel about your body.

### *Task 3.3 - Self-Care Activity Schedule*

Choose four days upon which you will deliberately undertake different self-care activities. For each day that you engage in a self-care activity, write down:

- The planned self-care activity.
- The purpose of the self-care activity.
- The effect of the activity on your experience of your body, e.g. how you think and feel about your body.

## *Turning the Relationship Around - Body Function and Movement*

The activities that you have completed this week have begun to repair the relationship you have with your body. By changing your negative thoughts about your body, and purposefully attending to your body's needs, you have begun to take care of it, reducing your levels of anxiety and distress. By putting aside criticism you are letting go of the past and moving towards the future. It is important for you to value the relationship you have with your body and start fostering positive body image thoughts and feelings. With practice and lots of hard work, caring for your body again and thinking positively about your body will become a natural way of living.



A further step towards valuing your body is to continue to expand the perspective you have of your body. As mentioned earlier, women with body dissatisfaction tend to have a very narrow focus on their body, considering it only from a weight and shape perspective. And of these women, those who have been treated for breast cancer also tend to focus on the areas of their body which have changed as a result of treatment. The self-care tasks have begun to open up your view of your body. The next area of discussion about physical activity and movement will also expand your focus, helping you to appreciate the function of your body and achievements that you can accomplish physically.



We are all well aware of the health benefits of exercise and being physically active. Along with following a healthy eating pattern, engaging in regular physical activity is one of the cornerstones of good health. Unfortunately, for some women, exercise can tend to perpetuate the poor relationship that they have with their bodies. Women who are dissatisfied with their bodies tend to have restricted views of the purpose of physical activity that can lead to unhealthy levels of over-exercising, or avoidance of appropriate levels of physical activity.

As a result of the connection between exercise and weight loss, women who wish to change their body shape and weight can develop distorted perceptions of exercise. In this regard, exercise is often considered to be a means to an end, that of weight loss, rather than a process in itself. Women who perceive exercise to be valuable only for the weight loss results it can achieve, are unable to appreciate the many other benefits of being physically active. Positive health effects, enhancement of mood, socialising and an enjoyment and appreciation of the physical ability of the body, tend to be disregarded by those overly focussed on weight loss. Exercise can also come to be associated with black and white thinking, such that not exercising is equated with being

“bad” and completing an exercise regime is seen as virtuous or “good”. All or nothing thinking also plays a role in the problematic relationship between body dissatisfaction and exercise. Some women may think that if they can’t do enough exercise to result in significant weight loss, they may as well not exercise at all. In addition, the guilt that is associated with thoughts about exercise can lead to overexercise for those desperate to avoid feeling guilty. Alternatively, guilt can lead to lack of exercise for those not willing to commit to becoming physically active for fear that only intense levels of exercise will bring about the desired weight loss results.

### *Task 3.4 - Re-evaluating Perceptions of Physical Activity*

This task asks you to contemplate your reasons for exercising, and to reflect on the degree to which these reasons are helpful, or whether they reinforce your feelings of body dissatisfaction.

- Consider your reasons for being physically active or exercising.
- In what ways do these reasons cause problems for you?
  - Think about how the reasons for exercise can perpetuate body dissatisfaction.
- What are some of the other benefits of being physically active that you think you may have missed?
- Rather than focussing solely on weight loss as a goal, try to formulate other reasons for being physically active on a regular basis.
  - Think of reasons that are particularly applicable to you, rather than only reasons that generally apply to everyone.

Choosing appropriate reasons for exercise can help to break the association between exercise and negative attributes, such as “good” or “bad” and feelings of guilt. A further benefit of re-evaluating your goals for exercise is to open up your appreciation of your body as an instrument, or tool for movement and function, rather than being valuable solely for its appearance.

### *Appropriate Physical Activity Levels*

We can think about exercise as being comparable to eating and our relationship with food. We know that both are essential to health, yet too little, or too much, or the wrong type can cause problems. Re-evaluating exercise, its role in your life and the benefits it can give you does not mean giving up exercise. In fact, similarly to natural eating, it means establishing an appropriate, healthy approach to exercise. An appropriate and healthy approach to exercise is one that does not involve exercising at the expense of other commitments, such as would occur with overexercising. Appropriate exercise is undertaken for a variety of reasons, to contribute to health, body function and psychological well-being. Value judgements such as “good” and “bad” are not placed on appropriate exercise. Flexibility is also a component of appropriate

exercise. Some days will involve more, or less, or no planned movement. Different types of physical activities, rather than an obsessive focus on one type of exercise, contribute to appropriate exercise.

The next task involves scheduling physical activities into your daily life and routine. Planning a schedule can be helpful for people who see activity as a dreaded task, undertaken only to lose weight, for those who may exercise a little too much and also for people who would prefer not to be active at all. In later sessions we will revisit appropriate exercise and discuss tips for retaining exercise and activity as a regular feature in your life.

### *Task 3.5 - Activity Schedule*

When you are planning your activity schedule, consider ways of keeping things interesting with different types of activities planned and different purposes for those activities. Also think about how the activity will fit in your daily routine. It would be counter-productive to plan an elaborate activity schedule that you realistically have no way of completing.

For each activity plan, include the following:

- Day
- Time of day
- Type of activity
- Length of activity
- Purpose and benefits of activity
- Additional notes

A few examples are shown below to help you develop your own plan.

### *Activity Schedule Examples*

#### **Example 1**

- Day: Wednesday Time of day: 7:30am
- Type of activity: Walk to the shop to buy bread and milk
- Length of activity: 10 minutes each way
- Purpose and benefits of activity: Improve cardiovascular fitness
- Additional notes: Reduce impact on the environment, save petrol money

**Example 2**

- Day: Saturday
- Time of day: 3pm
- Type of activity: Going to the park with the kids and kicking the football around
- Length of activity: 5 minute walk each way and 20 minutes playing football
- Purpose and benefits of activity: Spend time with the kids, enjoy the fresh air
- Additional notes:

*Group Discussion**Group Task 3.A - Self-Care Revisited*

As a group, we will discuss the progress that has been made with self-care.

- How have you reacted to the commitment to self-care?
- How have others around you reacted to your commitment to self-care?
- What barriers to engaging in self-care have you encountered?
  - What has interfered with your ability to attend to your needs?
- How have you been able to circumvent these barriers and continue your commitment to self-care?

*Group Task 3.B - Body Experience*

During the session we will experience a process of body attending to further expand the focus of your body-directed attention.

*Questions / Comments Page:*

Please write down any notes, thoughts, comments or questions you had on the reading material and tasks that you completed for this session and bring them to the group for discussion.

## *Session Four*

### *Aim*

- To explore the interaction between relationships and body image
- To examine socio-cultural pressures on body dissatisfaction
- To examine internalisation of the “youthful-thin ideal” and comparisons

### *Agenda*

- Explore influences of relationships on body dissatisfaction
- Examine media and cultural pressures
- Explore body comparisons
- Strategies to resist the youthful-thin ideal
- Explain self-monitoring task to prepare for Session 6 (Alternative balanced thoughts)

### *Tasks to do in Preparation for Session Four*

- **Task 4.1** Your Relationships ..... 60
- **Task 4.2** Media Influences ..... 67
- **Task 4.3** Body Image Messages ..... 69
- **Task 4.4** Testing Comparisons ..... 69

### *Group Session Tasks*

- **Task 4.A** Impact of Relationships on Change Activities
- **Task 4.B** Qualities of Women
- **Task 4.C** Reducing Internalisation of the Youthful-Thin Ideal





## *Relationships and Body Image Concerns*

Interpersonal interactions are a key aspect of everyday life. Relationships shape how people think, how they feel and how they conduct themselves in other aspects of life. Interpersonal relationships certainly have an impact on body image and associated behaviour.

Relationships with others may contribute to your concerns. For example, you may feel that you have to look a certain way to remain attractive to your partner, or you may feel bad about your body after insensitive comments from those around you. Relationships that put pressure on you and make you feel inadequate or unhappy about your body are not healthy. For example, partners who do not understand body image, partners who are highly critical (“your hair doesn’t look great tonight”), peers who are judgemental or appearance-focused (“If I had those scars, I definitely wouldn’t be wearing that bikini”) and mothers who are on diets themselves who constantly scrutinize their daughter’s eating (“I wouldn’t touch that biscuit, do you know how many calories are in that?”) can all maintain women’s problems with body image.

Additionally, body dissatisfaction can have detrimental effects on relationships. Often women with body image concerns can become socially isolated when their friends do not understand why they will not socialise in environments where they will feel more self-conscious than usual, for example, at the spa. Body dissatisfaction can also lead to distance developing in intimate relationships as women who are unhappy with their appearance may wish to conceal particular aspects of their body at all times or withdraw from intimate situations altogether. In addition, body dissatisfaction may disrupt families, for example, a mother who is unhappy with her body feeling unable to take her children or grandchildren to the swimming pool.

*“My body image concerns are really affecting my relationship with my partner. He tries to understand how I feel; telling me he appreciates it must be difficult getting used to a different body. But I feel so disgusted by the burnt skin from radiotherapy, that I don’t want anyone to see my body, let alone touch it. He gets really frustrated and upset with me. I know I hurt his feelings, but I’m so unhappy with how my skin looks, that I worry he will also feel disgusted by it.”*

The goal of this section on relationships is not to provide relationship counselling or to re-examine seminal points of influence from childhood and interactions with your mother or father. Rather, the purpose of this section is to help you achieve a balance in your relationships so that you can receive the support and help that you need with your struggles with body image and so that you can also reduce the negative impact those struggles may be having on those around you.

## *Getting the Support You Need*

When one is feeling down or facing difficulties in life, having strong support from others is very important. Much of the time this support comes from interpersonal relationships. It is important to spend time with people that you trust and who make you feel good about yourself when you are trying to change. For the body image changes that you are making to be sustained, a supportive environment that makes the changes as easy as possible can be of great assistance.

A positive relationship is one in which you feel supported in your change efforts, and which helps you to feel good about yourself and encourages you to care for your body. These relationships generally do not happen without deliberate planning and effort. Those around you may not know how to best provide you with the things you need. Although you may prefer that they instinctively know how to provide encouragement and support, you may be missing out on what you need if you do not communicate your wishes. Misunderstandings can be perpetuated when assumptions are made. Be specific about your needs. Let people directly know what they can do to support and help you. It is likely that they won't be put out by your direct approach, they will probably feel less confused and much more proactive if they know what they can do to help. Your requests may involve simple direct suggestions, e.g. "It will be really helpful for me if you come with the children and myself to the swimming pool", reinforcing the behaviour of others e.g. "I love it when you tell me I am sexy", provide opportunities for you to engage in change behaviours e.g. "Can you organise the kids for school one morning a week so that I can take some time for myself?" or asking your loved ones to be patient with you while you are experiencing this transition phase.

## *Protecting Important Relationships*

While you are intently focussed on making positive changes for yourself and enlisting the support of those around you, the feelings of other people close to you also need to be considered. We can often hurt others who are closest to us. Body dissatisfaction can affect your relationships as partners and friends can find it difficult to understand the reasons for such isolation that it creates. Further strain is placed on relationships if one withdraws from social situations and tries to hide away for fear about one's appearance. A partner or close friends and family can find this type of behaviour frustrating as it impacts on their social and personal life as well.

Concerns about appearance can affect intimate relationships. Feeling unhappy with your body can lead to withdrawal from intimate or sexual contact, which is often difficult for a partner to understand without feeling rejected. Good communication is necessary between partners when these types of situations arise.

To protect your relationships and prevent body dissatisfaction from becoming destructive, you may need to actively restore some of the damage that may have been inflicted. Disclosing the level of your concerns (see below for more information) may be helpful if your interaction with others has been marred by secrecy. Purposefully socialising with others in an environment where you feel less exposed and self-conscious could help to maintain relationships despite your appearance concerns. Furthermore, nurturing your partner to make them feel special may help them realise you appreciate all of their support.

### *Task 4.1 - Your Relationships*

Think about the relationships you have with friends, a partner, or your family. Write down responses for each of the following points.

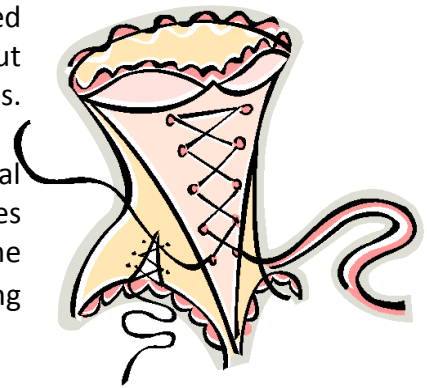
- Can you identify particular relationships that are supportive and make you feel positive and good about yourself?
  - Comment on what makes those relationships supportive.
  - How can you cultivate those positive relationships, and additional support that you may be in need of?
- Identify what needs to be improved in relationships that are not as supportive as they could be.
  - How can you make that happen without damaging the relationship?
- Identify how you can repair relationships that have been damaged by your body dissatisfaction.

## *Self-Disclosure*

Another facet of the interaction between body dissatisfaction and relationships is whether or not to disclose the truth of your concerns to those close to you. It is important to consider the gains or losses that may result from such disclosure and whether you are likely to benefit from disclosure, or cause further difficulties for yourself. If you do choose to disclose your concerns to others you may experience benefits such as an improved level of understanding from others, receipt of further assistance and support, and an enhanced level of closeness. You may also be reluctant to disclose your concerns due to feelings of shame, worries about being judged, or concerns about changing the nature of your relationship. When balancing your gains and losses, it is important to consider whether you are being objective in your evaluation or whether your perception of the potential gains and losses may either be an indication of your unwillingness or lack of motivation to change, or influenced by your (perhaps unfounded) fear of the reaction of others.

## *Historical Perspectives on the Sociocultural Ideal*

Fashions for women have changed dramatically, not just in the past few decades but across the centuries and across different cultures. These changes and differences in ideal appearance reflect the stereotype of physical attractiveness of the time. Throughout the centuries women have tortured themselves to achieve the desired look of the time or culture<sup>22</sup>. The following examples illustrate some of these practices.



- Tight corsets were worn by women in Europe up until the early 20<sup>th</sup> century
- Binding of women's feet was common practice in areas of China
- Head-flattening was practiced by the ancient Egyptians
- Neck stretching and lip and earlobe distortion is a custom in some African tribes
- Teenagers and young women are deliberately overfed to induce overweight and obesity in some Islamic cultures, such as in Mauritania as these physical attributes are considered sexy and desirable and an indication of family wealth
- In our modern western societies women squeeze their feet into four inch stiletto high heels

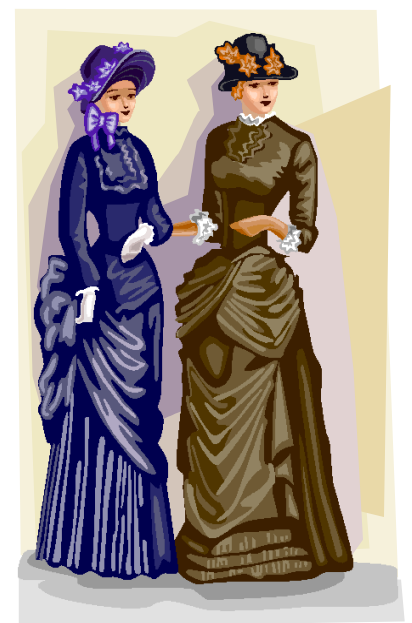


The Renaissance period saw the first time that the fashionable shape for women did not reflect the natural shape and curves of the body. Instead women wore many layers of heavy fabrics with

enormous sleeves, and layer upon layer of petticoats. The number of layers worn gave an indication of one's prosperity, as only the wealthy could afford such extensive

layers. Padding in certain areas was also in fashion. Hip cushions and false breasts, made of tin and wax, were often worn, as were steel framed bustles to create an exaggerated shape from which layers of fabric would drape.

In the nineteenth and early twentieth centuries, tight corsets were worn to shape the body to the ideal of the time. Breasts were pushed up and out and the corset was tightly laced to give the wearer an illusion of a



smaller waist with rounded hips, thus creating the hourglass figure.

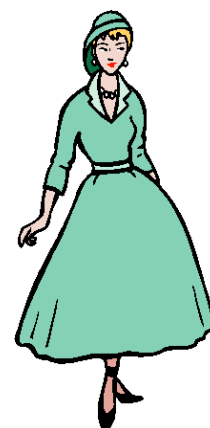
The popular hourglass figure was also enhanced from wearing the corset for many years, sometimes beginning in early childhood. From such extended use the body was moulded, resulting in a narrowing of the ribcage.

Wearing corsets could be very dangerous and have harmful effects due to the physical changes inflicted on the body. Many women developed deformities and curvature of the spine, respiratory problems, fits of fainting, serious digestive problems, and sometimes childbirth complications (Davies, 1982). Despite these complications and arguments made by doctors against their use, women were not dissuaded from wearing corsets. The pressure of fashion won out over health concerns and ensured their continued use.



Fashions in the early twentieth century changed dramatically to embrace the look of the “flappers”. To achieve the desired flat-chested androgynous appearance, dresses were straight and loose with tightly woven cloth binding the bust. The 1940s and 1950s saw a return to the curvaceous ideal with full skirts and tight fitting bodices again emphasising the hourglass figure.

The current thin ideal first came about during the 1960s and was epitomised by the waif-like style of fashion model Twiggy. The thin ideal, with an angular body and childlike appearance has remained relatively unchanged since that time, although that time, although the changes that have come since, such as having large breasts, broad shoulders and a toned, muscular shape have moved the sociocultural ideal even further away from the natural biological shape of women.



From this historical perspective, we can appreciate that women have been putting themselves through torture to achieve a fashionable body shape and size for centuries. While we find it easy to be critical of past practices, women in today’s society are following the same pattern when they attempt to achieve the current fashionable “thin” body shape, thus putting themselves at great risk of developing an eating disorder, low self-esteem or depression.

Author Kaz Cooke<sup>23</sup> has called for **the battle against our bodies to stop!!**

Women in many Western societies have made great advances in opposing and rejecting many of the traditional stereotypes that restricted the opportunities available to women. Women are now free to choose the type of role they wish to have in their lives. They have a choice of careers, a choice to marry or not, a choice to enter motherhood, and have access to equal opportunities in our society today. Therefore it

seems reasonable that women **can** choose to have natural body shapes and weights and not be pressured into achieving a stereotypical look. Women **can** choose to feel comfortable with who they are and be accepted by society for making individual choices.

### *Media Portrayal of Women*

Although it would be desirable for women of different shapes and sizes to feel comfortable with their bodies, this is not reflected in the current culture. Today, female physical attractiveness is largely defined as having an unhealthily thin physique and also a youthful appearance. Those who possess such attributes are highly valued. Despite the fact that the “youthful-thin ideal” contradicts natural biological changes such as weight gain and the accumulation of fat around the hips and stomach associated with the developmental stages of puberty, childbirth and menopause, this is the image we most often see portrayed in the media.

Media messages surround us each day, in magazines, on the television, on the radio, on city billboards. They are a very strong and manipulative influence and the dominance of the youthful-thin beauty ideal in media images in part contributes to women being vulnerable to developing poor body image, weight and dieting concerns, and low self-esteem. Research shows that body dissatisfaction worsens after viewing images of women who typify the youthful-thin ideal.<sup>24</sup> We also know that women who perceive pressure from the media to conform to this cultural ideal tend to have heightened body dissatisfaction.<sup>25</sup>

The sheer volume of media images promoting the youthful-thin ideal can at times seem overwhelming. One area in which this promotion is most blatant is the presentation of fashion models. Generally, these images are unrealistic, and unattainable, for the majority of women. The models are extremely thin, and some have figures that appear prepubescent. They also have flawless smooth skin, long voluminous hair, long eyelashes, and perfectly sculpted nails. Curvaceous models with womanly figures are largely absent from the pages of women’s magazines, as are midlife and older women. Although some models are naturally thin, many struggle to stay at the very low weight that their industry demands. To do so, many practically starve themselves, are constantly hungry and struggle to find the energy for daily activities.

The extreme measures taken to maintain a very low weight are only the start of the process when it comes to presenting the end product of media images. The figure below shows before and after photos from the Dove “Campaign for Real Beauty”. These photos are indicative of the extent of manipulation that takes place to produce an image. It is no wonder it is impossible to live up to these appearance ideals, particularly for women who have been treated for breast cancer, and consequently undergo a number of additional changes to their appearance.



Before and after  
photos from  
Dove’s  
“*Campaign for  
Real Beauty*”

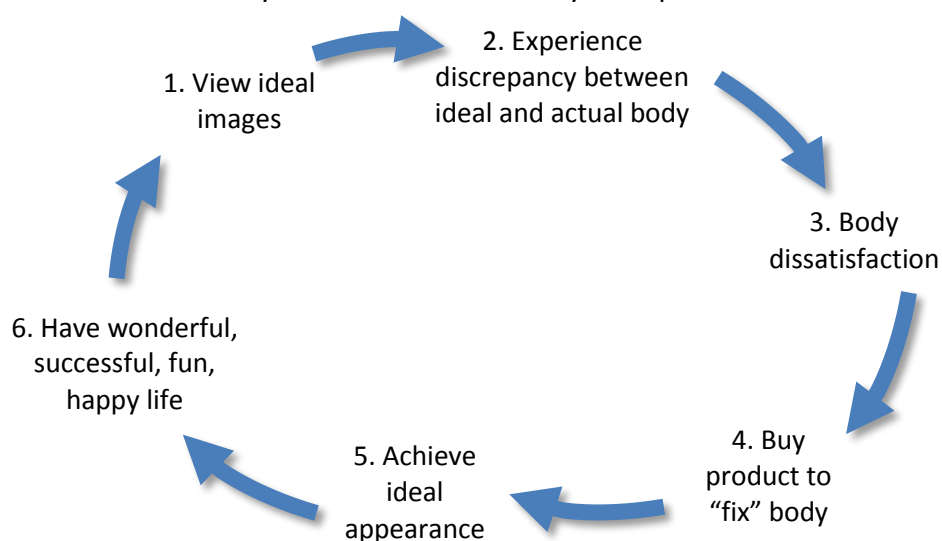
## Media Messages

The weight loss and beauty industries are among the most powerful proponents of the beauty ideal. Claims such as “lose weight in three days” made by companies advertising “natural” vitamin supplements and promises of “look five years younger in thirty days” from using wrinkle cream products are accompanied by images of women who have apparently had a miraculous transformation after implementing the diet or beauty regime.



These advertisements can be damaging in a number of ways. In addition to promoting the beauty ideal as being highly desirable, advertisements are quite misleading as they give the impression that it is possible to make drastic changes to one’s appearance either with very little effort or in a short space of time. Furthermore, the advertisements are deceptive as is often discovered upon reading the fine print. A vitamin supplement, or any short term diet programme, is **not** an effective weight loss strategy and wrinkle creams certainly do not deliver all that they promise.

The singular purpose of the advertising and the fashion industries is to make money, and this is achieved by selling more products. Although it may seem callous, having women feel bad about themselves after viewing media images actually works in the favour of the advertisers. When women view these media images and perceive that a discrepancy exists between their own appearance and the idealised image, they experience body dissatisfaction. This occurs because they have evaluated themselves negatively in comparison with the ideal image. The logical step promoted by advertisers to rectify these negative feelings is to change something about themselves so that they more closely resemble the youthful-thin ideal. At this point the advertisers have the perfect pitch. They are offering products that promise to magically fix the very problem that they have created. Through their marketing devices we are lead to believe that all we need to do to attain the youthful-thin ideal is buy their products.







## *Impact of Media Messages*

Although the negative impact of the media and advertisers can seem relentless and overwhelming, there are ways to deal with the presence of youthful-thin ideal images of women and feel good about your body. The following task, Media Influences, helps you to think carefully about, and make some changes to your reactions in response to the images of women you see in the media on a day-to-day basis.

### *Task 4.2 - Media Influences*

Over the following week, take notice of the media images of women that you see. Think about the images depicted in print media, such as magazines or billboards, in electronic media, including television and the internet, or in product marketing pages that you may come across. As you are viewing these images, consider the questions below.

#### **Image Presentation**

- How are women generally depicted in the media?
  - Think about their age, ethnic background, general body shape, grooming etc.
  - How much diversity do you see in the images?
- In what ways do you think the image has been manipulated?
  - Think about the efforts that go into preparing the model for the photo and the post-production computer manipulation.
- What message is the image / advertisement sending to you?
  - What strategies are being used to entice you to the image and the product?
- What are the benefits of this image to the advertiser?
- What, if any, are the benefits of the image to the consumer?

#### **Your Responses**

- How do you feel, about yourself and your body and appearance, when you look at the images?
- How do these images contribute to the sociocultural norm about how women “should” look?
- How fair is it for women to compare themselves to these images?

Please bring along any examples of media that help illustrate your thoughts about and responses to the questions.

## *Body Image Messages within Subcultures*

In addition to media influences which may reflect our overall cultural perceptions of body image and appearance, subcultures within our society may influence body image in different ways. Work, social groups, university environments, the dating scene and various professional organisations can be some of the subcultures that exert subtle, or more overt, pressures on women to conform to that subculture's appearance norms. Subcultures generally have different "rules" or expectations about the appropriate or desirable appearance for women within that subculture.

As women age, they may encounter changing attitudes and expectations about how they should look, or act. Our western society tends to promote very narrowly prescribed ideas about midlife and older women. For example, it may be held that women beyond their first flush of youth are frumpy, not sexy or sensual; that they are inactive and perceived to be invisible and less valuable<sup>26</sup> as they age.

Depictions of relationships between men and women in the media often contribute to the youthful ideal stereotype and to the impression that women become less attractive, and invisible as they age. We often see stereotypical relationships between older men and younger women representations showing men leaving a same age wife or partner for an affair with a younger woman. The opposite scenario of a younger man and older women in a relationship is rarely portrayed.

Given the preponderance of appearance norms for women, both in the media, and our subcultures, it is not surprising that women internalise these ideals and pursue a thin youthful appearance in the hope that they will reap the benefits. Such benefits are expected to be fulfilling relationships, happiness, wealth, career success and more.

Despite the restrictive perceptions that society holds of women in midlife, there are many women who defy these expectations and reject the notion of living their life within such narrowly defined parameters. Many women in all stages of life, including both normal as well as larger weight women, are happily partnered, are sensual and attractive, have great career success and are very happy. Why is it that our society promotes the concept that these things can only be achieved by the thin and youthful among us? The next task asks you to explore these ideas.

### *Task 4.3 - Body Image Messages*

Think about the different subcultures you pass through on a day-to-day basis.

- What are the appearance norms of the subcultures in which you are involved?
  - e.g. How are women expected to look to fit in within these subcultures?
- How are women who do meet these appearance norms treated?
- What are the consequences for women who do not meet these appearance norms?
- Which non-appearance based characteristics or qualities that could contribute to the subculture, are overlooked in favour of appearance?
- Write down two coping statements, using the alternative thoughts strategy introduced in session four, that women could use to protect themselves, or cope with, the pressures to meet appearance norms.

### *Body Comparisons*

Another factor that has been found to contribute to the development of body dissatisfaction and disturbed eating behaviour is a tendency to make comparisons with the appearance of others, known as body comparisons. All comparisons, including body related comparisons, are undertaken for self-evaluative purposes, that is, to evaluate oneself against an external standard. Women who have a tendency to compare their appearance and weight and shape with other women tend to experience heightened levels of body dissatisfaction. This is particularly the case when women compare themselves to other women who they believe to be superior on the characteristic they are comparing, such as body shape. This type of comparison is known as an “**upward comparison**” and is associated with distress and body dissatisfaction. This occurs because one evaluates oneself as inferior to the comparison target, that is, the person with whom they choose to compare.



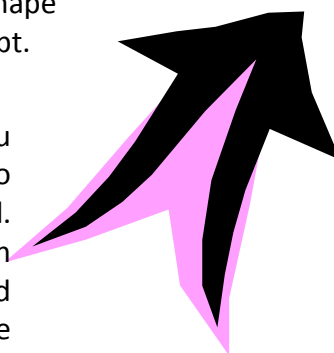
The other type of comparison, “downward comparison”, refers to the act of comparing oneself favourably to others. This type of comparison tends to preserve self-esteem and positive feelings as one judges oneself to be superior to those they are choosing to compare.

Further contributing to the impact of comparison on self-evaluation is the similarity or dissimilarity of the comparison target to oneself. Dissimilar targets are judged as irrelevant to the self for comparison purposes. Thus the subsequent negative effects of comparison on body dissatisfaction will not occur as the superiority, or inferiority, of the target does not matter to one's perception of the self. When women undertake comparisons with targets similar to themselves, e.g. age, ethnicity or career, they are more likely to experience body dissatisfaction.

Body comparison can occur with women in fashion magazines, actresses, women in the street, and with women in one's immediate peer group. Recent research suggests that women with body dissatisfaction may not only engage in more body comparisons but also believe that others give equal importance to weight and shape concerns as they do, thus making it seem normal that weight and shape should make a substantial contribution to one's self-concept.

Body comparison can deepen the insecurities you may already be feeling about your body and contribute to the process of internalising the thin, youthful ideal. Internalisation refers to taking on cultural standards, such as the thin ideal, as one's own personal standards, and leads to body dissatisfaction when one perceives that one does not meet those appearance standards.

In her book *Real Gorgeous – The Truth About Body and Beauty*,<sup>23</sup> Kaz Cooke suggests that a great way to remind yourself that “real” women do exist is to go to a shopping centre, the beach, a local pool, or a gym and observe all the **different** and **real** women you see. She recommends that we all take notice of young women, mothers, and older women and she points out the noticeable differences among all women's bodies. Unfortunately, when women engage in upward comparisons and consequently feel bad about their bodies, they fail to take notice of all the “average” women in their environment.



### *Task 4.4 - Testing Comparisons*

This task asks you to try out an exercise to test whether the theories of body comparisons outlined above are true in real life situations. Choose a busy place, like a shopping centre, train station or a busy street where a number of women will be present so that you can observe their appearance. For the duration of the exercise, stay in the one position to observe women passing by.

In the first part of the exercise, engage in your usual type of comparison, making ten different upward comparisons with any women you choose, comparing aspects of yourself that you usually compare with other women, e.g. your legs, face, stomach etc.

In the second part of the exercise, you will compare yourself to ten consecutive women who pass you by, that is, ten women in a row, regardless of their size, shape, age, ethnicity or any other appearance characteristics, without choosing who you compare.

For each of the first, usual comparisons, and second, consecutive comparisons, take note of the following:

- Which part of your appearance did you usually compare?
- What did the women who you compared yourself with generally look like?
- What was the effect of the comparison on how you felt about your body?
- How did you feel about your body when you compared yourself to women who were similar to you?
- How did you feel about your body when you compared yourself to women who were dissimilar to you?

During the group session we will discuss the results of your experiment.

## *Group Discussion*

### *Group Task 4.A - Impact of Relationships on Change Activities*

During the course of the *Set Your Body Free* programme you have been engaged in many self-change attempts. Some of the changes you are making, and the processes to bring them to fruition, will either directly affect those around you, or affect the way that you interact with significant others in your life.

When others are affected by your self-change efforts they can resent the intrusion on their lives. They may overtly or unintentionally act to sabotage your new behaviour, or be uncooperative with you in your attempts to include them in your change processes. As a group, we will discuss any such instances you have encountered.

- How have others reacted to your attempts at positive change?
- What examples of resentment or interference have you noticed from others around you?
- How have you been able to counter those instances?
- How have you been able to continue to try to enhance your body image given the constraints that your relationships may place on you?

### *Group Task 4.B - Qualities of Women*

One of the messages we get from media and other subcultures in our society is that we need to look like the thin youthful ideal to be attractive and successful. Our group discussion will examine whether that premise holds true.

- Think of some women you know that you enjoy being with, that you like talking to and spending time with.
- Think of some attractive women you know who are a similar age to you.
- Think of some successful women you are aware of, e.g. in business, arts, politics etc.
- What is it about these women that make them attractive to you?
- What are their most important qualities?
- What do you value about them?
- How many of those qualities are valued by the media and wider subculture?

*Adapted from Durkin, Paxton & Wertheim<sup>27</sup>*

### *Group Task 4.C - Reducing Internalisation of the Youthful-Thin Ideal*

Throughout the implementation of *Set Your Body Free* we are continually interested in receiving feedback from the women involved in the sessions to assist us to present the most effective programme possible.

In this group task, you will be asked to reflect on your experiences of body dissatisfaction, and what you have learned about addressing body image concerns in the programme to date, to develop “**anti**” youthful-thin ideal statements and strategies that can be implemented in the programme in the future.

To guide the development of your strategies against the typical expectations of the benefits of thinness you may wish to consider the following categories and points of discussion:

#### **Are the expected rewards of thinness realistic?**

- Consider how important it truly is to be thin and appear younger
- What is actually better about being thin and looking younger
- Does thinness equal success, happiness, etc
- Are slim, young people somehow better than larger or older people?
- What changes if someone becomes slimmer or appears younger than they are?
- Is meeting the thin-youthful ideal necessary for achieving a happy, fulfilling life?

#### **What are the consequences of attempting to meet the youthful / thin ideal?**

- Emotional
- Physical
- Social

#### **What are the costs to women in society of pursuing the youthful / thin ideal?**

- How is women’s value defined if the thin ideal is pursued by all?
- Consider the invisibility of women who do not meet the ideal

#### **What would be the benefits to women’s lives if they were not preoccupied with achieving the ideal?**

Consider how your life could be improved if you were able to embrace the arguments developed in this task and resist the lure of the youthful / thin ideal?

Next time you notice that you are tempted by the thin ideal, try and recall some of the anti youthful / thin ideal statements from this task and apply them to yourself.

*Adapted from Stice and colleagues<sup>28</sup> and Boivin and colleagues<sup>29</sup>*



*Questions / Comments Page:*

Please write down any notes, thoughts, comments or questions you had on the reading material and tasks that you completed for this session and bring them to the group for discussion.

## *Session Five*

### *Aim*

- To learn further strategies to refute negative self-talk
- To begin body acceptance

### *Agenda*

- Examine cognitive restructuring
- Physical activity and movement
- Nurturing one's body
- Body acceptance

### *Tasks to do in Preparation for Session Five*

- **Task 5.1** Creating Alternative, Balanced Responses ..... 82
- **Task 5.2** Environmental Cues and Rewards for Physical Activity ..... 85
- **Task 5.3** Mirror Exposure ..... 87
- **Task 5.4** Writing a Letter to “My Body” ..... 88

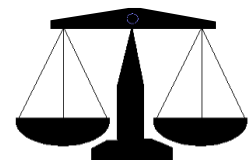


## *Cognitive Restructuring*

In earlier sessions of *Set Your Body Free* you began to take the first steps towards dealing with negative thoughts and their impact on body dissatisfaction, your feelings and behaviour. Those early steps were to recognise negative thoughts, stop the thoughts and replace them with alternative, balanced thoughts. The process is expanded in this session to incorporate cognitive restructuring. The term cognitive restructuring applies to the method of critically examining and challenging negative thoughts and replacing them with alternative, balanced thoughts. The effectiveness of this technique is based on the cognitive-behavioural model of therapy introduced earlier in the programme. As you will recall, negative thoughts result from an interpretation of situations and events. Consequently, the thoughts that are produced can be coloured by our anxieties, insecurities, or confidence, and in the case of body dissatisfaction by our investment in the importance of appearance to our self-concept, leading to distorted and negative thinking. Systematically examining the distorted thoughts, challenging the “truth” and “validity” of the thoughts and finding cracks in your acceptance of the thoughts, provides a strong foundation for replacing them with balanced alternatives.

### *Challenging Distorted Thinking - Looking for Alternative, Balanced Answers*

The cognitive restructuring process described below helps to build upon the progress you have achieved in stopping your negative thoughts. Even when one becomes aware of and has success in stopping some of the distorted thoughts that have a strong impact on feelings and behaviours, it can still be difficult to begin changing them. After years of practice and perfecting the art of being critical about yourself, negative, distorted thoughts are firmly entrenched. It is not so easy to persuade yourself to think differently. However, if you are dedicated to helping yourself and your self-esteem you may need to **challenge** yourself more. You can do this by exposing your negative self-statements and mistaken beliefs to an objective investigation of probing questions.



Once a negative thought has been identified and stopped, cognitive restructuring begins. The aim of the technique is to attempt to introduce a seed of doubt about your thought and see if you can dislodge your belief in the thought. This is achieved by working your way through a series of questions that are designed to help you determine whether the negative thought is actually fact, or whether it may have just been a guess, a habitual response, a prediction, or a subjective interpretation. You need to begin cognitive restructuring with the premise that your negative thoughts are **hypotheses** (theories or guesses) and cognitive restructuring will help you determine whether they can be supported and retained, or whether the thought is unconfirmed and needs to be rejected and replaced with a more adaptive, balanced thought.

Real-life testing of the validity of your balanced thought is one of the most important, ongoing outcomes of the cognitive restructuring process. Changing what you **do**, your actions and your behaviour, and what you think, will help you feel better.

## *Cognitive Restructuring Process*

### **Write down your negative thought.**

- e.g. “My friends will feel repulsed by me if I don’t wear my wig.”

### **Rate the strength of belief in your thought.**

- e.g. “I believe very strongly that this will happen and rate my belief at 85%.”

### **What “thinking trait” am I using? How does it cause problems for me?**

- Am I thinking in all-or-nothing terms?
- Am I condemning myself as a total person on the basis of one event?
- Am I focusing on my weaknesses rather than my strengths?
- Am I blaming myself for something which is not my fault?
- Am I expecting myself to be perfect?
- Am I paying attention to only the negative side of things?
- Am I catastrophising my situation?
- Am I exaggerating the importance of events?
- Am I assuming I can do nothing to change my situation?
- Am I predicting the future instead of experimenting with it?

### **What is the evidence for this?**

- What evidence do I have to support my thoughts?
- What evidence do I have against them?
- Do I need more evidence to determine if my thought can be supported?
  - If so, how can I get that evidence and test the thought?

### **Is this always true?**

- Has this been true in the past?
- What are the odds of this really happening (or being true)?

### **What is the very worst that could happen?**

- What is so bad about that?
- What would I do if the worst happened?

**What alternative views are there?**

- How might someone else in my situation view this?
- How did I view my situation before?
- Am I looking at the whole picture?

**Would I apply these standards to other people?**

- What would I say if someone else said the same thing about themselves?

**What is the effect of thinking like this?**

- How helpful is it to think like this?
- What would be the advantages/ disadvantages of looking at things in a different way?

**What steps can I take?**

- What can I do to change my situation?

**What is my alternative, balanced thought?**

- What can I do to test out the validity of my alternative answers?

**Conclusion**

1. Have I introduced a seed of doubt into my belief in the negative thought?
2. Do I still support the negative thought, or can I reject it and embrace my alternative, balanced thought?

**Revised Belief Rating**

- Re-rate the strength of belief in your initial distorted thought.
- Rate the strength of belief in your alternate, balanced thought.



**There are different ways of viewing every situation**

## *Cognitive Restructuring Technique: Example*

### **Write down your negative thought:**

*“No-one will like me if I gain weight.”*

### **Belief Rating:**

*“Fairly strong, about 75%.”*

### **What “thinking trait” am I using? What problems does it cause?**

*“Probably a bit of **selective abstraction**, thinking that only one part of me, my weight, determines whether people like me or not, and I am probably predicting the future too, using **superstitious thinking**, kind of looking into the crystal ball, without really knowing for sure what will happen.*

*Using this type of thinking makes me focus on my fears, heightening my anxiety about my weight, and it stops me from looking objectively at the situation.”*

### **What is the evidence for this?**

**For:** *“People in our society are ‘fatist’, they have negative attitudes about people who are overweight and obese and that might include not liking them.”*

**Against:** *“There are plenty of women who are overweight who have a lot of friends and are liked by many people. I have friends who are overweight and I still like them.”*

*“My friends are not superficial, our friendship is based on much more than appearance and weight and shape.”*

**Further evidence:** *“Maybe I need more evidence that is specific to my personal situation, but purposefully gaining weight and then testing the responses of others isn’t an acceptable experiment for me, so maybe I can ask my friends directly – scary thought!”*

### **Is this always true?**

*“In the past I have weighed a bit more than I do now, and it didn’t seem to affect whether people liked me or not.”*

*“The odds of this really happening are probably pretty low, given the evidence for and against, but I know that some people make superficial judgements about others based on appearance, so it might be true in relation to a small number of people.”*

**What is the very worst that could happen and what would do I if it did happen?**

*“The very worst that could happen is that some people will not like me if I gain weight.” “If that happened, I would have to decide if that reflects badly on me, or badly on them.”*

**What alternative views are there?**

*“I wonder if the reverse situation would be true. If I lost weight would people like me more? If that's not true, then maybe weight is not connected to likeability.”*

**How might someone else view the situation?**

*“Other people in the same situation as me, e.g. worried about their weight and shape, might also think that people would like them because of what they look like. If I heard someone else express that view about themselves I would probably try and talk them out of it. I might think that it is possible that they have that view because they think that weight is important to how they feel about themselves, and assume that others do too.”*

*“I know that my family and friends wouldn't think that others would like them or not because of their weight. They also seem to focus more on morals and values in choosing friends.”*

**How did I view my situation before?**

*“When I wasn't so bothered by my weight, I never thought that others would like me on the basis of how much I weighed, I wonder why that has changed.”*

**What is the effect of thinking like this?**

*“Thinking like this just makes me worry and feel anxious about something I am now beginning to realise may never happen.”*

*“I also realise that I am not looking at the whole picture, I am just focusing on the thing that I am most worried about, rather than the things that are probably important to other people.”*

*“If I look at things in a different way, it might be scary because I will have to face other reasons that people might not like me, rather than hiding behind my weight concerns.”*

*“On the other hand, if I let go of these thoughts I might be able to reduce my beliefs about the impact of my weight and shape on my life and well-being.”*



**What steps can I take? What can I do to change my situation?**

*"To change my situation I need to start by generating an alternative, balanced thought. I can also start to observe my surroundings more clearly and objectively and start to take notice of what my friends see in me. Do they compliment me, and what for? Or do ask for my advice? Or seem to enjoy spending time with me even when appearance doesn't have anything to do with the event?"*

**What is my alternative, balanced thought?**

*"It is not likely that my friends would change their opinion of me if I gained weight."*

OR

*"If people don't like me because I gain weight, they are not the people I want to be around."*

**What can I do to test out the validity of my alternative thought?**

*"I could directly ask my friends what they think about me. This could be scary or they could be inclined to spare my feelings and not tell me exactly what they think."*

*"I could also take notice when other people around me gain or lose weight and see if it changes whether people like them or not."*

*"I could test my second alternate thought by examining my own thoughts about the people I like and seeing whether I value and want to be around people who are superficial in the judgement of those they like."*

**Conclusion**

*"Based on the cognitive restructuring process, it seems that I have put a crack in the thought and introduced a seed of doubt into my thinking. From what I have discovered after critically examining the thought, I don't think I can support it anymore and I have decided to reject it."*

*"At the start, my belief in the thought was 75%, now it is pretty weak, only 25%. But I am not sure if it will stay at that level without going through the whole restructuring process again. It feels like the original thought was pretty strong and it will be hard to keep it out of my head permanently."*

*"My belief in both of my alternative thoughts is reasonably strong, about 60%. I realise that they are more balanced, objective and based on fact compared with my initial distorted thought. I wonder if my belief rating will go up when I get more used to the thoughts and if I get to test them out a bit in the future."*

### *Task 5.1 - Creating Alternative, Balanced Responses*

During the coming week, choose **three** negative, distorted thoughts that you recorded on your monitoring sheets during the previous week.

Write them as a heading at the top of a blank page and then use the cognitive restructuring technique shown above and in Appendix A to examine your distorted thought and develop alternative, balanced thoughts.

Go through each step of the cognitive restructuring process for each of the three thoughts.

During the group session examples from group members will be examined so that the technique can be further practiced as a group.

### *Finding Your New Balanced Voice*

Finding and believing your new balanced voice can be difficult. Some tips are provided below to help you make balanced thinking a normal part of your life.

- Look at the cognitive restructuring questions. Photocopy them or have them nearby to practise when you are having negative thoughts.
- Review entries in your thought monitoring diary where you have been able to turn the thoughts around.
- Changing your painful thoughts is a *learned* skill. Practise everyday. Say them aloud.
- Be patient.
- Whenever you have negative, distorted thoughts, three words should immediately come to your mind: **Stop, Look, Change!**
  - **Stop!** the negative thought as soon as you are aware of it.
  - **Look!** at the cognitive restructuring process to review the negative thought.
  - **Change!** your negative thought by replacing it with a balanced, alternative thought.
  - **Practice! Practice! Practice!**
- Congratulate yourself! (Good for you! Well Done!)



## *Physical Activity and Movement*

Being active and engaging in body movement is something you have undertaken during *Set Your Body Free* to help focus your attention on the positive aspects of your body. Unfortunately due to the association of activity with exercise and weight loss, engaging in regular activities designed to get moving can be a dreaded task. Removing the dread from your perception of physical activity can open up a new appreciation of the joys of movement and the pleasure and sense of accomplishment that your body can give you. Achieving this change in thinking and attitude is a pleasant contrast to constantly feeling negative about your body for the ways you believe it has let you down in relation to appearance.

Hopefully your re-evaluated physical activity goals and activity schedule (undertaken in session four), have reduced the negative associations you had formed with being active and set you on the path to begin engaging in regular activity. That work is extended with further behavioural strategies to consolidate the gains you have made.

The behavioural strategies under consideration are **stimulus control** and **reinforcement**. These rather technical terms are relatively simple to understand and put into practice. Stimulus control refers to managing the cues or triggers that lead to certain behaviours so that desirable behaviour, rather than undesirable behaviour, is more likely to occur. Reinforcement can be considered to be similar to a reward. It is something that is implemented to increase the likelihood that a particular behaviour will occur. If the consequences of engaging in an activity are positive, such as receiving a reward, that activity will be reinforced, or strengthened, so that it is likely to happen again.

### *Stimulus Control*

In relation to movement and activity, stimulus control can take the form of making modifications to the physical or social environment to reduce sedentary behaviour and increase both incidental and purposeful activity. For sedentary behaviour, such modifications may include restricting your access to labour saving devices, such as the remote control (for the television, or sound system), unplugging machines, e.g. the clothes dryer, when manual labour, e.g. hanging the clothes on the washing line, will encourage movement. Other modifications may be socialising around movement activities such as walking around an art gallery, rather than sedentary activities, such as watching a movie. If these modifications are implemented on a regular basis, the behaviours will gradually become routine and will be undertaken habitually. Stimulus control for engaging in incidental or purposeful activities works similarly by modifying your environment. Specific cues and triggers to remind you and prompt you to engage in physical activity are implemented in advance. Examples might include putting walking shoes or a tennis racquet by the door, scheduling an activity "date" with a friend or partner, putting dance music on the stereo while preparing dinner to encourage you to move your body, or setting up a loud alarm out of arms reach from your bed so that you get up early in the morning to go walking.

## *Reinforcement*

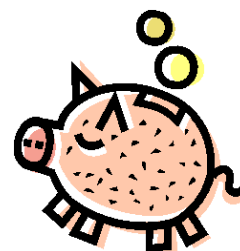
Rewards to reinforce activity can be used when you reach your physical activity or movement goals. It is important that the goals you set are not weight loss or body change outcomes but are specifically related to your activity. Behavioural outcomes are measurable and achievable and can be altered to fit differing circumstances. The most appropriate form

of reinforcement to use is the implementation of a positive consequence / reward following the achievement of your behaviour or goal.

Consider using the following guidelines so that the reinforcement will be effective.

- Ensure that the consequences of completing the behaviour are actually rewarding to you.
  - Do not choose a consequence because you think you should, or because it will be seen as virtuous.
- The reward needs to be able to be implemented shortly after you have engaged in the behaviour of choice.
  - If the delay is too long, you will no longer associate the behaviour with the positive consequences and the behaviour will not be reinforced.
- You need to be willing to go without the reward if you do not complete the behaviour.
- Consider how appropriate your level of reward is for the behaviour you have undertaken.
  - Giving yourself a pat on the back for having met each of your activity goals for the past six months will probably not be adequately rewarding and buying yourself a diamond ring for completing a twenty minute walk will be overstepping the mark, making it harder and harder to set rewards for each behavioural goal.

Often, women find it difficult to choose appropriate rewards. You might like to consider different forms of rewards such as using positive, congratulatory self-talk; buying tangible things, new earrings, a treasured book; putting money away towards a larger purchase; co-opting someone else to give you praise or spending time doing pleasurable things, such as being with loved ones, going to a concert, or enjoying the sunshine outside.



## *Task 5.2 - Environmental Cues and Rewards for Physical Activity*

### *Stimulus Control*

Over the next week, modify three aspects of your environment that will result in either a reduction in sedentary behaviour or increases in incidental or purposeful physical activity.

### *Reinforcement*

1. Over the next week, select one or two behaviour activity goals that again will result in either a reduction in sedentary behaviour or increases in incidental or purposeful physical activity (they can be the same activities as those chosen for stimulus control above). While selecting these goals, keep in mind the revised reasons for physical activity that you developed in session four. Choose short term goals that can be reached quickly and are realistic for your lifestyle, rather than long term goals that will take a long time to achieve and may be out of reach, e.g. “get fit enough to run a marathon”.

2. Set out in advance two appropriate reinforcements that you will implement when you achieve these goals.

## *Turning the Relationship Around -*

### *Using Self-Talk to Nurture your Body*

Many women with body dissatisfaction find it extremely difficult to look at their body with care and affection. They seem to be much more comfortable and familiar with harsh words, criticism and discomfort. Furthermore, some women feel so uncomfortable looking at themselves that they actively avoid doing so and will shun mirrors, attempt to prevent themselves from catching their reflection by chance in windows, and will not look or touch certain areas of their body while showering or dressing.

*“Looking in mirrors fills me with terror. Every time I walk past a shop window I have to look the other way in-case I see myself in the reflection. If I do catch a glimpse of my reflection I turn away quickly so that I won't feel awful for the rest of the day.”*

As with all cases of avoidance, the behaviour serves only to reinforce the problem that one wishes to avoid. In other words, the more one avoids looking at oneself because of feeling uncomfortable with one's body, the more the feelings of discomfort grow. Avoiding mirrors and reflections reinforces the association between one's own image and feeling distressed or uncomfortable. An alternative approach, of purposefully appraising one's body and speaking kindly to oneself can be a powerful way of changing the relationship with one's body and providing much needed self-nurture. This occurs by breaking the connection between reflections and body concerns. The use of both behavioural and cognitive techniques to address body dissatisfaction enhances the strength and impact of the approach.

### *Tips for Generating Balanced, Nurturing Self-Statements*

Turning around your relationship with your body, from negative to nurturing is not a simple accomplishment. The following tips will help you to generate balanced statements about your body.

- Use **positives**, rather than **negatives** in your balanced self-statements.
  - Do not say *"I don't have bad legs."*
  - Try, *"My legs are acceptable to me."*
- Keep your statements in the **present tense**. They need to be relevant to the here-and-now.
  - *"My stomach is what it is, I don't need to change it to feel okay about myself."* is preferable to
  - *"If I just exercise a bit more my stomach might be okay."*
- Keep the balanced self-statement directly related to yourself. Write in the **first person**, always referring to "I", or "me" or "my" in the statement.
- Be **flexible** rather than rigid.
  - Instead of *"I must make myself look at my scars every single day"*
  - Try *"I will try my best to look at my scars when I feel I can manage it"*
- You need to have some level of **belief** in your self-statement. It is counterproductive to write something down just because it sounds positive if you don't actually believe it.

### *Task 5.3 - Mirror Exposure*

This task is completed in a similar manner to the exposure task in sessions three (in relation to the avoidance of pleasurable activities). The first part of mirror exposure involves standing in front of a mirror and looking at your reflection. The second part involves selecting three body related things about which you can say balanced, non-judgemental self-statements. If you feel ready, you could also say positive self-statements about your body.



It is best to approach this task in a gradual manner. This involves choosing the least anxiety provoking situation first, e.g. looking at yourself fully clothed in a half-size (or smaller) mirror, and moving through different stages, e.g. wearing shorts or underwear, using a larger mirror, until you are able to stand naked in front of a full-length mirror and say balanced self-statements to yourself instead of harsh words. At this point you might think that it is not necessary to have to look at yourself without any clothes on. Although this may be true, the further you are able to progress with this task, the more impact it will have on your dissatisfaction with your body. Looking at yourself naked may be a goal you set yourself to achieve over the longer term, perhaps in six to twelve months' time and you may wish to adjust the task to set a more suitable goal for now. See Appendix A for further guidelines to exposure.

- Choose how you will look at your body. Consider the size of mirror you will use and the amount of clothing you will wear.
- Before you begin, allow yourself to feel relaxed and comfortable. You may wish to do some deep breathing or other relaxation method to achieve this state.
- Look carefully at your reflection, noting what you see. Look at yourself from different angles and postures so that you can get a true visual sense of your body.
- Let yourself experience any negative emotions that arise. Do not react to these emotions, or try to limit them. Attempt to tolerate and “sit” with any distressing emotions you might have.
- Choose three different things about your body that you will say balanced self-statements about. If negative thoughts come to mind, use the cognitive restructuring technique to arrive at balanced statements.
- Repeat the balanced statements until you can look at your reflection without feeling highly anxious, experiencing intense discomfort, or wanting to turn away to avoid seeing your reflection.

As you practice this task, you will gradually come to view your body in a less distressing manner. This will help you to gain **self-acceptance**, as negative emotions, e.g. discomfort, and reactions, e.g. avoidance, are no longer associated with looking at your body.

## *Body Acceptance*

The main aim of *Set Your Body Free* is to help women reduce body dissatisfaction and decrease the contribution that appearance makes to their overall self-evaluation, or self-esteem. It may seem that the best way to achieve that aim is for women to be satisfied with, and feel good about their body. For many women, in the initial stages of change, this is too big a leap to contemplate. They have often been struggling with body image concerns for years, and to suddenly turn that around completely and believe that they will feel great about their bodies seems to be a mere fantasy and is an unrealistic expectation. A more realistic approach is to work slowly, start with body acceptance, and move the focus onto body satisfaction when the time is right.

The next few sessions of the programme will have an explicit focus on body acceptance. Much of the work you have undertaken to this point has been guiding you towards acceptance of your body and a rejection of all efforts, usually undertaken at significant personal cost, to achieve a desired, but often unreachable and unsustainable, physical appearance.

The premise of body acceptance is that the acceptance of your body at its current shape and weight, and acceptance of ageing and treatment related changes to your appearance, in the face of both strong socio-cultural pressures to attain the youthful-thin ideal and your own struggles and desires to attain that ideal, will be most valuable in reducing body dissatisfaction and facilitating improvements in self-esteem.

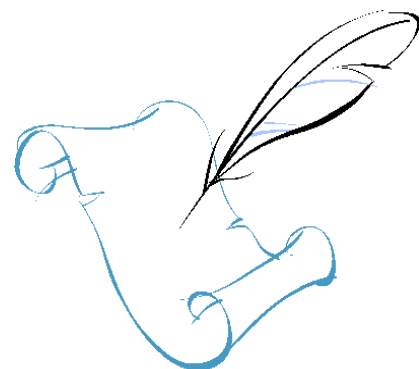
### *Task 5.4 - Writing a Letter to "My Body"*

Think about writing a personal letter to "your body" expressing your need to have a better relationship with it. How has it helped you in the past? What does it do for you on a daily basis? Why might you need to get along with your body?

In this letter you might apologise to "your body" for treating it harshly in the past. You might explain to it why you want to change.

You might also thank "your body" for the good times it has given you and acknowledge the tasks it has performed on your behalf. Also include reasons why you want to renew a friendship with it and describe how you plan to treat your body with more care and respect in the future.

Note: If writing is not one of your strengths, feel free to use dot points and write down your ideas, rather than writing a formal letter.





*Questions / Comments Page:*

Please write down any notes, thoughts, comments or questions you had on the reading material and tasks that you completed for this session and bring them to the group for discussion.

## *Session Six*

### *Aims*

- To continue progress with body acceptance
- To extend cognitive restructuring to mistaken beliefs
- To extend behavioural change strategies for physical activity

### *Agenda*

- Ageing and treatment related changes to appearance
- Mistaken beliefs and cognitive restructuring
- Body nurture

### *Tasks to do in Preparation for Session Six*

- **Task 6.1** Body Changes .....91
- **Task 6.2** Identifying Core Beliefs .....93
- **Task 6.3** Creating Modified Beliefs .....96
- **Task 6.4** Sensuality .....97

### *Group Session Tasks*

- **Task 6.A** Re-evaluating Appearance Changes



## *Ageing and Treatment Related Changes to Appearance*

Women's bodies are not static entities. As a woman grows and her body develops, her appearance changes in many ways, some of which are predictable and desirable, and others can be unexpected or disagreeable. Often, women with body dissatisfaction will be highly sensitive to the changes occurring in their bodies. They may have strong negative reactions to any signs of ageing in their appearance and may attempt to resist the changes wherever possible. Of course, some resistance to ageing related changes to appearance is harmless and acceptable, and perhaps even expected, such as hair dyeing to cover grey hair, or use of cosmetics to ameliorate the appearance of wrinkles. Other approaches, while more extreme, may be gaining acceptance, such as cosmetic surgery procedures.

Women who have undergone treatment for breast cancer might experience additional alterations to their body, for example, a mastectomy with, or without, breast reconstruction; scarring; weight change; hair loss and subsequent regrowth of a different colour or texture; skin and nail discolouration. Treatment can also induce early-onset menopause, the effects of which can be distressing, particularly for younger women. These changes can cause women a great deal of dissatisfaction regarding both the appearance and function of their body, and impacting feelings of femininity, sexuality, and identity.

It seems that ageing and treatment related changes to appearance are challenging because they move women further away from the youthful-thin beauty ideal. As one's body begins to change with age or following treatment, identity and self-concept may be challenged. This process can be particularly problematic for women with body dissatisfaction who place a high value on their appearance for their self-worth and who internalise the youthful-thin ideal.

### *Task 6.1 - Body Changes*

It is likely that your body has undergone many changes since you reached adulthood. This task asks you to identify three to four changes to your body that are most prominent in your mind. You are also asked to identify the effect those changes have on you. Consider how you feel about those changes, what they mean about you, attempts you might make to resist the changes and how the changes affect the way you feel about your whole body.

1. Body Change:

Effect:

2. Body Change:

Effect:

### *Task 6.1 - Body Changes - CONTINUED*

3. Body Change:

Effect:

4. Body Change:

Effect:

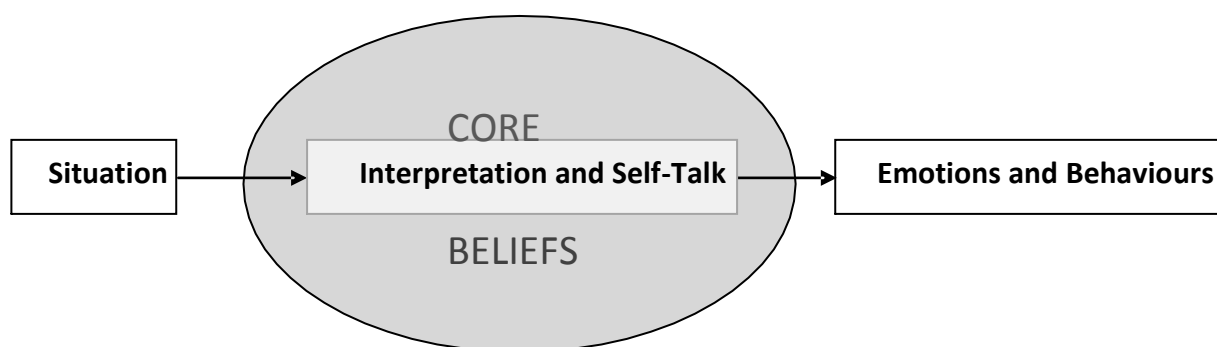
During the session we will discuss how these ageing related changes can be evaluated differently to reduce their negative impact.

### *Core Beliefs*

The negative thoughts you have begun to recognise, stop, and challenge using the cognitive restructuring process, have their origins in embedded core beliefs or assumptions. These beliefs, when they lead to negative thoughts and intense emotional and behavioural reactions, are referred to as “mistaken beliefs”. All people hold core beliefs and assumptions, about themselves, their environment, the future and the people around them, that influence the way they think, feel and behave. Beliefs are considered to be mistaken when they are extreme, inflexible, held strongly and have great personal significance.

Core beliefs are often hard to identify because they sit just below the surface and are not usually explicitly put into words, in the same way that are negative thoughts. Despite this, they have a powerful influence on the way one thinks and feels, because they guide the interpretation of situations and result in self-talk, similarly to attitudes and biases. An analogy might be someone who has a pessimistic bias, or glass half-full attitude. They interpret the world and situations around them in a cynical or gloomy fashion as a result of their beliefs. In contrast, an optimistic person is more likely to view the same situation in a hopeful or confident manner.

The figure below demonstrates that core beliefs have an effect on emotions and behaviours by influencing the interpretation of events and self-talk. In this sense, core beliefs can be considered to be rules that underpin the way one views and reacts to the world. They are problematic because when one does not adhere to the stringent rule, or acts in a way that violates the extreme assumptions they have of the world and their place in it, intense and excessive emotional and behavioural reactions result.



Typically the beliefs held by people experiencing difficulties in their lives are negative or critical, indicating an absence of, or inability to fulfil important needs. Mistaken beliefs generally fall into three broad categories: <sup>37</sup>

- **Achievement / effectiveness:** having high standards of performance, or the need to be successful, e.g. “I must perform perfectly in everything I do”, “I am helpless”.
- **Acceptance:** the need to be loved or accepted by others, e.g. “I am worthless, unlovable”.
- **Control / imperative:** the need to control events, or to meet certain standards, e.g. “I must control my weight”, “I must make my hair look perfect”.

As has been discussed with negative self-talk, recognizing your own particular core beliefs is the first step to trying to let them go. The ultimate aim is to find more moderate, reasonable and realistic beliefs by which you can live your life.

### *Task 6.2 - Identifying Core Beliefs*

Given that mistaken beliefs are not articulated explicitly, they can be quite difficult to recognise, and thus to replace with more moderate beliefs. This task offers a number of different approaches for identifying mistaken beliefs. Use one or more of the strategies below to identify two to three mistaken beliefs that shape the way you think and feel about yourself. As you are going through the strategies write down the process for group discussion.

1. From your exploration of your thinking traits and negative thoughts identified on your monitoring sheets from sessions four and six, can you recognize any common themes, or repetitive ways of thinking?
  - What do these themes say about you?

### *Task 6.2 - Identifying Core Beliefs - CONTINUED*

2. Take notice of any global words you use to describe yourself. These are words you use to describe yourself as a whole and to evaluate yourself. Think about words that you use on a frequent basis.
3. Note any negative thoughts about your body that result in very intense emotional or behavioural reactions. These thoughts might give you a clue as to what is at the core of your beliefs.
4. Consider any explanations you might have for how the negative thoughts came about. Perhaps significant people in your life, e.g. parents, also expressed similar thoughts and beliefs. This might tell you what underlies the thoughts.
5. Use the “**downward arrow**” technique, described below.

This task can be hard work and uncomfortable as it can reveal strongly held and intensely negative beliefs about yourself, so we encourage you to be persistent and not to give up!

### *Downward Arrow*

In some ways the downward arrow technique<sup>31</sup> operates in an opposite direction to cognitive restructuring. Rather than trying to stop and change negative thoughts, for this technique, you examine in detail each negative thought, and its consequences, to get to what underpins the thought. Downward arrow has been described as being similar to peeling away the layers of an onion to get to the core of your beliefs.

For each identified negative thought, various exploratory questions, such as “*Supposing that were true, what would that mean about me*”, are asked which peel away the layers to reveal what is beneath. This process to be quite painful, as each layer reveals further negative thoughts, until finally the mistaken belief is exposed. You will be aware that you have discovered your mistaken belief when you can go no further with the questioning process. The belief you reveal will be one that influences your sense of personal worth and shapes your thinking about yourself.

If you wish to use the downward arrow technique to discover your mistaken beliefs, further instructions and an example are provided in Appendix A to clarify the process.

## *Modifying Mistaken Beliefs*

Once you can identify the mistaken beliefs that may be maintaining some of your difficulties with body image, the next step is to modify them using an approach similar to that for dealing with negative thoughts. The aim for modifying mistaken beliefs is a little different, in that they are not replaced with alternate beliefs, rather they are modified to create more moderate, reasonable and flexible beliefs that can guide one's interpretation of the world, self-talk, feelings and behaviour.

Modifying beliefs does not entail completely abandoning the mistaken belief that you may have held on to so strongly for quite some time. Your beliefs play a pivotal role in guiding your interpretation of the world, so throwing them out entirely and attempting to establish a new belief system from scratch would be very disruptive. The strength of the process of modifying mistaken beliefs lies in retaining the elements of the belief that may provide advantages and with which you are familiar, and discarding or altering the unhelpful components.

The process below illustrates the procedure to follow to challenge and replace mistaken beliefs. Although this process is likely to be familiar as it is comparable to that used for challenging negative thoughts, modifying mistaken beliefs is a difficult task and requires frequent repetition and practice to be effective.

### *Cognitive Restructuring for Modifying Mistaken Beliefs*

*Adapted from Fennell<sup>32</sup>*

Write down your mistaken belief

e.g. *"Looking good is the only way I have any value in the world."*

In what ways is the belief unreasonable?

- Does the belief fit the way the world works? e.g. is this belief possible to achieve?
- In what ways does the belief reflect reality?

What advantages does the belief provide?

- How does this belief help me?

In what ways is the belief unhelpful?

- What are the disadvantages of holding this belief?
- What negative consequences does holding this belief have?

Where did the belief come from?



- What childhood experiences may have shaped this belief?
- Are there some particularly intense experiences that may have brought about this belief?

What would be a more moderate alternative which would confer the advantages of the mistaken belief, without its disadvantages?

- How can shades of grey, conferring flexibility, be introduced to this belief?
- How can this belief be modified to be more realistic?
- How can this belief be modified so that it is less extreme?

How can I test my modified belief?

- If I enact this belief, how intense will my reaction be, and what will be the consequences?

### *Task 6.3 - Creating Modified Beliefs*

During the coming week, choose two of the mistaken beliefs you identified from the previous task.

Write them as a heading at the top of a blank page, and use the cognitive restructuring technique for modifying mistaken beliefs to help you examine your mistaken beliefs.

This is an advanced task and will be discussed in detail during the group session this week but you are encouraged to attempt to modify some of your beliefs in your own time which will then be reviewed with the assistance and feedback of the group.



## *Body Nurture - Sensuality*

Feeling dissatisfied with one's body generally has a detrimental effect on sensuality. Being able to enjoy the pleasures and sensations of the body is diminished in women with body dissatisfaction. It can be difficult to feel sensual and desirable when one has critical attitudes and thoughts towards one's body. Although these attitudes, thoughts and feelings can at times seem overwhelming, attempting to put them aside and embrace positive aspects of one's body, such as sensuality and desirability, can contribute to favourable feelings and body acceptance.

Through discussions of physical activity and movement, an attempt has been made to shift the focus from outward appearance, to the way the body feels. That shift in focus will continue with a discussion of sensuality. All too often women believe that they can't feel attractive if they do not look a certain way. They may also think that age puts a limit on sensuality. Although this may be the common perception, a large component of sensuality emanates from the way one feels and attends to one's body which is completely independent from age and appearance. From this point of view, sensuality can be enhanced by focussing on body care, exploring your body, and reconnecting with your senses.

As we have discovered through this programme, the image you have of yourself has a profound effect on how you feel and how you behave. The same is also true of sensuality. The next task invites you to change that image of yourself into a vibrant, energised and sensual being. This can be achieved through small personal touches, such as painting your toenails, finding a bra you like, or pampering yourself. In paying attention to your senses, you will further enhance your focus on the way your body feels, rather than the way it looks.

### *Task 6.4 - Sensuality*

During the coming week choose **two or more** things that you will do to enhance your sensuality. Think about things that you can do to become tuned to the internal and external sensations of your body and derive pleasure through your body. Focus on your sense of smell, hearing, touch or appearance. You may also choose to do things that remain personal and hidden, like wearing special lingerie under your normal clothing, or things that can be observed by others, like wearing beautiful lipstick.

Remember that being sensual is not about changing your body, but about focusing on a positive connection with your body as it is in the here and now. Think about feeling your body from the inside, rather than seeing your body from the outside.

Please note that this task is not about having to become sexual, or engage in sexual activities, although it may be a component of the task if you desire. It is about rediscovering your body's sensuality and deriving positive feelings from your senses.

## *Group Discussion*

### *Group Task 6.A - Re-evaluating Body Changes*

During the group session we will discuss strategies which can reduce the negative impact of ageing and treatment related changes to appearance. These may include personal strategies such as cognitive restructuring, or behavioural changes aimed at rejecting the youthful ideal. Other approaches may be directed at a societal level to consider how to resist society's expectations about women's appearance as they age.

*Questions / Comments Page:*

Please write down any notes, thoughts, comments or questions you had on the reading material and tasks that you completed for this session and bring them to the group for discussion.

## *Session Seven*

### *Aims*

- To review and expand on progress and changes made
- To develop a plan to prevent setbacks

### *Agenda*

- Body affirmations
- Accomplishments and progress
- Preventing setbacks
- Future challenges

### *Tasks to do in Preparation for Session Seven*

- **Task 7.1** My Body: My Affirmations ..... 101
- **Task 7.2.1** Facing your Fears ..... 102
- **Task 7.2.2** The Wider World ..... 102
- **Task 7.2.3** Triggers for Negative Thoughts ..... 102
- **Task 7.3** My Plan for Getting Back on Track ..... 107

### *Group Session Tasks*

- **Task 7.A** Future plans

## *Body Affirmations*

As the sessions for *Set Your Body Free* draw to a close we will begin to reflect on and bring together the changes that have been made across the programme. The major aim of the sessions has been to reduce body dissatisfaction. Many tasks have been undertaken to achieve this aim and in the latter half of the programme, self-talk has taken a good deal of the focus. That focus has operated on the assumption that much of your self-talk has entailed negative, critical comments that when directed towards yourself and your body contribute to body dissatisfaction. During the programme you have become adept at recognising your negative self-talk and implementing the cognitive restructuring procedure to develop alternative balanced responses.

This next task extends that approach and invites you to make positive affirmations, or statements, about your body. Although this may seem like a big leap, you have been working towards it for a number of weeks and the tasks that you have completed including cognitive restructuring, as well as exposure strategies for body image concerns, and taking a new inward focus on the abilities and feelings of your body, have brought together a number of new skills and given you the strength to think positively about your body.

### *Task 7.1 - My Body: My Affirmations*

Drawing on the tips for generating balanced self-statements presented in session five, write at least three, but hopefully more, positive body affirmations about yourself that you have developed in the course of the programme.

When you are making the list, consider different facets of your body including your appearance, abilities, health, movement, and pleasure your body gives you. The examples presented below may help you go get your list started. We will brainstorm more ideas in our group session as well.

*"I have a lovely smile. People love to see a happy face".*

*"I don't have to be thin to be happy".*

*"My body is an important part of me; I need to look after it".*

*"It's great fun to use my body for dance and celebration!"*



When you have completed your list, say each affirmation aloud to yourself at least three times. The positive affirmations need some repetition to be able to sink in and counter the negative self-statements you have been saying to yourself for so long.

## *Task Review*

In preparation for the final session of *Set Your Body Free*, the next task involves a review and extension of some of the challenges you have undertaken during past sessions. This review will help you to recognise your strengths but also to direct your focus to those areas that may still need a little extra attention.

### *Task 7.2.1. - Facing your Fears*

Earlier in the programme you developed a list of situations that you were avoiding due to body image concerns. Part of the task involved committing yourself to undertaking two activities that you had previously avoided. Now that you have made so much more progress in the programme, you are ready to take on further activities that provide a stronger challenge, ultimately breaking down the hold on you that body dissatisfaction has.

Choose one situation or activity that you avoid but would like to be able to be involved in. Make a commitment to face this situation or activity before the coming session. Go back to session three if you need further guidelines for this task.

### *Task 7.2.2. - The Wider World*

*Set Your Body Free* encourages you to break the association between your body and self-worth but the reality is that we all live in the wider world where appearance is highly valued. The topics covered in session four attempted to highlight and deal with the difficulties faced living in a world where women are judged on their appearance.

For this task, develop one more anti-thin-youthful ideal statement aimed to reduce internalisation of the ideal that can be added to the strategies that were developed in the group task from session four.

### *Task 7.2.3. - Triggers for Negative Thoughts*

Certain situations, people and places are more likely than others to trigger negative body image thoughts. In your monitoring tasks conducted in preparation for sessions three and five, you recorded information about the situations that preceded negative thoughts.

Apply the stimulus control strategies developed in session five for reducing sedentary behaviour, to one or two situations that lead to negative thoughts. Think about removing, adding or modifying aspects of your environment, including the physical setting and structure, or people within the environment, to reduce the likelihood that negative self-talk will occur.

This approach is particularly helpful when you continuously repeat certain self-directed comments to yourself in response to the same highly predictable circumstances.

## *Preventing Setbacks*

Do not panic or feel overly concerned if some time down the track you experience a period of stress, and your body image concerns re-emerge. This is normal! If this occurs, you should treat this setback as a learning experience and use it as an opportunity to reflect on what happened. You can think about the way you coped through the setback and what strategies you put in place. Before we move on to working out how to deal with a setback, consider the general points below that may help to prevent a setback from occurring.

### *1. Realistic Expectations for the Future*

For many women it is unrealistic to believe that they will never think poorly about their body again. These behaviours and negative thoughts may have been entrenched for a very long time. You have spent the last seven weeks sharing experiences and developing new skills, which is a strong and positive beginning for you to tackle some of these problems. However, it is now time to practice and rehearse these skills to make them stronger and a bigger part of your life than your old thoughts. This process takes time.



You should be prepared to expect occasional setbacks, especially in times of stress. It can help to anticipate when these setbacks may occur and to plan

for them in advance. When a lapse occurs it is also important to attempt to remain calm and look at the lapse realistically and objectively. The occurrence of minor setbacks does not indicate that all of your progress was for nothing. It is normal to experience minor lapses and to expect otherwise may be akin to having unrealistic expectations. About half of the lapses that people experience are triggered by negative feelings. These may come from fear, anxiety, stress, pain, or depression. It is not just the lapse that is relevant, it is the reason behind the lapse that needs to be thought about. The trigger for the other half of the setbacks is generally interpersonal events. These may include social pressures or conflict with other people.

The skills and strategies you have developed throughout the programme for dealing with body dissatisfaction are helpful not only for making initial changes, but for referring to and using again as difficulties arise. A setback is simply a setback that can be corrected with the appropriate strategies. It is not a final condition or outcome for you.



## 2. *Negative Thoughts*

Some of the behaviours and habits that you have addressed during *Set Your Body Free* have been with you for a very long time, perhaps since childhood. Thinking negatively is no exception. Over the past few months you have begun to turn this around and use balanced, or in some cases, positive thoughts to counter the negative self-statements. It is important to realise that it will take time, and continual effort, to banish the negative thoughts. Do not despair if you notice negative thoughts creeping back in. You may need to concentrate on thinking in a balanced and positive way for quite a long time before it becomes as natural as your previous self-critical pattern of thinking.

## 3. *Sociocultural Pressures*

It is most important to remember that you live in a society full of situations, people and cultural norms that mount enormous pressure on women to succumb to the youthful-thin ideal. Try to cut yourself some slack if you occasionally fall for any of these pressures and are lured by the promises of worth, value and success that they offer. If you notice this happening, look back over your notes from the programme, particularly session four, and reassess what is truly important to you.

### **Special Points to Remember:**

***Don't make a mountain out of a molehill***

***You have changed before and you can do it again***

## *Dealing with a Setback*

If you experience a setback, it is important to try and identify the circumstances that led to the lapse and recognize what was going on in your life at the particular instance that may have triggered the setback.

Concerns about your body and its appearance may remain with you and leave you vulnerable to a setback for some time. At times of stress and anxiety, when others in similar circumstances may become depressed, drink or smoke more, or frequently lose their temper, it is likely that you will become concerned about your body. The most important lesson to learn is to be alert to these feelings and try to take steps to avoid acting on them in a detrimental fashion.

A plan for getting back on track in preparation for the possibility that something may go wrong is advisable. It is an effective way for you to feel in control and more relaxed about your feelings towards your body, because you know you have a back-up plan.

It is often helpful to also have a plan of the steps that you will take if such a situation does arise. One of the most beneficial things to do is to return to the beginning of the treatment manual and follow the necessary steps to deal with the particular setback.

## *Steps to Consider to Get Back on Track*

### *Respond appropriately to the setback*

- Consider the magnitude of the lapse in relation to how far you have come.
  - It may seem like a major setback, but on careful reflection may only be a tiny stumble in your progress.
  - Try to remain relaxed when a lapse occurs rather than becoming panicky about the possible implications of the lapse.
  - Remaining calm will allow you to respond in a way which is not out of proportion to the actual events

### *Examine the “slip/setback”*

- Have you stopped caring for your body and nurturing yourself?
- Have you started comparing your body to a narrow selection of other women?
- Are you beginning to avoid any activities or situations?
- Is the impact of sociocultural pressures, such as media images, having an effect on you again?

*In what areas may you still be vulnerable?*

- Is your appearance still a highly important component of your self-worth?
  - If so, you may need to think about other more important components of self-worth

*What caused your setback?*

- Have you been stressed, unhappy, anxious?
  - If so, write a list of other ways to deal with these unpleasant feelings rather than feeling unhappy with your appearance
- Have you experienced any changed circumstances in which you have reverted to old, maladaptive coping strategies?

*What else can you do to start feeling better?*

- Begin self-monitoring again.
- Identify your negative thoughts.
- Adjust your thoughts to balanced and supportive statements.
- Carry a “coping statement” with you throughout the day.
- Speak to somebody about how you are feeling.
- Review the topics and tasks from the *Set Your Body Free* manual.



Allow yourself plenty of time to question the reason for the setback.

### *Task 7.3 - My Plan for Getting Back on Track*

This is a highly recommended task. Having a plan in place before any lapses occur will make it much easier to deal with the lapse than if you have to develop a plan while you are coping with the effects of a setback.

1. Make a list of warning signs that the symptoms may be coming back.
  - What is the first indicator that things may not be going right?
  - What behaviours are coming back?
  - What am I doing differently?
  - What thoughts and beliefs are coming back?
  - How are my thinking patterns changing?
  
2. Make a list of the specific strategies you need to use to cope with the return of the symptoms.
  - What steps do you need to take to get back on track?
  - Which strategies were the most helpful in your initial change efforts?
    - Which of these could you call on again?
  
3. Make a list of the things that help motivate and encourage you to change.
  - Do you have any helpful coping statements?
    - What are they?
  - Are there certain people in your life that make you feel good about yourself?
  - What activities can you do to help you feel better?
  - Think about the ways you have coped before?
    - What has been most helpful for you?

## *Group Discussion*

### *Group Task 7.A - Future Plans*

Completing a plan for getting back on track can in some instances leave a bit of a sour taste in the mouth and feel as though you are actively planning for a setback. Although that it not the case, it can be quite empowering to make alternate, positive plans. These plans relate to the continued changes you wish to make after the formal sessions for the programme have finished.

During the last session we will discuss the future plans and challenges that you will take on over the next few months and beyond.



*Congratulations and the best of luck for the  
next chapter in your life!*

*Questions / Comments Page:*

Please write down any notes, thoughts, comments or questions you had on the reading material and tasks that you completed for this session and bring them to the group for discussion.



# Appendix A: Help Sheets

## *Exposure*

Exposure is a behavioural technique that is based on the premise within cognitive behavioural therapy that behaviour is learned, and therefore can be unlearned. The aim of exposure is to face the things or situations that are feared or avoided, and instigate a “re-learning” process, such that a previously feared situation is no longer experienced as frightening. When this occurs, more adaptive responses, rather than avoidance, can be made in the situation.

Feared situations or objects come to be considered benign or non-threatening when reinforcement and maintenance of anxiety, through avoidance, no longer occurs. The connection between the anxiety and the situation or object is severed and a new connection which reinforces calmness and control is established.

Exposure is best undertaken in a gradual, or graded manner, rather than jumping straight into facing the most feared situation. Situations which provoke anxiety are tackled in ascending order, from the least anxiety provoking situation, to the most.

## *Exposure Procedure*

1. In relation to the area of focus or concern for the exposure technique, write down the situations or objects that create anxiety. Be specific about the situation.
  - a. Begin with the things that provoke mild anxiety and end with those that provoke intense anxiety and may be beyond your capabilities at this stage.
  - b. Rate the items from 0 – 100 according to the amount of anxiety they produce.
2. Set aside time specifically to face the anxiety provoking situation.
3. Choose a first task to tackle from your list of objects or situations. Do not choose a situation that produces no distress. The situation you choose must provoke reasonable anxiety or the process will not be helpful.
4. Before you begin the exposure procedure and face the situation or object, attempt to feel as calm and relaxed as possible.



5. As you face the situation or object, attempt to prevent yourself from moving away or disengaging from the situation and sit with any discomfort or anxiety that arises.
  - a. It is very important to face and experience anxiety without falling back into old avoidance responses, otherwise maladaptive patterns of behaviour will continue to be reinforced.
6. Don't fight or resist the anxiety because it will make it worse. Stay with the experience for as long as possible until the anxiety subsides. It may feel as though this will never happen, but anxious feelings and discomfort will eventually go away.
  - a. If you feel completely overwhelmed or feel that you might not be able to stay in control, withdraw from the situation and go back to a previous step.
7. Practise the technique a number of times for each situation until you feel comfortable with that situation, before you move onto the next step on the list.
8. You will move through some steps more quickly than others. Do not rush any steps, it may take a number of attempts before you can approach a task without feeling anxious.
9. As you progress through the list, take notice of the different way you are feeling in reaction to previously feared situations or objects.

*Example: Exposure List for Avoided Activities*

Avoided activity: Swimming at the beach

Situation	Anxiety / Distress Rating
1. Walk on the beach in winter fully clothed	10
2. Walk on the beach in summer with long sleeves and long trousers	20
3. Lie on the sand with friends with long sleeves and long trousers	30
4. Visit the beach wearing a long skirt and three-quarter length sleeve top	45
5. Visit the beach wearing knee length shorts and a t-shirt	60
6. Wade through water wearing shorts and t-shirt with a group of friends	65
7. Wade through water wearing shorts and t-shirt by self	75
7. Wear shorts and a strappy top on the beach when there are few people there	82
8. Wear shorts and a strappy top on the beach when it is crowded	85
9. Wear a swimsuit (only) at the beach when there are few people there	95
10. Wear a swimsuit (only) at the beach when it is crowded	100

## *Cognitive Restructuring*

Use the following questions, in combination with those from session five, to help challenge your negative thoughts.

### **1. What is the evidence?**

- Am I confusing a thought with a fact?
- Would others accept it as correct?
- Am I jumping to conclusions?
- Have I based what I think on poor evidence?
- Am I mind-reading?

### **2. What alternatives are there?**

- Am I assuming my view of things is the only one possible?

### **3. What is the effect of thinking the way I do?**

- Do negative thoughts help or hinder me?
- Is this way of thinking helping achieve my goals or standing in the way?
- What are the advantages and disadvantages of thinking this way?
- Do the disadvantages outweigh the advantages?
- Am I asking myself questions that have no answers?

### **4. What thinking errors (traits) am I using?**

- Am I using ultimatum words (e.g. should, must, never) in my thinking?
- Am I condemning myself as a total person on the basis of a single event?
- Am I concentrating on my weaknesses and forgetting my strengths?
- Am I blaming myself for something which is not really my fault?
- Am I taking things personally which have little or nothing to do with me?
- Am I expecting myself to be perfect?
- Am I using a double standard?
- Am I expecting more of myself than I would of another person?
- Would I be so hard on someone else in the same situation?

- Am I only paying attention to the things that are not working out well for me?
- Am I over-estimating the chances of things going wrong?
- Am I exaggerating the importance of events?
- Am I fretting about the way things ought to be, instead of accepting and dealing with them as they are?
- Am I assuming I can do nothing to change my situation?
- Am I predicting the future instead of experimenting with it?

*Adapted from Fennell<sup>32</sup>*

## *Downward Arrow*

The Downward Arrow technique<sup>31</sup> is used to help find mistaken beliefs which are at the core of negative thoughts. The process involves asking a series of exploratory questions in relation to each negative thought that is identified. The answers to these questions reveal the different layers underlying the negative thought, until the mistaken belief is exposed. You will be aware that you have discovered your mistaken belief when you can go no further with the questioning process. This will occur when the belief you reveal is one that helps define your personal worth and shapes your thinking about yourself.

### Instructions:

Write down your initial negative thought at the top of the page. Below that thought, draw a downward pointing arrow which represents the next step of the process of asking exploratory questions to reveal the thought beneath. Variants of any of the following questions will be helpful.

- Supposing that were true, what would that mean about you?
- If that were the case, what would happen then?
- If so, what would be so bad about that?
- If that were true, what would that say about you?

On the next line, write down the next thought that comes to mind as your response to the exploratory question. Repeat this process until you reach the mistaken belief that has given rise to your negative thought.

**The example on the next page of a woman with weight concerns illustrates the process.**

*Downward Arrow: Example*

**Negative Thought (NT):** *"I must be able to control my weight".*



**Exploratory Question (EQ):** If I can't control my weight, what would happen?

**NT:** *"If I put on weight it would be disastrous"*



**EQ:** If that did happen, what would be so bad about that?

**NT:** *"Everyone would think I was fat and lazy and ugly".*



**EQ:** If everyone thought that, what would that mean?

**NT:** *"It would mean that no-one would like me because I'm hopeless, I can't even control my weight".*



**EQ:** If no-one liked me, what would that say about me?

**NT:** *"That I am unlovable. I would feel so miserable, I'd want to crawl away and die".*

For this woman, the core of her weight concerns is the mistaken belief that she is unlovable. This belief permeates all of her thoughts and her interpretation of the world around her. The discovery of the mistaken belief reveals that she believes she must not gain weight, because if she did, no-one would love her.

## *Self-Monitoring your Body Image Concerns*

### *General Instructions*

Monitoring your body image concerns can help you examine in more detail when, where, how and in response to which situations problems arise. It is also helpful to identify any thoughts or feelings you had at the time your concerns were occurring. Body image monitoring may include times when you felt preoccupied with your body, times when you avoided doing things because of your body, or times when you found yourself comparing your body to others.

### *Reasons for Monitoring*

The purpose of monitoring is to provide a detailed picture of your body image concerns. It is a central component of this programme. At first, writing down aspects of what you think, feel and eat may seem inconvenient, but soon it will become second nature and have obvious value. It will be most helpful if you can carry the relevant monitoring sheets for each session with you everyday.

It is very important to provide accurate feedback to the group therapist on how you have really been going with your body image problems. Sometimes people try so hard to please the therapist that they try to bring in perfect monitoring sheets that show what they think the therapist wants to see. It is important that you do not do this. A crucial part of our group sessions is to communicate and share feelings and frustrations, whether it is over uncompleted homework, difficulties with tasks, and a busy personal week for you, or something that the therapist said that you did not understand. The aim of the monitoring sheets is not to judge or grade your progress, but to gather information about your situation and experiences.

Sample monitoring sheets will be given to you at the end of most sessions, copies are also provided in the manual, and you are expected to take them home and complete them according to the instructions for the upcoming session. A separate sheet should be used each day with the day and date noted at the top. You need to bring the completed sheets with you to the session so that they can be discussed in the context of the session tasks. This is a very important part of making change. It is also helpful to keep the monitoring sheets for the duration of the programme as reflecting on your monitoring at a later date will be useful when topics are revisited.

## *Self-Monitoring Task - Preparation for Session Three*

### *Instructions*

Complete the “**Your Thoughts**” self-monitoring sheets each day between Session 2 and Session 3.

For each day, write down at least three examples of body-related thoughts.

The patterns of thoughts that all group members record will be discussed during Session 4.

Please complete the columns as following:

Time and situation: Record the time of day or night and the situation you were in, including the location, what you were doing, and people present, when the automatic negative thought occurred.

Automatic negative thought: Record the thought that was running through your head. Try to write it down as though you were speaking it to yourself, e.g. “What am I doing, I’m such an idiot”. It is important to differentiate between thoughts and feelings, e.g. “I’m so upset” is a description of what you are feeling, rather what you were thinking.

% Belief: Record the strength of belief in your automatic negative thought. If you think that it is completely true, you would write 100%, if it is mostly true, your response might be 80% and if you believe it to be only slightly true, you might rate it 30%.

Emotions: Record what your feelings were immediately after you engaged in negative self-talk, e.g. dismayed, confused, disappointed.

Behaviour / Outcome: Record your behaviour and what happened after the self-talk, e.g. became withdrawn and didn’t participate in the conversation.



*Your Thoughts*

Time and Situation	Automatic Negative Thought	% Belief	Emotions	Behaviour / Outcome

## *Self-Monitoring Task - Preparation for Session Four*

### *Instructions*

Complete the “**Comparisons**” self-monitoring sheets each day between Session 3 and Session 4.

For each day, write down at least three examples of body comparison (if you engage in comparisons).

The comparisons that group members feel comfortable sharing will be discussed during session 5.

Please complete the columns as following:

Time and situation: Record the time of day or night and the situation you were in when you compared your appearance to another woman.

Body comparison: Record who you compared with, considering their age, similarity to you and general body shape and size. Record which feature of yourself you compared. Also note whether it was an upward comparison (see page 69 for a definition).

Emotions: Record what your feelings were immediately after you engaged in the comparison, e.g. discouraged, bitter, jealous, confident.

Behaviour / outcome: Record your behaviour and what happened after the comparison, e.g. moved away from the comparison target.

*Self-Monitoring Task - Preparation for Session Five - Comparison*

Time and Situation	Body Comparison	Emotions	Behaviour / Outcome

## *Instructions*

Complete the “**Your Alternative, Balanced Thoughts**” self-monitoring sheets each day between Session 4 and Session 5.

For each day, write down at least two examples of body-related thoughts.

The patterns of thoughts that all group members record will be discussed during session 5.

Please complete the columns as following:

Time and situation: Record the time of day or night and the situation you were in, including the location, what you were doing, and people present, when the automatic negative thought occurred.

Automatic negative thought: Record the thought that was running through your head. Try to write it down as though you were speaking it to yourself, e.g. “What am I doing, I’m such an idiot”. It is important to differentiate between thoughts and feelings, e.g. “I’m so upset” is a description of what you are feeling, rather what you were thinking.

Alternative, balanced thought: Record the alternative thought you have developed after going through the cognitive restructuring process.

% Belief: Record the strength of belief in your automatic negative thought and then in your alternative, balanced thought. If you think that it is completely true, you would write 100%, if it is mostly true, your response might be 80% and if you believe it to be only slightly true, you might rate it 30%.

Emotions: Record what your feelings were immediately after you engaged in negative self-talk, e.g. dismayed, confused, disappointed, and then after cognitive restructuring and developing an alternative, balanced thought.

Behaviour / outcome: Record your behaviour and what happened after the self-talk, e.g. started to cry and hid myself in the bedroom and again after the alternative, balanced thought.

## Your Alternative, Balanced Thought

Time and Situation	Automatic Negative Thought	% Belief	Emotions	Behaviour / Outcome
1.	<b>Automatic Negative Thought</b>			
	<b>Alternative, Balanced Thought</b>			
2.	<b>Automatic Negative Thought</b>			
	<b>Alternative, Balanced Thought</b>			
3.	<b>Automatic Negative Thought</b>			
	<b>Alternative, Balanced Thought</b>	180		

## *Further Reading*

Although the *Set Your Body Free* programme is designed to be comprehensive and cover most of the topics relevant to body dissatisfaction, you may wish to learn more about the area or read information about body dissatisfaction from other perspectives. The list below contains some self-help books that may be of interest.

Cash, T. F. (1997). *The Body Image Workbook: An 8-Step Programme for Learning to Like Your Looks*. Oakland, CA: New Harbinger.

Cooke, K. (1994). *Real Gorgeous: The Truth about Body and Beauty*. St Leonards, New South Wales: Allen & Unwin.

Kausman, R. (1998). *If Not Dieting, Then What?* Crows Nest, New South Wales: Allen & Unwin.

Kearney-Cooke, A. & Isaacs, F. (2004). *Change Your Mind, Change Your Body*. New York: Atria Books.

Maine, M. & Kelly, J. (2005). *The Body Myth. Adult Women and the Pressure to be Perfect*. New Jersey: John Wiley & Sons.

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## Appendix 13 Outline of the adapted intervention

Session	Aims	Content	Individual tasks to prepare Before Session	Group session tasks
1	<ul style="list-style-type: none"> <li>To introduce group members.</li> <li>To share body image concerns.</li> <li>To explore readiness for change.</li> </ul>	<ul style="list-style-type: none"> <li>Body image concerns in women and their impact</li> <li>Development of body dissatisfaction: psychological factors, developmental factors, sociocultural factors, life events: treatment for breast cancer</li> <li>Impact of body image problems: <ul style="list-style-type: none"> <li>Psychological well-being: low self-esteem, feeling depressed, feeling anxious</li> <li>Physical health</li> <li>Effects on personal life and relationships</li> </ul> </li> <li>Pros and cons of change, barriers to change, e.g., role demands related to midlife</li> <li>Set Your Body Free intervention goals</li> </ul>	<p><b>1.1 Your Life:</b> Consider how body dissatisfaction has affected different aspects of your life, and how these would be affected if you felt more positive about your body.</p> <p><b>1.2 Exploring the Pros and Cons:</b> Write a list of the reasons for changing (i.e., feeling more positive about your body) and the reasons not to change (i.e., continue to experience body dissatisfaction).</p> <p><b>1.3 Plans for Change:</b> Write down the changes you would like to make as goals, and the reasons for these.</p>	<p><b>1.A Your Future:</b> Imagine two scenarios in 5 to 10 years' time: firstly, after deciding it was too difficult to change and you continue to experience body dissatisfaction, versus how you would really like things to be if you were able to feel more positive about your body.</p> <p><b>1.B Looking Back:</b> Spend time thinking back to life before the body image “minx” got in the way.</p>
2	<ul style="list-style-type: none"> <li>To review impressions from Session One.</li> <li>To discuss commitment to change and self-care.</li> <li>To provide a</li> </ul>	<ul style="list-style-type: none"> <li>Motivation for change - further exploration of positive benefits of change</li> <li>A Cognitive Behavioural Therapy approach for the treatment of body image concerns</li> <li>Commitment to change and permission for self-care</li> <li>Tips for “sitting” with anxiety</li> </ul>	<p><b>2.1 A Miracle:</b> Imagine you wake up tomorrow with no body image concerns, what happens? Answer 9 questions about reactions and impact, e.g. what do you see yourself doing that is different?</p> <p><b>2.2 My Needs:</b> Go through a list of areas in life (e.g., my relationships, my career), and think about what you want and need within these areas.</p>	<p><b>2.A Commitment to Body, Mind and Health:</b> Sign a certificate indicating your self-care commitment.</p> <p><b>2.A Body Image and Your Life:</b> Brainstorm ways to enhance self-esteem without having to alter body shape, weight, or appearance to improve self-worth.</p>

Session	Aims	Content	Individual tasks to prepare Before Session	Group session tasks
	<p>rationale for the therapeutic approach used in group sessions.</p> <ul style="list-style-type: none"> <li>• To explore the association between body image and self-esteem.</li> <li>• To learn relaxation training.</li> </ul>	<ul style="list-style-type: none"> <li>• Body image avoidance in midlife— exposure and response prevention</li> <li>• Mood enhancement</li> <li>• Exploration of body image and self-esteem</li> <li>• Relaxation training</li> </ul>	<p><b>2.3 Self-care:</b> Consider ways in which you might be practising self-neglect, and some areas within which you could turn this around and start engaging in self-care.</p> <p><b>2.4 Don't Wait:</b> Think about activities that have been avoided or put on hold due to appearance concerns, and use the exposure strategies learnt from session two to help stop avoiding these activities.</p> <p><b>2.5 Mood Enhancement:</b> Choose and schedule two mood enhancement activities for the week.</p>	<p><b>2.B Progressive Muscle Relaxation</b> Experience: Engage in group relaxation.</p>
3	<ul style="list-style-type: none"> <li>• To examine thought patterns and negative thinking.</li> <li>• To gain an awareness of common thinking traits.</li> <li>• To expand body focus and appreciation beyond appearance.</li> </ul>	<ul style="list-style-type: none"> <li>• Cognitive components of the CBT approach</li> <li>• Recognising body-related negative talk, e.g., “I am so fat and ugly”, and its associated feelings e.g., hopeless, and reaction e.g., avoid social situations</li> <li>• Common “thinking traits”: perfectionism, ‘all-or-nothing’ thinking, selective abstraction, overgeneralisation, personalisation and self-reference, ‘shoulds’, superstitious thinking, magnification or catastrophising.</li> <li>• Strategies for stopping negative self-talk, e.g., visualization</li> </ul>	<p><b>3.1 Understanding your “Thinking Traits”:</b> Choose three “thinking traits” that typically characterise your thinking with a body image or eating related example from your self-monitoring sheets.</p> <p><b>3.2 Answering Negative Body Talk:</b> Identify three instances from your self-monitoring sheet when you have said negative body-talk statements about yourself. Using the examples as a guide, answer back to your negative body-talk.</p> <p><b>3.3 Self-Care Activity Schedule:</b> Choose at least four days over the next week where you will</p>	<p><b>3.A Self-Care Revisited:</b> Discuss the progress that has been made with self-care e.g., How have others reacted to your commitment to self-care? What barriers to engaging in self-care have you encountered?</p> <p><b>3.B Body Experience:</b> Engage in a group process of body attending.</p>

Session	Aims	Content	Individual tasks to prepare Before Session	Group session tasks
		<ul style="list-style-type: none"> <li>• Developing alternative, balanced thoughts e.g., from “my thighs are disgusting” to “my thighs are what they are, they don’t have any particular value”.</li> <li>• Self-care: activity scheduling in context of role demands</li> <li>• Relationship between body function and movement (physical activity)—movement scheduling</li> <li>• Appropriate physical activity levels</li> </ul>	<p>commit to self-care tasks, thinking about the purpose of the activity, and its effect on the way you think and feel about your body.</p> <p><b>3.4 Re-evaluating Perceptions of Physical Activity:</b> Contemplate your reasons for exercising, and the reflect the degree to which these reasons are helpful, or whether they reinforce feelings of body dissatisfaction.</p> <p><b>3.5 Activity Schedule:</b> Schedule physical activities into your daily life and routine, including the time of day, type and length of activity, and purpose and benefits of the activity.</p>	
4	<ul style="list-style-type: none"> <li>• To explore the interaction between relationships and body image concerns.</li> <li>• To examine socio-cultural appearance pressures.</li> <li>• To examine internalisation of the “youthful-thin ideal”.</li> </ul>	<ul style="list-style-type: none"> <li>• Relationships, and body image concerns <ul style="list-style-type: none"> <li>• Getting the support you need</li> <li>• Protecting important relationships</li> <li>• Self-disclosure</li> </ul> </li> <li>• Sociocultural pressures for midlife women and media literacy <ul style="list-style-type: none"> <li>• Historical perspectives on sociocultural appearance ideals</li> <li>• Media portrayal of women</li> <li>• Media messages</li> <li>• Positive media messages</li> <li>• Impact of media messages</li> </ul> </li> <li>• Body image messages within</li> </ul>	<p><b>4.1 Your Relationships:</b> Think about the following with regards to your relationships with friends, a partner, or your family: particular relationships that are supportive and make you feel positive about yourself, identify what needs to be improved in relationships that are not as supportive as they could be; identify how you can repair relationships that have been damaged by body dissatisfaction.</p> <p><b>4.2 Media Influences:</b> Take note of media images of women over the next week, and consider the image presentation (e.g., how the women have been depicted) and your responses</p>	<p><b>4.A Impact of Relationships on Change Activities:</b> Discuss any instances when significant others may be overtly or unintentionally uncooperative with your self-change efforts.</p> <p><b>4.B Qualities of Women:</b> Think about attractive and successful women around you, or are aware of (e.g. in business, arts) and discuss whether the premise that you need to look like the youthful-thin ideal to be attractive and successful holds true.</p> <p><b>4.C Reducing Internalisation of the</b></p>

Session	Aims	Content	Individual tasks to prepare Before Session	Group session tasks
		<p>subcultures: age-related appearance norms and thin/youthful ideal</p> <ul style="list-style-type: none"> <li>• Body comparisons</li> </ul>	<p>(e.g., how you feel about your body when you look at the images).</p> <p><b>4.3 Body Image Messages:</b> Internalisation dissonance activity: Socratic questioning of expected rewards and consequences of attempting to meet ideals, followed by thinking of coping statements to be used by women.</p> <p><b>4.4 Testing Comparisons:</b> Systemic behavioural experiment with age-appropriate targets: firstly engage in ten different upwards comparisons, followed by comparisons with ten consecutive women regardless of their appearance – consider their effects.</p>	<p><b>Youthful-Thin Ideal:</b> Reflect on your experiences of body dissatisfaction, and what you have learned about addressing body image concerns in the programme to date, to develop “anti” youthful-thin ideal statements and strategies that can be implemented in the programme in the future.</p>
5	<ul style="list-style-type: none"> <li>• To learn further strategies to refute negative self-talk.</li> <li>• To continue behavioural strategies for physical activity.</li> <li>• To begin body acceptance.</li> </ul>	<ul style="list-style-type: none"> <li>• Cognitive restructuring <ul style="list-style-type: none"> <li>• Challenging distorted thinking - looking for alternative, balanced thoughts</li> <li>• Cognitive restructuring process and example: Write down your negative thought, rate the strength of belief in your thought, what “thinking trait” am I using? What is the evidence for this? Is this always true? What is the very worst that could happen? What alternative views are there? Would I apply</li> </ul> </li> </ul>	<p><b>5.1 Creating Alternative, Balanced Responses:</b> Choose three negative, distorted thoughts recorded on your monitoring sheets during the previous week, and use the cognitive restructuring technique to examine the thought and develop alternative, balanced thoughts.</p> <p><b>5.2 Environmental Cues and Rewards for Physical Activity:</b> Over the next week, modify three aspects of your environment (stimulus control) and select one or two behaviour activity goals (reinforcement) that will result in either a reduction in sedentary behaviour or increases in</p>	None

Session	Aims	Content	Individual tasks to prepare Before Session	Group session tasks
		<p>these standards to other people? What is the effect of thinking like this? What steps can I take? What is my alternative, balanced thought?</p> <ul style="list-style-type: none"> <li>• Finding your new balanced voice</li> </ul> <p>Physical activity and movement</p> <ul style="list-style-type: none"> <li>• Stimulus control</li> <li>• Reinforcement</li> </ul> <ul style="list-style-type: none"> <li>• Using self-talk to nurture your body <ul style="list-style-type: none"> <li>• Tips for generating balanced, nurturing, self-statements</li> </ul> </li> <li>• Body acceptance</li> </ul>	<p>incidental or purposeful physical activity. Set out in advance two appropriate reinforcements that you will implement when you achieve these goals.</p> <p><b>5.3 Mirror Exposure:</b> Stand in front of a mirror, then select three body related things about which you can say balanced, non-judgemental self-statements. If you feel ready, you could also say positive self-statements about your body.</p> <p><b>5.4 Writing a Letter to “My Body”:</b> Write a letter to your body expressing the need to have a better relationship with it, thinking about how it has helped you in the past and allows you to do on a daily basis.</p>	
6	<ul style="list-style-type: none"> <li>• To continue progress with body acceptance.</li> <li>• To extend cognitive restructuring to mistaken beliefs.</li> </ul>	<ul style="list-style-type: none"> <li>• Ageing and treatment related changes to appearance</li> <li>• Core beliefs: situation -&gt; interpretation and self-talk (affected by core beliefs) -&gt; emotions and behaviours</li> <li>• Downward arrow</li> <li>• Modifying mistaken beliefs using cognitive restructuring: Write down your mistaken belief. In what ways in the belief unreasonable? What advantages does the belief provide? In what ways is the belief unhelpful? Where did the</li> </ul>	<p><b>6.1 Body Changes:</b> Choose four changes to your body since adulthood and think about their effects on how you feel about yourself, and attempts you might have made to resist these changes.</p> <p><b>6.2 Identifying Core Beliefs:</b> Use provided strategies to identify two to three mistaken beliefs that shape the way you think and feel about yourself.</p> <p><b>6.3 Creating Modified Beliefs:</b> Choose two of the mistaken beliefs from task 7.2 and use the cognitive restructuring technique to help examine</p>	<p><b>6.A Re-evaluating Appearance Changes:</b> Discuss strategies which can reduce the negative impact of ageing related changes to appearance, e.g., cognitive restructuring, or behavioural changes aimed at rejecting the thin-youthful ideal.</p>

Session	Aims	Content	Individual tasks to prepare Before Session	Group session tasks
		<p>belief come from? What would be a more moderate alternative that would confer the advantages of the mistaken belief, without its disadvantages? How can I test my modified belief?</p> <ul style="list-style-type: none"> <li>• Physical activity and movement <ul style="list-style-type: none"> <li>• Stimulus control</li> <li>• Reinforcement</li> </ul> </li> <li>• Body nurture and sensuality: Focusing on becoming tuned to the internal and external sensations of the body, by engaging with senses of smell, hearing, touch or appearance.</li> </ul>	<p>your mistaken beliefs.</p> <p><b>6.5 Sensuality:</b> During the coming week, choose two activities that you will do to enhance your sensuality.</p>	
7	<ul style="list-style-type: none"> <li>• To review and expand on progress and changes made.</li> <li>• To develop a plan to prevent setbacks.</li> </ul>	<ul style="list-style-type: none"> <li>• Positive body affirmations</li> <li>• Accomplishments and progress</li> <li>• Relapse prevention <ul style="list-style-type: none"> <li>• 1. Realistic expectations for the future</li> <li>• 2. Negative thoughts</li> <li>• 3. Sociocultural pressures</li> </ul> </li> <li>• Dealing with a setback</li> <li>• Steps to consider to get back on track <ul style="list-style-type: none"> <li>• Respond appropriately to the setback</li> <li>• Examine the “slip/setback”</li> <li>• In what areas may you still be vulnerable?</li> </ul> </li> </ul>	<p><b>7.1 My Body: My Affirmations:</b> Write a list of at least three positive body affirmations about yourself that you have developed in the course of the programme -consider different facets of your body including your appearance, abilities, health, movement, and pleasure your body gives you.</p> <p><b>7.2.1 Facing Your Fears:</b> Choose one situation or activity that you avoid but would like to be able to be involved in. Make a commitment to face this situation or activity before the coming session.</p> <p><b>7.2.2 The Wider World:</b> Develop one more anti-thin-youthful ideal statement aimed to reduce</p>	<p><b>7.A Future Plans:</b> Discuss the future plans and challenges that you will take on over the next few months and beyond.</p>

Session	Aims	Content	Individual tasks to prepare Before Session	Group session tasks
		<ul style="list-style-type: none"> <li>• What caused your setback?</li> <li>• What else can you do to start feeling better?</li> </ul>	<p>internalisation of the ideal that can be added to the strategies that were developed in the group task from session five.</p> <p><b>7.2.3 Triggers for Negative Thoughts:</b> Apply the stimulus control strategies developed in session seven for reducing sedentary behaviour, to one or two situations that lead to negative thoughts. Think about removing, adding or modifying aspects of your environment, including the physical setting and structure, or people within the environment, to reduce the likelihood that negative self-talk will occur.</p> <p><b>7.3 My Plan for Getting Back on Track:</b> 1. Make a list of warning signs that the symptoms may be coming back. 2. Make a list of the specific strategies you need to use to cope with the recurrence of symptoms. 3. Make a list of things that help to motivate and encourage you to change.</p>	

## Appendix 14 Disordered eating subsections removed from original manual

The subsections focusing on disordered eating which were removed from the original intervention included:

### Session One:

- Disordered eating behaviours: dieting binge eating
- Pathways between body dissatisfaction, dieting, and binge eating

### Session Two:

- Unhealthy eating behaviours: history of dieting, reasons to give up dieting and their implications
- Food rules and forbidden foods
- Behavioural strategies to stop challenge food rules and forbidden foods: exposure and response prevention
- Managing eating behaviour: natural eating – will I gain weight from natural eating?
- Structured eating schedule: to ensure regular, but not excessive eating throughout the day
- **Task 2.4:** Food rules and forbidden food
- **Task 2.5:** Structured eating schedule
- **Task 2.B:** Giving up dieting
- **Task 2.C:** Strategies to assist with overeating and binge eating

### Session Three:

- Managing natural eating
- Breaking the binge-purge cycle: Resisting the craving to eat, Delaying the binge, Stopping in the middle of a binge
- Strategies to stop vomiting: Delaying vomiting, Reducing episodes of vomiting
- Eating and emotions
- Natural eating: what to eat, and where to eat
- Mindfulness eating exercise
- **Task 3.1:** Emotional eating
- **Task 3.2:** Natural eating
- **Task 3.3:** Mindful eating

### Session Six:

- Natural eating review
- **Task 6.1:** Natural eating progress



## Session Seven:

- Relapse prevention
  - 2. Overeating
  - 3. Risks of dieting

Most of Session Two and Session Three focused on disordered eating. The remaining material from these sessions was condensed to form one session, and became Session Two:

- Motivation for change - further exploration of positive benefits of change
- A Cognitive Behavioural Therapy approach for the treatment of body image concerns
- Commitment to change and permission for self-care
- Tips for “sitting” with anxiety
- Body image avoidance in midlife—exposure and response prevention
- Mood enhancement
- Exploration of body image and self-esteem
- Relaxation training
- **Task 2.1:** A miracle
- **Task 2.2:** My needs
- **Task 2.3:** Self-care
- **Task 2.4:** Don’t wait
- **Task 2.5:** Mood enhancement
- **Task 2.A:** Commitment to body, mind and health
- **Task 2.B:** Body image and your life
- **Task 2.C:** Progressive muscle relaxation

All other material consequently appeared a session earlier than in the original intervention, whereby Session Four became Session Three, Session Five became Session Four, Session Six became Session Five, Session Seven became Session Six, and Session Eight became Session Seven. The order of the remaining material within each session remained the same and no other alterations were made, apart from in Chapter Five (the original Chapter Six), where the following material concerning physical activity was moved from the original Chapter Seven:

- Physical activity and movement
  - Stimulus control
  - Reinforcement
- **Task 7.4:** Environmental Cues and Rewards for Physical Activity

## Appendix 15 Study Three: Information sheet for women treated for breast cancer



University of the  
West of England

### Information Sheet: Women who have been treated for breast cancer

#### Your views on a body image programme for women who have been treated for breast cancer

You are being invited to take part in a research study. Before you decide whether to participate, it is important for you to understand why the research is being carried out and what it will involve.

Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like further information.

#### **Who is carrying out the research?**

This study is being carried out by Helena Lewis-Smith, a PhD student based at the Centre for Appearance Research at the University of the West of England. The PhD is being supervised by Prof Diana Harcourt, Dr Phillippa Diedrichs, and Prof Nichola Rumsey.

#### **What is the purpose of the study?**

The purpose of this study is to explore your views of a programme which aims to help women feel better about their appearance following treatment for breast cancer. We are interested in your thoughts regarding different aspects of the programme, including its content and format. These opinions are extremely valuable in informing us of whether the programme is suitable in its current state. Based on your feedback, we will make appropriate changes to improve the programme. The refined programme will then be carried out with women who have had breast cancer in order to see whether it successfully improves their body image.

#### **Why have I been invited to take part?**

Given that the programme has been developed to improve the body image of women with breast cancer, it is important that this group offer their insight regarding the proposed content and format. This will increase the chances of developing the most appropriate programme for women who have had breast cancer and is consequently more likely to be effective in improving body image.

#### **What will participation involve and how long will it take?**

If you agree to take part in the study, you will participate in a focus group of 6 people. Everyone will be sent a copy of the programme manual in advance of the focus group, and will be asked to read and examine specific sessions. The focus group will then provide the opportunity for you

to share and discuss your views of the programme. We are interested in your honest views of the programme, therefore please do not be afraid to offer constructive criticism.

The focus group will last 3 to 4 hours; however there will be breaks in between and refreshments will be provided.

### **What about confidentiality?**

Your opinions will be treated with the highest level of confidentiality and we ask that everything which is discussed in the group today remains confidential.

Every participant will be given a pseudonym when the focus groups are transcribed. Your data may be published in an academic journal or presented at a conference, and whilst your direct quotes might be used, any identifying information will remain anonymous. Data will only be accessible to the researchers working on the programme.

### **Do I have to participate in the full length of the focus group?**

Your participation in this research is entirely voluntary and you have the right to contribute as much or little as you wish.

### **What are the potential disadvantages and risks of taking part?**

We understand that participating in research can raise sensitive issues or painful emotions. There are a number of useful links from medical information to support groups/charities set up to help people affected by different body or appearance-related conditions. However, if you have any concerns at all about any aspect of your appearance or about your self-esteem in general, it is always best to start by talking to your GP who can advise you on finding the help you need.

### **Useful Links:**

1. **Mind** <http://www.mind.org.uk/>  
The leading mental health charity for England and Wales
2. **Breast cancer Care** [www.breastcancercare.org.uk/](http://www.breastcancercare.org.uk/)  
Support and advice for anyone affected by breast cancer
3. **BEAT: The Eating Disorders Association** [www.b-eat.co.uk](http://www.b-eat.co.uk)  
A UK charity for people with eating disorders and their families
4. **NHS Choices: Counselling:**  
<http://www.nhs.uk/conditions/counselling/pages/introduction.aspx>  
Support and advice regarding different forms and availability of counselling services
5. **NHS Choices : Cancer Information and support services** <http://www.nhs.uk/Service-Search/Information-and-support-for-cancer/LocationSearch/320>  
Find cancer support and information services in your area.

It is entirely your choice what you wish to share with the researchers, however we must reassure you that we are not asking you to disclose any information about your own body image, but instead to share your opinions regarding the proposed programme.

**What are the potential benefits of taking part?**

Your participation will contribute towards the development of a body image programme for women who have had breast cancer. This will have the potential to improve the lives of women who are distressed about their appearance following treatment for breast cancer.

**Can I withdraw from the study?**

You have the right to withdraw from the study up to four weeks after you have completed the focus group. Should you wish to withdraw your information from the study, you will need to inform us by email. The audio recording will be deleted once the focus group has been transcribed, but we will be able to withdraw your comments from the document.

**What will happen to the results of this study?**

The results of this study will be discussed in academic journals or presented at conferences. The findings may also be shared with breast cancer charities and healthcare professionals. However, you will not be identified in any outputs from the research.

**Who has reviewed this study?**

This study has been reviewed and approved by the University of the West of England Research Ethics Committee (HAS/15/04/151).

**Contacting the researchers**

Please contact myself or Prof Diana Harcourt (Primary Supervisor) if you are interested in taking part or have any further questions:

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**Thank you for your participation**

## Appendix 16 Study Three: Information sheet for health professionals



### Information Sheet: Healthcare professionals

#### Your views on a body image programme for women who have been treated for breast cancer

You are being invited to take part in a research study. Before you decide whether to participate, it is important for you to understand why the research is being carried out and what it will involve.

Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like further information.

#### **Who is carrying out the research?**

This study is being carried out by Helena Lewis-Smith, a PhD student based at the Centre for Appearance Research at the University of the West of England. The PhD is being supervised by Prof Diana Harcourt, Dr Phillippa Diedrichs, and Prof Nichola Rumsey.

#### **What is the purpose of the study?**

The purpose of this study is to explore your views of a programme which aims to help women feel better about their appearance following treatment for breast cancer. We are interested in your thoughts regarding different aspects of the programme, including its content and format. These opinions are extremely valuable in informing us of whether the programme is suitable in its current state. Based on your feedback, we will make appropriate changes to improve the programme. The refined programme will then be carried with women who have had breast cancer in order to see whether it successfully improves their body image.

#### **Why have I been invited to take part?**

It is important to incorporate the views of healthcare professionals who work regularly with women who have breast cancer, and consequently can offer valuable insight. We are interested in your professional opinion regarding a proposed body image programme for this group. This will increase the chances of developing the most appropriate programme for women who have had breast cancer and is consequently more likely to be effective in improving body image.

#### **What will participation involve and how long will it take?**

If you agree to take part in the study, you will be required to look through the programme manual in advance of an interview, within which we would like you to share your opinions regarding the content and format of the programme.

We will envisage it will take up to two hours to read the manual. The interview will last up to an hour, and this will be carried out over the phone at a time convenient for you.

### **What about confidentiality?**

Your opinions will be treated with the highest level of confidentiality and every participant will be given a pseudonym when the interviews are transcribed.

Your data may be published in an academic journal or presented at a conference, and whilst your direct quotes might be used, any identifying information will remain anonymous. Data will only be accessible to the researchers working on the programme.

### **Do I have to complete the whole interview?**

Your participation in this research is entirely voluntary and you have the right to contribute as much or little as you wish.

### **What are the potential disadvantages and risks of taking part?**

We understand that participating in research can raise sensitive issues or painful emotions. Or you may wish to learn more about how to support women who are distressed about their appearance following treatment for breast cancer. There are a number of useful links from medical information to support groups/charities set up to help people affected by different body or appearance-related conditions.

#### **Useful Links:**

1. **Mind** <http://www.mind.org.uk/>  
The leading mental health charity for England and Wales
2. **Breast cancer Care** [www.breastcancercare.org.uk/](http://www.breastcancercare.org.uk/)  
Support and advice for anyone affected by breast cancer
3. **BEAT: The Eating Disorders Association** [www.b-eat.co.uk](http://www.b-eat.co.uk)  
A UK charity for people with eating disorders and their families
4. **NHS Choices: Counselling:**  
<http://www.nhs.uk/conditions/counselling/pages/introduction.aspx>  
Support and advice regarding different forms and availability of counselling services
5. **NHS Choices : Cancer Information and support services** <http://www.nhs.uk/Service-Search/Information-and-support-for-cancer/LocationSearch/320>  
Find cancer support and information services in your area.

It is entirely your choice what you wish to share with the researchers, however we must reassure you that we are not asking you to disclose any information about your own body image, but instead to give your professional opinion regarding the proposed programme.

### **What are the potential benefits of taking part?**

Your participation will contribute towards the development of a body image programme for women who have had breast cancer.

### **Can I withdraw from the study?**

You have the right to withdraw from the study up to four weeks after you have completed the interview. Should you wish to withdraw your information from the study, you will need to inform us by email. The audio recording will be deleted once the interview has been transcribed, but we will be able to delete the transcribed document.

### **What will happen to the results of this study?**

The results of this study will be discussed in academic journals or presented at conferences. The findings may also be shared with breast cancer charities and healthcare professionals. However, you will not be identified in any outputs from the research.

### **Who has reviewed this study?**

This study has been reviewed and approved by the University of the West of England Research Ethics Committee (HAS/15/04/151).

### **Contacting the researchers**

Please feel free to contact myself or Prof Diana Harcourt (Primary Supervisor) with any further questions you might have regarding the study:

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**Thank you for your participation**

**Appendix 17 Study Three: Demographic, diagnostic, and treatment details of participants**

FG	Pseudonym	Age (years)	Ethnicity	Marital Status	Employment Status	Education Level	BMI	Time since last Diagnosis (months)	Type of BC	Stage of BC	Surgery	Time since last Surgery (months)	Adjuvant Therapy	Time since last Treatment (months)	Lymph-edema	Meno-pause Status
1	Ruth	44	White	Married	Full-time	Undergrad degree	35.9	22	Inv	II	1.Lump 2.Mast – No Recon	20	1.Chemo 2.Radio	13	Yes	Medic
1	Laura	44	White	In Rel	Part-time	GCSE/O-Level	25.2	28	Inv	III	Mast – Delayed Recon	0	Chemo	0	No	Pre
1	Carol	54	White	Married	Full-time	Masters degree	23.4	18	Inv	I	Lump	17	1.Chemo 2.Radio	10	No	Post
2	Pauline <sup>1</sup>	55	White	Married	Retired/ Self-employed	Undergrad degree	29.8	18	Inv	II	Mast – Immediate Recon	30	1.Chemo 2.Radio 3.Heceptin	0	No	Post
2	Sue	62	White	Married	Retired	Undergrad degree	46.0	125	Inv	II	Mast – No Recon	125	Chemo	0	No	Medic
2	Margaret <sup>1</sup>	69	White	Married	Retired	Higher Education certificate	25.4	48	Inv	III	Mast – No Recon	28	Radio	48	Yes	Post
3	Liz	44	White	In Rel	Full-time	Masters degree	22.9	45	Inv	II	Mast – Immediate Recon	43	1.Chemo 2.Radio 3.Hormone	36	No	Irreg
3	Katherine	48	White	Married	Full-time	Masters degree	20.5	3	Non-Inv	I	Mast – Immediate Recon	36	None	34	No	Pre



FG	Pseudonym	Age (years)	Ethnicity	Marital Status	Employment Status	Education Level	BMI	Time since last Diagnosis (months)	Type of BC	Stage of BC	Surgery	Time since last Surgery (months)	Adjuvant Therapy	Time since last Treatment (months)	Lymph-edema	Meno-pause Status
3	Charlotte	52	White	Married	Part-time	Higher Education certificate	20.2	24	Non-Inv	I	Mast – Immediate Recon	10	Hormone	0	No	Medic
4	Penny <sup>1</sup>	49	White	Married	Housewife	GCSE/O-Level	23.5	6	?	I	1.Lump 2.Mast – Immediate Recon	4	1.Chemo 2.Radio 3.Hormone	0	No	Post
4	Pam	56	White	Married	Full-time	Higher Education certificate	29.3	58	Inv	II	Mast – Delayed Recon	5	1.Chemo 2.Radio 3.Hormone	4	Yes	Post
4	Jenny	50	Mixed	Married	Not currently working	Undergrad degree	21.8	28	Non-Inv	III	Mast – Delayed Recon	4	1.Chemo 2.Radio 3.Hormone	0	No	Post
4	Louise	50	White	Sep	Full-time	Undergrad degree	24.3	69	Inv	II	Lump	67	1.Radio 2.Hormone	0	No	Pre
4	Sharon	47	White	Married	Part-time	GCSE/O-Level	33.8	71	Inv	III	Lump	70	1.Chemo 2.Radio 3.Hormone	6	No	Irreg
5	Jess <sup>2</sup>	37	White	Married	Housewife/LT sick leave		17.2	35	Inv	IV	Mast – No Recon	29	1.Chemo 2.Radio	0	No	Medic
5	Theresa	57	White	In Rel	Full-time	Masters degree	22.3	25	Non-Inv	0	Mast – Immediate Recon	23	None	24	No	Post

FG	Pseudonym	Age (years)	Ethnicity	Marital Status	Employment Status	Education Level	BMI	Time since last Diagnosis (months)	Type of BC	Stage of BC	Surgery	Time since last Surgery (months)	Adjuvant Therapy	Time since last Treatment (months)	Lymph-edema	Meno-pause Status
5	Amanda	48	White	Married	Full-time	Undergrad degree	33.1	26	Inv	II	Mast – Immediate Recon	25	Hormone	0	No	Medic
6	Sheila <sup>1</sup>	58	White	Single	Part-time	Masters degree	22.7	180	Inv	?	1.Lump 2.Mast – No Recon	188	1.Radio 2.Hormone	188	Yes	Post
6	Christine	54	White	Married	Full-time	Higher Education certificate	25.4	66	Inv	III	Lump	64	1.Chemo 2.Radio 3.Hormone	0	Yes	Post
6	Jackie	44	White	Married	Full-time	A Level/Equivalent	26.6	38	Inv	III	Mast – Delayed Recon	5	1.Chemo 2.Radio 3.Hormone	0	No	Medic
6	Debbie	49	Other <sup>3</sup>	Married	Sick leave	Masters degree	30.2	2	?	II	Awaiting Surgery	N/A	Chemo	0	No	Medic
Int	Heidi	51	White	In Rel	Part-time	Part-time	25.8	54	Non-Inv	0	Mast – Immediate Recon	52	None	52	No	Irreg

**Key:**

? = Participant unsure  
 FG = Focus Group  
 Marital Status: In Rel = In a Relationship;  
 Sep = Separated  
 Mths = Months  
 Type of BC: Inv = Invasive; Non-Inv = Non-Invasive

Surgery: Lump = Lumpectomy; Mast = Mastectomy; Recon = Reconstruction  
 Adjuvant Therapy: Chemo = Chemotherapy; Radio = Radiotherapy;  
 Hormone = Hormone Therapy  
 Menopausal Status: Pre = Pre-menopausal; Post = Post-menopausal; Medic = Medically induced menopause; Irre = Period irregularity

**Notes:**

<sup>1</sup>Participants received second diagnosis of breast cancer years later  
<sup>2</sup>Participant has secondary breast cancer  
<sup>3</sup>Participant identified as Russian Jewish

## Appendix 18 Study Three: Interview schedule for health professionals

### Interview Schedule – Health Professionals

#### **Introduction**

Firstly, I would like to thank you for taking part in this research. I would also like to remind you that you do not have to answer any questions that you don't feel comfortable answering. You are free to stop the interview at any time or if you feel you need a break, please let me know. With your permission, the interview will be recorded but be assured that what you say will be kept confidential and anonymous and the tape will be destroyed at the end of this research.

The purpose of this study is to explore your views of a programme which was originally developed for women in midlife, but has been adapted to help women feel better about their appearance following treatment for breast cancer. We are interested in your thoughts regarding different aspects of the programme, including its content and format, in addition to whom it would be suitable for. These opinions are extremely valuable in informing us of whether the programme is suitable in its current state. Based on your feedback, we will make appropriate changes to improve the programme.

There are no right or wrong answers so please feel free to talk as honestly and openly as possible. If there is anything I have missed out that you feel you would like to talk about, please feel free to bring it up anytime.

#### **Information about the Health Professional's work with patients**

- Could you briefly describe your role and the stage of treatment at which women with breast cancer tend to see you?
- How long do you tend to see patients for? (i.e. number of sessions, length of sessions)
- What type of support do you provide?
  - If psychologist: What therapeutic approaches do you use?
- Do you tend to provide support for women who are distressed by their appearance?

#### **Thoughts on programme material**

- Have you used anything like this before?
- Is the material appropriate enough for women who have been treated for breast cancer? I.e. Is there a balance of examples?
- What do you think about including homework activities?
- If this was provided for patients, would you recommend its use?
- Are there any changes you would make?

**Themes covered in the programmes**

- Are the themes covered appropriate? E.g. relaxation, physical activity etc
- What do you think about the tasks to do in preparation for the session?
- What do you think about the group tasks?
- Are there any issues which haven't been covered?

**Thoughts on women attending the group programme**

- When would be the best time with regards to diagnosis/treatment for women to attend the programme?
  - Do the women have enough time and capacity to attend the intervention?
- Does the intervention comprise a reasonable amount of time or does it create a burden for the women?
- Would the intervention be appealing to women who have been treated for breast cancer?
- Would there be any particular obstacles/difficulties in providing body image support for women who have had breast cancer?

**Programme format**

- What do you think about the format of the programme?
  - Number of sessions
  - Length of sessions
  - How many facilitators and who should they be?
  - Number of women per group

**Manual design**

- Should women read the information before the session or should it be covered in the session itself?
- Is the language used appropriate? Or is it too technical?
- What do you think about the presentation of the material?
- What would be the best way to present the manual e.g. as a file or book
  - Should there be separate sections for homework activities etc?

*Thank participant & remind them of:*

- *Confidentiality and Right to withdraw*
- *How findings will be fed back to them*

**Appendix 19 Study Three: Interview schedule for women treated for breast cancer****Interview Schedule – Women treated for breast cancer****Introduction**

Firstly, I would like to thank you for taking part in this research. My name is Helena and this study is part of my PhD which explores body image and breast cancer.

The purpose of this focus group is to explore your views of a programme which was originally developed for women in midlife, but following on from a survey which you kindly completed, has been adapted to help women feel better about their appearance following treatment for breast cancer. We are interested in Health Care Professionals' and your thoughts regarding different aspects of the programme, including its content and format. These opinions are extremely valuable in informing us of whether the programme is suitable in its current state. Based on your feedback, we will make appropriate changes to improve the programme.

We will work our way through the sessions of the programme you were allocated. We will take regular breaks, but let me know at any point if you need one.

The focus group will be relaxed and informal. If you would like clarification of a question, that's fine; as is skipping any question you don't want to answer. There are no right or wrong answers so please feel free to talk as honestly and openly as possible. The point of this interview is for me to understand your thoughts so at times I might ask you to expand on something you've said, or explain what you mean.

With your permission, the focus group will be recorded, and I may use your names, but rest assured that what you say will be kept confidential and anonymous and the tape will be destroyed at the end of this research.

If you're happy, please complete the consent form. I will then ask you to complete a short questionnaire just for relevant background information. This will be anonymous.

**Programme material**

- Have you seen/used anything like this before?
- Do you feel the material is relevant?
- Are the examples appropriate?
- Do you think all the issues are covered? What would you add?
- What are your thoughts on completing homework activities?
- Is the language easy to understand?
- If this was provided for patients, would you use it?
- What changes you would make?

**The session**

- What do you think about the aims of the session?
- What do you think about the session material?
- What do you think about the tasks to do in preparation for the session?
- What do you think about the group tasks?

**Women attending the group programme**

- When would be the best time with regards to diagnosis/treatment for women to attend the programme?
- Does the intervention comprise a reasonable amount of time or is it burdensome?
- Would there be any particular obstacles/difficulties in providing the programme?

**Programme format**

- Number/Length of sessions
- Number/Role of facilitators?
- Number of women per group
- Location of group

**Manual design**

- What do you think about the presentation of the material?
- What would be the best way to present the manual e.g. as a file or book
  - Should there be separate sections for homework activities etc.?

**-Useful probes-**

- Can you clarify what you mean by \_\_\_\_\_?
- When you said \_\_\_\_\_, what exactly did you mean?
- Tell my why \_\_\_\_\_
- Can you tell me more about this?
- I'm not sure I understand \_\_\_\_\_
- Do you have any other thoughts on this?

*Thank participants, give out voucher, & remind them of:*

- *Confidentiality, Right to withdraw, How findings will be fed back to them*
- *Travel expenses form to complete*

## Appendix 20 Study Three: Background information questionnaire

### Background Information Questionnaire

#### Demographic Information

What is your name? .....

What is your age? .....

Where do you live? .....

#### How would you describe your ethnic group?

- White
- Mixed/multiple ethnic group
- Asian/Asian British
- Black/African/Caribbean/Black British
- Other (please state) .....

#### What is your marital status?

- Single
- Married
- In a relationship
- Divorced
- Separated
- Widowed

#### What is your employment status?

- Working full time
- Working part-time
- Unemployed
- Retired
- Student
- Other (please state) .....

**What is the highest level of education you have completed?**

- GCSE/O-Level or equivalent
- A Level or equivalent
- Higher education certificate or diploma
- Undergraduate degree
- Master's degree
- PhD or equivalent
- No qualifications

**What is your height?**

..... feet.....inches **or**  
 .....metres .....centimetres

- Don't know

**What is your weight?**

.....stones ..... pounds **or**  
 .....kg

- Don't know

**What is your menopausal status?**

- Postmenopausal (no periods for over 12 months)
- No period in past 12 months
- Bleeding in past 12 months but not in the past 3 months
- Experiencing period irregularity
- Premenopausal
- Medical menopause (menopause caused by treatment)

**Diagnosis and Treatment Information**

**How long ago did you receive your diagnosis of breast cancer?** ..... years  
 .....months

**What type of breast cancer were you diagnosed with?**

- Invasive       Non-invasive (e.g. DCIS)       Not sure



**What stage of cancer was it?**

- 0                       I                       II                       III                       IV

**What type of surgical treatment did you receive? (can select more than one)**

- Lumpectomy  
 Mastectomy *without* breast reconstruction  
 Mastectomy *with immediate* breast reconstruction  
 Mastectomy *with delayed* breast reconstruction

How long after the mastectomy did you have the reconstruction? .....  
years..... months

- No surgical treatment  
 Not sure

**How long ago did you have surgical treatment?**

- I did not have surgical treatment  
..... years ..... months

**What other treatment, if any, did you receive?**

- Chemotherapy  
 Radiotherapy  
 Hormonal therapy  
 None  
 Not sure

**Do you suffer from Lymphedema?**

- Yes                       No

**How long ago did you finish treatment?**

..... years .....months

## Appendix 21 Study Three: Consent form for women treated for breast cancer



University of the  
West of England

### STATEMENT OF CONSENT: Women who have been treated for breast cancer

Before you take part in the focus group, we would like to make sure that you have understood the information we have provided so far. Please answer all the following questions honestly, indicating the appropriate answer.

- |    |   |     |    |
|----|---|-----|----|
| 1. | Do you understand that by consenting to take part in this study you are still able to withdraw up to <u>four weeks</u> following the focus group without having to give any reasons?                                    | Yes | No |
| 2. | Do you understand that you can ask questions about the study after you have completed the study?  | Yes | No |
| 3. | Do you understand that you will never be personally identified in any report or write up that stems from this research and that your name will be replaced by a pseudonym so that all the data can remain confidential? | Yes | No |
| 4. | Do you understand that everything discussed in today's focus group must remain confidential?  | Yes | No |
| 5. | Do you consent to taking part in this study?  | Yes | No |

Signature:

.....

Date:

.....

## Appendix 22 Study Three: Consent form for health professionals



### STATEMENT OF CONSENT: Healthcare Professionals

Before you take part in the interview, we would like to make sure that you have understood the information we have provided so far. Please answer all the following questions honestly, indicating the appropriate answer.

- |    |   |     |    |
|----|---|-----|----|
| 1. | Do you understand that by consenting to take part in this study you are still able to withdraw at any time without having to give any reasons?  | Yes | No |
| 2. | Do you understand that you can ask questions about the study after you have completed the study?  | Yes | No |
| 3. | Do you understand that you will never be personally identified in any report or write up that stems from this research and that your name will be replaced by a pseudonym so that all the data can remain confidential? | Yes | No |
| 4. | Do you consent to taking part in this study?  | Yes | No |

Signature:

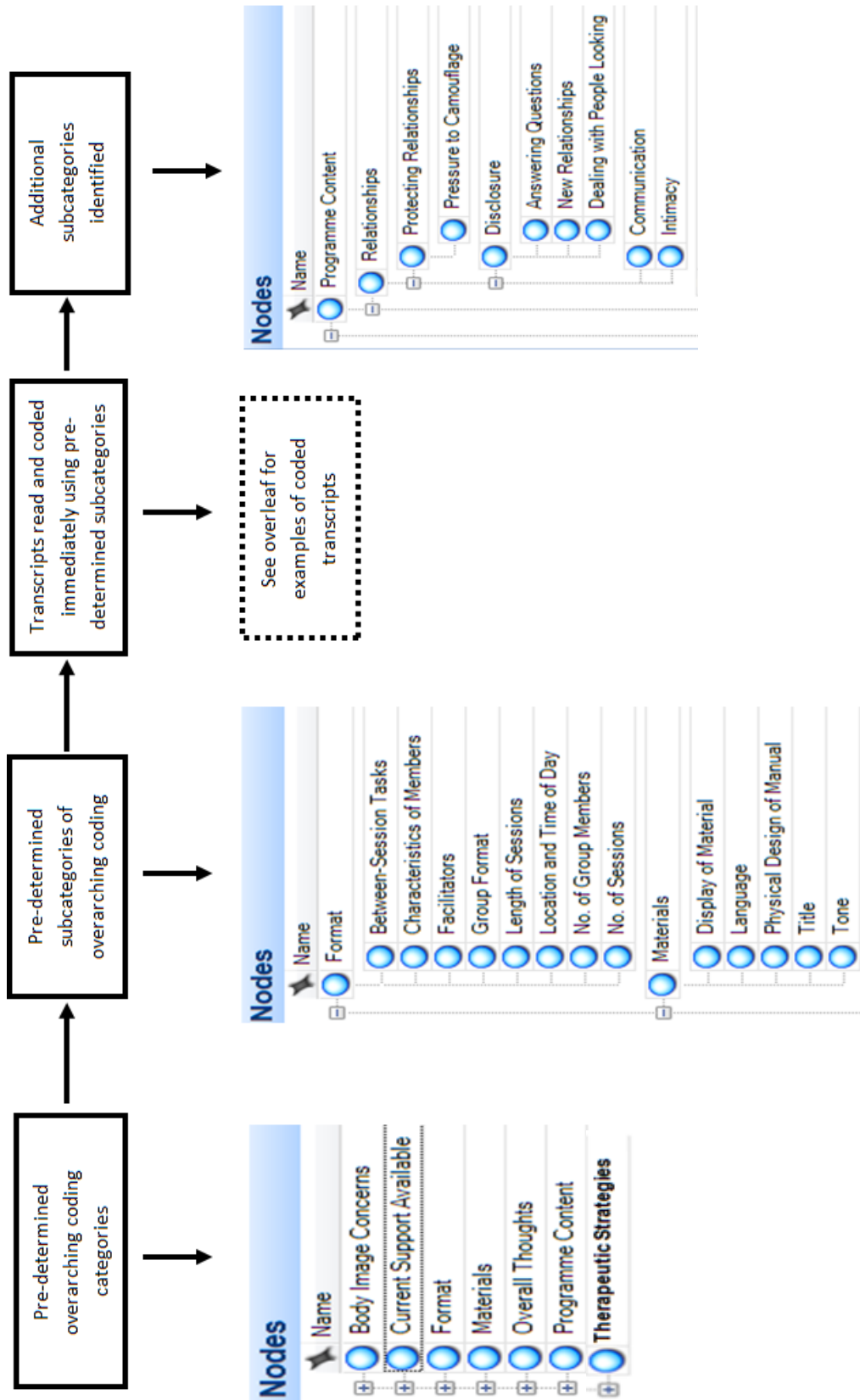
.....

Date:

.....

**Appendix 23 Study Three: Analytical process and examples of coded transcripts**

**Analytical process:**



## Examples of coded transcripts:

### Penny

Now I look in the mirror and I think “Yeah, but actually, I’m still here.” But it’s the rest of my body that’s failing me. I feel like I’m 90

### Pam

Yes you get the aches, the joint pain.

### Sharon

It’s the knock-on effect isn’t it? It’s like ripples going out. The cancer is the thing here and then it’s the ripples go further and further out of various other.

### Julie

And I think it’s about never knowing whether it’s just part of the normal ageing process or whether it’s drug related and that’s always sort of like “Well am I meant to feel like this at my age” or not?

### Penny

Why do I struggle to bend down and pick something up?

### Sharon

Or to get it back up!

### Penny

Yeah. Should I be feeling like that at this age? No I really shouldn’t!

### Pam

But we all age differently anyway and it is difficult, as we were saying, to put that to one side from the cancer and to deal with it separately but it all becomes entangled, doesn’t it this? It’s an on-going thing I think and what I find really distressing at times is because people go “Oh, you’re finished then? You’re all clear” and you think “Yeah, I might be clear for cancer – they’re saying – but I’ve got all these other issues.”

### Penny

It’s when people say “Gosh you look really well, you’d never know”, which is really nice because it’s better than saying “Actually you look a bit shit!” but my husband and my step-daughters and, to a certain extent, my son as well, because I’m up and about now and everything – that’s it. In their minds – not so much my husband – have ticked off that that’s fine, I’ve done that. But in here, every time you have a shower, get out of the shower and I catch myself in the mirror and it’s still just “Oh!”

### Lucy

Again, it’s doing it in stages isn’t it? Because as you’re standing in front of a mirror and, in your head, dividing the mirror up into little squares and you start by just looking at the bottom two squares, so you’re seeing your feet and you then work up to the next two squares, so you’re beginning to put the whole image together and ... so you don’t start by full-on, bright lights. You’re looking at yourself in the worst possible light.

### Interviewer

Do you think it might be something that would be helpful to introduce in the beginning of the sessions, say there’s 7 or 8 sessions, and say “What we’d like you to be able to do by the end of this is to be able to look at yourself in the mirror”?

### Lucy

It’s not only look. It’s being able to touch yourself. So I would start with touching without looking.

### Interviewer

Yes. And then working your way up.

### Lucy

Working towards that, yes.

Change in Physical Function and Capabilities

Treatment - or Ageing- Related?

Unobservable Prolonged Issues following Treatment

Body Image Concerns

Mirror Exposure Task

Timing of Between-session Tasks

Learning to Touch

**Interviewer**

So did you think, in terms of thinking specifically about the examples that obviously you would have come across as you read the manual, did you feel that they were appropriate, that there was a balance in between the examples that were specific to both the ageing changes but also the treatment changes?

**Michelle**

If I'm going to view this as a whole, my thoughts were that the examples and the exercises were really useful. I think the language is very complex though and I don't think you're probably at a point where you've looked at that but, for me, if I was reading this it was a complex read, as somebody who writes patient information a lot it is a very, very complex read and it would be ... and again, I don't know whether you've thought about this, but it would be something that would need to be made in a much simpler form. Do you understand? And get the most out of it, because, even though I've read a lot about body image, there's some really, really interesting things in here that you've ... I don't know whether you've written it all or what, but it's very fascinating and I think for women to be able to read that and identify with it and why they feel the pressure, whatever the pressure is, is really, really important. So I would see it and I think that you talk about that, that you've got a separate, almost handbook, with all the background stuff and then the other stuff runs alongside it. I don't know but that was how I would see it.

Overall Thoughts  
Language  
Perceived Pressure

**Jackie**

I have got those specific issues but I don't really think I'm ready to deal with them. I just realised, as you were talking, I was like "Oh yeah, ok" and I kind of glossed over that so, so far, this hasn't actually helped me to bring it to the front.

**Christine**

Well that wasn't an issue for me two years ago ... it WAS an issue but I wasn't aware of it. It's only because years have gone down and I'm still behaving as I was post-surgery.

**Jackie**

Yes, I am aware of it. This morning I took all my clothes into the bathroom (because my husband was still in bed), got showered, dressed in the bathroom and then came out. That's not normal behaviour is it? No.

**Christine**

Oh no, it's not normal. I used to sleep naked.

**Jackie**

No, so did I, me too.

**Christine**

I haven't slept naked since I was diagnosed and I haven't since my treatment. I put pyjamas on (and I know it sounds ridiculous) ... the day I came from hospital with my diagnosis we went to bed ... and I used to put pyjamas on when I was poorly so it wasn't ... and John was saying "Oh, the barrier's up." He used to joke with me meaning "I can't even cuddle you, you've put your pyjamas on".

**Sheila**

Off limits.

**Christine**

Off limit, and I've been off limits in a way – it doesn't mean we haven't had a relationship since – but I never, ever sleep naked now.

**Jackie**

No, nor do I. Sad isn't it?

**Christine**

Never. And John said to me "It wasn't even the surgery Tracey. The day you came from that diagnosis you've covered up." And I still cover up.

Unaware of Problems  
Behaviours Influenced  
Relationships  
Intimacy

### Appendix 24 Study Three: Summary of recommended amendments

Category	Subcategory	Changes/Recommendations
Relevance of the Issue and Experience of Available Interventions	Relevance of the Issue	<ul style="list-style-type: none"> <li>• Greater focus on the changes to the body regarding physical functions and capabilities, associated with treatment and its associated side-effects.</li> </ul>
Content Topics	Introduction	<ul style="list-style-type: none"> <li>• Add testimonials from previous group attendees concerning their experience of the intervention, so as to give more information regarding expectations of the group.</li> <li>• Emphasise that participants will not always be expected to like their bodies by the end of the intervention, but rather to accept them, or at least allow them to have less of an impact on their lives.</li> </ul>
	The Development and Impact of Body Image Concerns	<ul style="list-style-type: none"> <li>• The use of more realistic scenarios to illustrate the impact of appearance dissatisfaction, particularly those associated with treatment-related appearance changes, rather than pre-diagnosis concerns.</li> <li>• Add material that validates and normalises appearance concerns among this group, including feelings of abnormality due to treatment-related appearance changes.</li> </ul>
	Body Image and Wellbeing	<ul style="list-style-type: none"> <li>• Acknowledgment that disengagement with activities might also be due to physical limitations associated with treatment.</li> </ul>
	Historical Perspectives on the Sociocultural Ideal	<ul style="list-style-type: none"> <li>• Shorten the length of the material.</li> <li>• Add material concerning differences between countries and cultures with regards to their current societal appearance ideals.</li> </ul>
	Media Portrayal of the Youthful Thin Ideal	<ul style="list-style-type: none"> <li>• Add an initial discussion of group members' personal internalised beauty ideals they feel pressurized to meet.</li> <li>• Include a wide range of appearance aspects beyond thinness and weight.</li> <li>• Also consider the role of parents and family in influencing body image.</li> </ul>

Category	Subcategory	Changes/Recommendations
	Positive Media Messages	<ul style="list-style-type: none"> <li>• Add photos/images of other positive role models in the media who may not have had breast cancer but do not necessarily conform to the youthful-thin ideal or do not feel pressurized to do so, and those in the media who have had breast cancer.</li> </ul>
	Body Comparisons	<ul style="list-style-type: none"> <li>• Add photos/images of different women with, and without, breast cancer, to highlight the true diversity of appearance among women.</li> </ul>
	Ageing and Treatment Related Appearance Changes to Appearance	<ul style="list-style-type: none"> <li>• Make Task 6.1 clearer in relation to whether it refers to ageing- or treatment- related appearance and bodily changes.</li> <li>• Greater focus on the changes in the body regarding physical functions and capabilities, associated with treatment and its associated side-effects.</li> <li>• Greater attention towards the impact of menopause.</li> </ul>
	Relationships and Body Image Concerns	<ul style="list-style-type: none"> <li>• Address the impact of appearance concerns on relationships in the context of treatment-related appearance changes, rather than ageing.</li> <li>• Acknowledge the issues of protecting relationships with respect to ensuring that family members are able to cope emotionally with the diagnosis and treatment.</li> <li>• Acknowledge pressure to camouflage aspects of appearance for the benefit of others, and not necessarily for the individual's own comfort.</li> <li>• Add guidance on disclosing information about appearance to others, including new partners.</li> <li>• Emphasise that people might look or stare out of intrigue, rather than disgust</li> <li>• Add material addressing the impact of treatment-related appearance and body changes on intimacy.</li> <li>• Provide a list of common issues associated with intimacy</li> </ul>
Therapeutic Strategies	Feeling Ready to Change	<ul style="list-style-type: none"> <li>• Task 1.2: Remove 'Reasons not to change' – have only 'Reasons to change'</li> <li>• Remove Task 1.A: 'Imagine 5 to 10 years' time'</li> </ul>



Category	Subcategory	Changes/Recommendations
	CBT	<ul style="list-style-type: none"> <li>• Simplification of the explanation of techniques throughout.</li> <li>• Change example (p27) to a more realistic and relatable example.</li> <li>• Provide a clearer explanation of traits (p43)</li> <li>• Include a flow chart to illustrate the connection between negative self-talk, associated feelings, and reactions.</li> <li>• Alternative Balanced Thoughts (p48-50): Extend the strategies beyond ‘Now I feel’ to the positive impact of generating the balanced thought.</li> <li>• Cognitive Restructuring (p76): Could be carried out as a group task to cultivate more ideas.</li> </ul>
	Self-Care	<ul style="list-style-type: none"> <li>• Distribute the Self-Care Commitment Certificate (p 37; Task 2.A) to group members upon completion of the programme or award a separate course certificate.</li> <li>• Add examples which illustrate reappraisal of life following diagnosis of and treatment for breast cancer, consequently emphasising the importance of self-care.</li> </ul>
	Self-Nurture and Body Acceptance	<ul style="list-style-type: none"> <li>• Introduce Task 5.3: Mirror Exposure task (p87) earlier on, and have group members gradually practice a new stage every week.</li> <li>• Encourage women to learn to touch their bodies in the Mirror Exposure task (p87), perhaps before being looking at them in the mirror.</li> </ul>
	Sensuality	<ul style="list-style-type: none"> <li>• Change the title and explains what sensuality means in reference to intimacy</li> <li>• Acknowledge that treatment can compromise sensuality, and offer alternative examples which are not related to appearance, but rather focused on engaging the senses.</li> </ul>
	Physical Activity	<ul style="list-style-type: none"> <li>• Include more realistic examples which are more manageable following treatment.</li> <li>• Add other benefits associated with physical activity.</li> </ul>
	“Sitting” with Anxiety and Relaxation	<ul style="list-style-type: none"> <li>• Add psycho-education about anxiety.</li> <li>• “Sitting” with Anxiety: Add practise with tolerating neutral and positive feelings first of all.</li> </ul>

Category	Subcategory	Changes/Recommendations
	Preventing Setbacks and Future Challenges	<ul style="list-style-type: none"> <li>• Change the subtitles (e.g. ‘Preventing Setbacks’) to make them more realistic, i.e., setbacks may occur.</li> </ul>
Format and Materials	Mode and Delivery	<ul style="list-style-type: none"> <li>• Encourage strict attendance rules with regards to number of sessions.</li> <li>• Allow the first session for women to discuss their cancer experience.</li> <li>• Provide a follow-up booster session.</li> <li>• Run the group with two facilitators: one psychologist, and one peer.</li> <li>• Have between 8 and 12 members per group maximum.</li> <li>• Disseminate material session by session as opposed to all at once.</li> <li>• Reduce number of between-session tasks to be completed each week.</li> <li>• No tasks to be completed before the first session.</li> <li>• Ensure goal setting and review of group members’ progress each session.</li> </ul>
	Target Population	<ul style="list-style-type: none"> <li>• Provide intervention for women at the end of active treatment.</li> </ul>
	Materials	<ul style="list-style-type: none"> <li>• Make the tone of the material more relatable and light hearted.</li> <li>• Make the language of the material more lay and accessible.</li> <li>• Change theoretical terms to more familiar words.</li> <li>• Use different terms to describe breast cancer related information.</li> <li>• Reduce the quantity of text on each page and add coloured pictures and diagrams.</li> <li>• Keep material in a small ring binder, allowing for material to be added.</li> </ul>
Overall Perceptions regarding Effectiveness of the Intervention	Perceptions of Health Professionals	<ul style="list-style-type: none"> <li>• Make amendments, primarily a greater focus on treatment-related issues.</li> </ul>

## Appendix 25 Dissemination of findings from the PhD

### Peer-Reviewed Articles

1. **Lewis-Smith, H.**, Diedrichs, P., Rumsey, N., & Harcourt, D. (2016). A Systematic Review of Interventions on Body Image and Disordered Eating Outcomes among Women in Midlife. *International Journal of Eating Disorders*, 49(1), 5-18.

### Paper and Poster Conference Presentations

1. **Lewis-Smith, H.**, Harcourt, D., Diedrichs, P., & Rumsey, N. (2016). Acceptability of a group CBT intervention to improve the body image of women following treatment for breast cancer. Poster presented at the International Psychosocial Oncology Society Conference, Dublin, Republic of Ireland.
2. **Lewis-Smith, H.**, Harcourt, D., Diedrichs, P., & Rumsey, N. (2016). Identifying sociocultural influences and psychological processes that influence the body image of women in midlife. Paper presented at the Appearance Matters 7, London, United Kingdom.
3. **Lewis-Smith, H.**, Harcourt, D., Diedrichs, P., & Rumsey, N. (2016). A systematic review of interventions on body image and disordered eating outcomes among women in midlife. Poster presented at the International Conference on Eating Disorders, San Francisco, USA.
4. **Lewis-Smith, H.**, Harcourt, D., Diedrichs, P., & Rumsey, N. (2015). Identifying sociocultural influences and psychological processes that influence the body image of women with breast cancer. Paper presented at the BPS Division of Health Psychology Conference, London, United Kingdom.
5. **Lewis-Smith, H.**, Harcourt, D., Diedrichs, P., & Rumsey, N. (2015). Identifying sociocultural influences and psychological processes that influence the body image of women with breast cancer. Paper presented at the World Congress of Psycho-Oncology, Washington DC, USA.
6. **Lewis-Smith, H.**, Harcourt, D., Diedrichs, P., & Rumsey, N. (2014). The effectiveness of psychosocial interventions to improve body image in adult women with breast cancer: A systematic review. Paper presented at the International Psychosocial Oncology Society Conference, Lisbon, Portugal.
7. **Lewis-Smith, H.**, Harcourt, D., Diedrichs, P., & Rumsey, N. (2014). The effectiveness of psychosocial interventions to improve body image in adult women with, and without, breast cancer: A systematic review. Poster presented at Appearance Matters 6, Bristol, United Kingdom.
8. **Lewis-Smith, H.**, Harcourt, D., Diedrichs, P., & Rumsey, N. (2014). The effectiveness of psychosocial interventions to improve body image in adult women with, and without, breast cancer: A systematic review. Poster presented at the British Psychosocial Oncology Society Conference, Preston, United Kingdom.
9. **Lewis-Smith, H.**, Harcourt, D., Diedrichs, P., & Rumsey, N. (2013). The effectiveness of psychosocial interventions to improve body image in adult women with, and without, breast cancer: A systematic review. Poster presented at the BPS Division of Health Psychology Conference, Brighton, United Kingdom.