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**Her Body Becomes Her(s):
A Drama Therapy Program
for Female Adolescents**

Renée Biancolin

A Research Paper

In

The Department

Of

Creative Arts Therapies

**Presented in Partial Fulfillment of the Requirements
For the Degree of Master of Arts
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Abstract**Her Body Becomes Her(s):
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for Female Adolescents****Renée Biancolin**

The purpose of this research paper is to construct a preventative body image treatment program for adolescent girls based on a review of feminist theoretical and therapeutic approaches, female identity development, risk and protective factors for body image and eating disorder pathology, and research on body image prevention. The 8-week program proposed herein aims to bridge feminist theoretical perspectives with drama therapy practice, with a specific focus on doll-making and narrative. This therapeutic approach intends to serve as a means of reclaiming ownership of the female form, recreating images of female beauty and identity, and relocating young women within the context of their own somatic narratives.

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Dedication

I would like to dedicate this research paper and therapeutic program to my family. I can't thank you enough for the unwavering dedication, generosity, and support that you have shown me as I have made my way through this program.

To my mom, the very first feminist that I have known: Thank you for challenging the status quo, for insisting that women's voices be heard and acknowledged, and for demanding that our bodies, life experiences, and stories be honoured as sacred and true. Thank you for showing me the incredible strength, power, and wisdom of the female heart and for the sacrifices you made so that we could have the nurturance and support that we needed.

To my dad, who has taught me the value of education and hard work: Thank you for encouraging me to strive for excellence in everything that I do; for giving me a box of nails and blocks of wood to play with when I was a little girl; for going to parent-teacher interviews; for buying me my first toolbox. Thank you for promoting non-traditional gender roles; for showing me how to be independent; for showing us there's nothing we can't do.

To my sister, who has taught me about the value of sisterhood: Thank you for always reminding me about what's important; that we need to be connected to our sisters; that we need to be there for each other and support one another; that relationships are central to womanhood; that we must always find our way back to each other. Thank you for always believing in me; for speaking the truth; for having the courage to stand up for what you believe in.

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HER BODY BECOMES HER(S): A DRAMA THERAPY PROGRAM FOR FEMALE ADOLESCENTS

Chapter 1: Introduction

Self-Concept and Identity Formation in Adolescence

In an article on the importance of using the creative arts therapies with young people, Emunah (1990) describes adolescence as a time of intense change and upheaval. She acknowledges this transitional stage as a potent time, as it is a rite of passage for many cultures, whereby one leaves behind the safety and security of childhood to be initiated into an often frightening and turbulent period of growth and adjustment. Adolescents undergo tremendous physical and sexual transformation, in addition to emotional and cognitive development. According to Erikson's (1968) Theory of Ego Development, adolescence is characterized by the struggle between identity formation and role confusion – a process of building a self-concept or sense of self. Self-concept can also be further deconstructed into self-esteem (one's appraisal of self-worth) and mastery (the degree to which one feels capable and in control of life events) (Park, 2003).

While this time of transition can be difficult for all adolescents, it appears to affect the self-concept of male and female adolescents differently. According to a longitudinal survey conducted by Statistics Canada from 1994 to 2001, girls' sense of self-esteem and mastery in adolescence were found to be significantly lower than their male counterparts (Park, 2003). Accordingly, adolescent girls that presented with a weak self-concept were shown to be more likely to experience a depressive episode over the following six-year period (Park). Further, while higher levels of mastery are positively

correlated with age for male adolescents, this has not found to be the case for females (Park). Additionally, self-perceptions of attractiveness have been found to decrease as girls mature (Harter, 1999). Perception of personal appearance has been found to be the most predictive correlate for self-esteem across the lifespan and the most salient in adolescence (Park).

Pubertal Development and Socio-cultural Norms

One theory proposed to account for this alarming disparity is that physical and sexual pubertal changes have different social ramifications for boys and girls (Levine & Smolak, 2002). Male development tends to bring boys closer to their cultural ideal (Labre, 2002), while normal female pubertal development takes girls away from the thin, pre-pubertal body that Western society values (Spitzer, Henderson, & Zivian, 1999; Levine & Smolak). This is confirmed by the finding that increased body mass index (BMI) scores are strongly correlated with feelings of body shame for young girls, but not for boys (Lindberg, Hyde & McKinley, 2006).

Gender as a Socio-Cultural Construct

Socio-cultural perspectives in radical/social feminist theory advocate that gender differences are culturally created constructions that are perpetuated through the process of socialization and that these constructs reflect the social status and power inequities between men and women in North American society (Fredrickson & Roberts, 1997). Cultural/interpersonal feminist theory argues that the body image dissatisfaction many women experience is a reflection of the societal idealization of the masculine form and the general devaluation of the feminine (Katzman, Nasser, & Noordenbos, 2007).

Informed by these perspectives, it can be argued that “normative” female body dissatisfaction is a function of a greater socio-cultural phenomenon (McKinley, 2002).

Chapter 2: Feminist Perspectives on Body Image

Objectification Theory and the Female Body

Objectification theory builds further on feminist socio-cultural views to demonstrate the pervasive influence North American cultural norms have on women and the perception of female bodies (Fredrickson & Roberts, 1997; Roberts & Waters, 2004). Sexual objectification can be defined as having one's worth reduced to one's physical body or body parts, with value assigned according to its perceived use for consumption by others (Fredrickson & Roberts; Roberts & Waters). Objectification theory proposes that this outside evaluation and pressure to conform can cause women and young girls to internalize a third-person or "looking glass" perspective of their own bodies (Fredrickson & Roberts; Roberts & Waters). This experience of the internalized-observer can then lead to self-objectification, whereby girls and women conceive of themselves as objects – defined and evaluated by the values and perspective of the other (Fredrickson & Roberts).

Psychological Consequences of Self-Objectification

As a result of this internalized objectification, many women engage in ongoing self-monitoring behaviour (Fredrickson & Roberts, 1997; Lindberg, Hyde, & McKinley, 2006). Objectification theory hypothesizes that this body surveillance is a survival strategy that young women acquire in response to societal implications that their physical and sexual attractiveness is associated with social and economic benefit, a form of currency they can "trade in on" in North American society (Fredrickson & Roberts, 1997). This vigilant state of self-awareness, however, can engender a fragmented sense of self, making it difficult for women to identify and integrate internal bodily responses (Fredrickson & Roberts; Roberts & Waters, 2004), which can further disconnect them

from their “subjective knowing” or inner voice (Belensky, Clinchy, Goldberger, & Tarule, 1997, p.54). Moreover, the inability to escape evaluative scrutiny, the uncertainty of where and when this may occur, and how their bodies will be received in the gaze of the other can cause women to experience high levels of anxiety (Fredrickson & Roberts). Women have also been found to experience body shame when they feel their bodies do not meet the cultural standard (McKinley & Hyde, 1996; Sanchez & Kwang, 2007). This can create feelings of powerlessness, worthlessness, and the desire to hide from the gaze of others (Fredrickson & Roberts).

Effect of Self-Objectification on “Flow” State

The heightened self-consciousness that results from self-objectification can also prevent women from deeply engaging in rewarding activities that might otherwise provide a strong sense of mastery and self-esteem (Fredrickson & Roberts, 1997). This deep level of engagement or absorption has been described by Csikszenthalyi (1990) as the “flow” state whereby an individual voluntarily performs a worthwhile activity that stimulates and challenges them while simultaneously meeting their self-perceived skills. Csikszenthalyi specifies, however, that one must abandon self-consciousness to be fully engaged in this process. Therefore, women who have internalized the “looking glass self” (Roberts & Waters, 2004) may find it difficult to access this optimal state and benefit from the intrinsic satisfaction that accompanies it (Fredrickson & Roberts).

Implications of Self-Objectification for Adolescent Girls

Self-objectification in adolescent girls has been found to emerge in conjunction with pubertal development (Roberts & Waters, 2004). This is reflected by the tendency of young girls to regard and evaluate their bodies in terms of parts (Levine & Smolak,

2002). Further, research suggests that adolescent girls perceive pubertal changes as an indication of sexual availability to men (Martin, 1996). This confirms that young women view their developing female bodies as property of the “public domain” (Fredrickson & Roberts, 1997, p.193). As a result of this lack of self-ownership, it has been hypothesized that female youth are reluctant to set corporeal boundaries, to own their physical space, or initiate bodily movement lest it attract further attention and potential scrutiny (Fredrickson & Roberts).

Moreover, objectification theory proposes that depression and eating disorders – mental health issues that affect a disproportionate number of adolescent girls – may be psychological repercussions of being female in a sexually objectifying culture (Fredrickson & Roberts, 1997; Roberts & Waters, 2004). Young women who are at risk of developing these disorders often present with high levels of self-objectification, stress the importance of appearance in their self-concept, and are vigilant in striving to uphold the culturally-defined physical ideal (Fredrickson & Roberts; Roberts & Waters).

Research: Appearance-Contingent Self-Worth

In an experiment conducted by Strahan, Lafrance, Wilson, Ethier, Spencer and Zanna (2008), researchers performed two quantitative studies to test 1) the effect that exposure to media images of the female cultural body ideal had on appearance-based measures of self-worth for undergraduate women and 2) the effect that a two-session intervention designed to challenge socio-cultural norms would have on the self-worth contingency measures of adolescents girls.

In the first study, 68 female undergraduates were randomly assigned to the experimental or control condition. The experimental group was shown two commercials

portraying thin, attractive women representative of the Western cultural ideal, while the control condition viewed neutral images with no people. Three scales were administered measuring self-worth contingencies, self-esteem, and public self-consciousness. As hypothesized, women in the experimental condition were found to be more likely to rate their self-worth as contingent upon appearance, reported less body satisfaction and greater concern regarding the opinions of others (Strahan et al., 2008). Strahan et al. proposed that the pervasive social pressure for females to conform to the cultural body ideal communicates to young women that their worth is determined primarily by their appearance. Further, they suggested that the mechanism by which women internalize this socio-cultural ideal is consistent with objectification theory, as proposed by Fredrickson and Roberts (1997). Specifically, young women learn to take a third-person perspective on their own bodies, resulting in habitual body monitoring and self-consciousness (Strahan et al.).

Positive Effects of Challenging Socio-Cultural Norms

In the second study by Strahan et al. (2008), 146 male and female adolescents participated in a two-session intervention. Male and female adolescents were randomly assigned to the control or experimental condition. The experimental intervention involved using media images of both the female and male cultural physical ideal and group activities to challenge these socio-cultural norms, while the control condition focused on promoting volunteerism. Measures were administered to test the rejection of socio-cultural norms, thin-ideal idealization, contingencies of self-worth, appearance self-esteem, and public self-consciousness. While girls in the experimental condition expressed more satisfaction with their bodies, exhibited less concern regarding the

opinions of others, and were less likely to base their self-esteem on appearance as compared to females in the control condition, adolescent males in both conditions did not differ on any of the five measures. Further, girls in the control condition indicated greater body dissatisfaction than boys in the same group, however, girls and boys indicated comparable body satisfaction in the experimental condition. While this research study indicates a strong relationship between appearance-contingent self-worth and socio-cultural ideals for young women, it also demonstrates how effective challenging socio-cultural norms is in assuaging the appearance-related vulnerability that has been shown to affect young women (Strahan et al.).

Feminist Theory: An Effective Body Image Intervention

In another study that tested the effects of challenging socio-cultural norms on body image, Peterson, Tantleff-Dunn, & Bedwell (2005), used quantitative measures to collect demographic and general information, measure feminist identity, physical appearance state and trait anxiety, appearance schemas, and body image satisfaction. Of the 297 undergraduate women that completed the questionnaires, 200 agreed to sign up for the second part of the study, which was presented as separate from the first. One hundred and sixty women were randomly assigned to one of three conditions designed to measure the effectiveness of two body image interventions – a psycho-educational intervention (PI) and an intervention utilizing feminist theory (FTI). A third group was used for control purposes – participants in this condition did not receive an intervention. Both the (PI) and the (FTI) interventions focused on body image and disordered eating, but the (FTI) was based on feminist theory and research while the (PI) condition addressed these issues from a socio-cultural perspective. In this study, only the feminist

intervention was found to be effective. More women indicated personal identification as a feminist and reported greater satisfaction with their personal appearance. Suggested improvements to the (FTI) program included increasing the length of the intervention with a focus on activism and personal empowerment (Peterson et al.). Moreover, it was suggested that sessions be more interactive and group-based as this type of intervention has been shown to be more effective with body image disturbance than more didactic programming (Stice & Shaw, 2004).

It is significant to note that these changes occurred after a single 15-minute intervention (Peterson et al., 2005). Moreover, while this study was conducted with undergraduate women, it is reasonable to consider how interventions using feminist ideology could be a viable means of addressing body image concerns with adolescent girls. Identification with feminist values in itself has been shown to be protective. Research demonstrates that women who identify as feminists tend to have less body image disturbance than woman who do not (Snyder & Hasbrouck, 1996).

Chapter 3: Feminist Therapeutic Approaches

Main Principles of Feminist Therapy

At present, there is no conclusive definition of feminist therapy; however, Wyche and Rice (1997) have isolated three central ideas in the feminist literature: Gender as a critical variable in the assessment, outcome, and course of therapy; the importance of understanding the inter-relationship between socio-cultural influences and intra-psycho forces in women's lives; and the goal of personal empowerment in therapy. Enns (1997) outlines six essential principles that unite feminist therapists in their approach:

- 1) Women are psychologically affected by the socio-political milieu in which they live.
- 2) Psychological symptoms are viewed as adaptive coping mechanisms – all clients are regarded as managing environmental stressors as best they can.
- 3) Women are viewed as knowledgeable persons who are experts on their own experiences.
- 4) Feminist therapists are sensitive to inherent power imbalances both in the therapeutic relationship and the outer world. They emphasize a need for egalitarianism in both contexts.
- 5) Psychotherapy cannot be value-free.
- 6) Feminist therapists believe in the rights of the client and share only relevant feminist values.

A Feminist Approach to Body Image Therapy

Katzman et al. (2007) propose a feminist therapeutic model that addresses women's body image concerns within this context. This approach advocates personal and social empowerment, fostering social and emotional connection between women, restructuring negative thought patterns, and using a body-centered approach (Katzman et al.).

Empowering Women

Client empowerment is an important goal in feminist therapy. In this approach, the personal experiences of the client are given value and credence. Pervasive socio-cultural forces and issues of power are named and explicitly identified. This alleviates feelings of powerlessness for individual women, minimizing tendencies toward self-blame, or fears that they may be psychologically maladjusted (Katzman et al., 2007). Further, this power analysis aims to illuminate the common feelings and experiences that many women share, given the inferior social status of women in most societies (Katzman et al.). Moreover, this approach to body image treatment brings awareness to the fact that many psychological afflictions, particularly body image and disordered eating issues, affect a disproportionate amount of women. What was once attributed to a “female way of being” (Katzman et al., p. 207) or termed “normative discontent” (Rodin, Silberstein, & Striegel-Moore, 1984) is thus deconstructed to reveal underlying social and power structures that are psychologically harmful to women.

Fostering Social and Emotional Connection

This approach to therapy also acknowledges a woman’s need for interdependence in her relationships, as opposed to traditional androcentric theories of psychological maturity, which advocate separation and independence (Steiner-Adair, 1991; Kearney-Cooke, 1991). Feminist treatment advocates the primary importance of social and emotional connection in a woman’s life and focuses on helping her to develop and maintain a secure identity within the context of her relationships (Miller, 1976; Noordenbos, 1991; Sesan, 1994). Further, feminist therapists strive to maintain an egalitarian therapeutic relationship with their clients, so as not to re-create the

hierarchical power dynamics inherent in society (Worrell & Remer, 2003). This approach does not advocate therapeutic neutrality and distance (Katzman et al., 2007). Instead, feminist therapists employ selective self-disclosure when it thought to be relevant and helpful for client growth (Worell & Remer). The therapeutic process is viewed as collaborative where dialogue is fostered within the context of connection. In this way, women are encouraged to move beyond a social identity in the therapeutic space, as most women face social pressure to be attractive both physically and relationally (Katzman et al). Using this approach, women are given permission to discuss issues, needs, or feelings that may otherwise be considered unpleasant or taboo by conventional social norms (Katzman et al.).

Restructuring Negative Thought Patterns

Katzman et al. (2007) emphasized the importance of challenging negative cognitive and belief patterns when treating body image issues with women. Women are encouraged to explore the thoughts they have about their bodies and regular journaling is suggested as a means of identifying the context in which negative thoughts and feelings arise. Through the process of therapy, clients learn how to identify and rationally deconstruct any negative body image issues they have and replace them with healthier thought patterns. Further, clients are encouraged to adopt a healthier concept of body image in place of the unrealistic cultural ideal. Moreover, clients learn how to become less self-critical and to embrace an accepting attitude toward their own bodies.

Body-Centered Therapy

Finally, Katzman et al. (2007) also promote a body-oriented approach when addressing body image issues. The focus here is to directly involve the body, so that

women develop more positive body experiences (Probst, 2002). Through this process, women also learn how to connect their physical sensations with their inner emotional landscape (Kearney-Cooke & Isaacs, 2004). Group-based affirmation exercises can also be used, like the body validation exercise developed by Weiss, Katzman, and Wolchik (1985), in which each woman is given the opportunity to list body parts and describe positive attributes for each part. The therapist first models the exercise for the group. Members readily assist those who may be having difficulty finding something positive to say. Other suggested body-centered therapeutic exercises include mirroring, role-play, relaxation, and dance movement therapy (Katzman et al.).

Implications for Treating Body Image with Adolescent Girls

The feminist therapeutic approach described by Katzman et al. (2007) could be a useful ideological framework for treating body image with adolescent girls for several reasons. First, this model addresses the normative nature of body image dissatisfaction for adolescent girls in North America by illuminating oppressive power dynamics. Moreover, it provides a framework for female empowerment. Further, this therapeutic model advocates an interdependent relational model that allows young women to develop their identity and sense of self within relationships, as opposed to a more individualist model that views “independence” and separateness as functions of psychological maturity (Kearney-Cooke, 1991; Sesan, 1994; Steiner-Adair, 1991). This model also provides a framework for restructuring the cognitive views women hold about their bodies, while also advocating a body-oriented approach in therapy that seeks to assist women in connecting physical sensations with their inner emotional experience (Katzman et al.).

Chapter 4: Female Identity Development in Adolescence

While Erikson (1968) considers identity development to be the most salient task at adolescence, very little research has been done in the field of psychology to address the course of female identity development at this crucial life stage. Traditionally, developmental theories have been based upon male subjects and extrapolated to females without taking into account the needs, perspectives, or experiences of adolescent girls, the socio-cultural impact of gender expectations, or other aspects of development that may simply be a function of biological difference. In this way, females have been seen as deviating from the male norm of development (Gilligan, 1982).

Interdependence as a Function of Psychological Development

The separation-individuation model has long been viewed as the barometer of psychological maturity, however it has been found to be at odds with the way in which females naturally develop. Gilligan (1982) argues that a desire to connect and be in relationship with others, while maintaining a core sense of identity is a central feature of healthy female development. Miller (1976) builds further on this view to suggest that a woman's feelings of self-worth are often rooted in her ability to form and sustain satisfying interdependent relationships with others in her life.

When interviewing males and females about the language of separation and connection, Gilligan (1982) found that males perceived the concept of separation as positive and connotative of independence and maturity, while viewing dependence as negative and developmentally regressive. Females, however, attributed value to the concept of dependence; they associated it with nourishing attachments that are necessary for life, and equated its opposite with isolation and detachment (Gilligan). While a

certain degree of separation is important for establishing autonomy, young women need to learn how to develop a sense of personal identity within the context of connection and relationship. This illuminates a different developmental path for adolescent girls, one that focuses on evolving from the dependant relationship bonds that are established in childhood to mature interdependent relationships with others based on equality, reciprocity, and mutuality (Gilligan).

Adolescence as a Crisis of Connection

Gilligan (1990) addresses the challenging course of development that adolescent girls currently face as a “crisis of connection.” She describes this period as a time of intense confusion and upheaval for young women as they confront external social pressures to conform to “psychologically debilitating sex-role stereotypes and androcentric cultural norms, which unrealistically idealize nurturing and actually promote individualism and autonomy” (Gilligan, 1990 as cited in Steiner-Adair, 1991, p. 226). Girls are bombarded by social and cultural messages and expectations at this time, which are often at odds with their inner needs and personal compass for growth and development.

Mutual Psychological Development

Miller (1994) suggests that all human psychological development is established through social interaction and when these connections are based on mutual or reciprocal benefit, they result in “mutual psychological development” (p. 82). However, Miller is careful to point out the fundamental importance of mutuality in order for all parties involved to receive psychological benefit. For example, while women have historically invested their energy in a supportive role to foster the development and enhance the

emotional resources of others, they have often suffered a personal loss of power when these relationships have not been reciprocal.

The Concept of Mutuality

Surrey (1984) proposes three processes of mutuality that are central to relationships and enable psychological growth for women: mutual engagement, mutual empathy, and mutual empowerment. When combined, these processes describe a level of connection where everyone involved in the interaction is able to relate in an egalitarian manner. This illustrates what can be perceived as an innate female desire to foster relationships with others based on collective interests/needs as opposed to a more separate, individualistic orientation. Jordan (1986) differentiates two approaches to relating with others based on this view: an empathic-love mode that emphasizes the other-focused, collective approach that Surrey advocates and a power-control mode where the self-interest of the individual and dominance takes precedence, a concept that is reminiscent of the separation-individuation model/approach to development. Kaplan (1984) goes beyond this to suggest that all human beings have a basic human desire to participate in connection with others, as opposed to the traditional view that people seek out connections with others simply to obtain self-gratification.

The Importance of Empathy

Miller (1994) also advocates the primary importance of empathy for women in their relationship and asserts that empathic interactions are essential for women to derive the satisfaction and level of connection they seek from their relationships. However, she also acknowledges the struggle many women face in finding others that are capable of mutually empathic bonds and relating in a way that promotes depth of understanding and

care. When women initiate empathic sharing, Miller suggests that it can leave them open and vulnerable to the reactions of others when they are not received or understood.

Further, she explains that many women are unable to consciously name or voice the fact that they are seeking out empathic interactions with others. Thus, women can often leave unsatisfying connections feeling confused and responsible for insensitive, dismissive, or strong negative emotional reactions from important others in their lives (Miller).

The Consequences of Disconnection

Moreover, Miller (1994) laments that when others are unwilling to feel or receive the emotion(s) expressed in an interaction, the woman who has initiated the sharing may find herself filled with unpleasant emotions and may feel responsible for this sudden feeling of disconnection (Miller, 1994). Given the primary importance of relationship and the strong desire for connection with others, when unable to establish mutually empathic relationships, women will often begin to censor their thoughts and emotions as a means of protecting their relationships. However, this withholding of the self often results in further feelings of disconnection and isolation, as the woman is unable to receive the authentic emotional connection that she needs from others (Miller, 1994). In this context, a loss of relationship can often also mean a loss of self (Miller, 1976).

Implications for Adolescent Girls

Given the overall focus on identity development and the primary importance of relationship as a means of helping young women to establish a sense of self, this life phase is often when females are most focused on connecting with others. Arguably, this is also when the identity of a young woman is most affected by her relationships. Thus, given this heightened desire for connection at a time where demanding and invasive

external pressures abound, it can be argued that fostering reciprocal, empathic bonds with others is crucial and necessary for the psychological well-being of young women at adolescence. However, as adolescence is a period of personal self-discovery, most young women are unaware of their need for empathic connections with others and thus, could be adversely affected if they are unable to find the support and understanding they are looking for. Moreover, the intense fear of rejection that many experience at this vulnerable developmental juncture explains why so many adolescent girls begin to believe they must withhold their authentic selves in order to maintain their relationships.

Regrettably, this self-censorship can lead to a fragmented sense of self and a shutting down of the body and the voice, so that young women no longer feel able to express themselves freely in their interactions with others. Young women may become increasingly self-conscious and have difficulty identifying, differentiating, and integrating their somatic responses (Fredrickson & Roberts, 1997). This withholding of self may be outwardly reflected in an inability for young women to fully inhabit their bodies, resulting in physical withdrawal and detachment.

In feeling rejected by the other, young women may begin to reject and blame themselves for the painful feelings of loss they are experiencing. Moreover, if they are unable to find the empathic understanding and support that they need from another source, this could lead to feelings of isolation and depression. In their search for connection, young women can find themselves in a precarious situation where they may feel they need to compromise their authenticity to have their relational needs met. As a result, in feeling disconnected from others, young women run the risk of becoming disconnected from themselves, their bodies, and their own authentic experience.

Chapter 5: Risk and Protective Factors

The normative weight gain adolescent girls experience at puberty puts young women in direct conflict with the North American thinness-imperative standard for feminine beauty (Striegel-Moore & Cachelin, 1999). Girls are socialized to equate female worth with physical attractiveness and to compare themselves and other women to this cultural ideal. Further, given their relational focus and need for connection with others as a primary need and function of psychological development, adolescent girls are particularly vulnerable to internalizing these norms and striving to conform to unhealthy physical standards for women's bodies (Gilligan, 1990; Kaplan, 1986; Miller, 1994).

Risk and protective factors for disordered eating and body image disturbance in adolescent girls are based on a complex relationship between biological, psychological, social, cultural, and familial factors (Striegel-Moore & Cachelin, 1999). These variables are distributed along two related continuums: what is described as a "restraint pathway" and an "interpersonal vulnerability pathway" (Striegel-Moore & Cachelin, p. 89).

The "Restraint Pathway"

The term "restraint pathway" describes the extent to which a young woman internalizes social beauty ideals, considers there to be a disparity between the cultural ideal and her own body, and subsequently resorts to dietary restriction or binge-eating as a response to the cognitive and emotional effects of eating restrictions (Striegel-Moore & Cachelin, 1999, p. 89). In this context, protective factors are those variables that shield females from social pressure to conform to the thin ideal and the tendency to base self-worth on physical attractiveness (Striegel-Moore & Cachelin).

The “Interpersonal Vulnerability Pathway”

The “interpersonal vulnerability” dimension addresses the degree to which a young woman has had insufficient support from caregivers, resulting in problematic personal and social development that lead to emotional and behavioural symptoms characteristic of eating disorders (Striegel-Moore & Cachelin, 1999). This continuum organizes the general risk factors that increase the probability of body image disturbance and disordered eating in young girls. Factors that protect against this dimension include elements that guard against negative attachment experiences as well as aspects that reinforce a positive self-concept, enhance emotional development, and promote interpersonal and relational functioning (Striegel-Moore & Cachelin).

Protective Factors

Protective factors against body image problems and eating disorders include self-esteem, personal identity, socio-cultural factors, and the ability to seek out social support. Adolescent girls with a healthy sense of self-esteem have been found to be less likely to develop disordered eating (Beren & Chrisler, 1990). Additionally, a strong sense of personal identity has been found to guard against the development of eating disorder symptoms (Striegel-Moore, Silberstein, & Rodin, 1993). Further, girls who belong to cultures that do not subscribe to the thinness beauty ideal are less likely to be focused on losing weight (Striegel-Moore & Cachelin, 1999). Moreover, those who struggle with eating disorders often feel isolated from others (Grisset & Norvell, 1992). Strong social networks and interpersonal support have been shown to predict recovery from eating disorder pathology (Keller, Herzog, Lavori, & Bradburn, 1992).

Risk Factors

Risk factors for eating disorders and body image problems at adolescence include familial context, childhood obesity, and onset of menstruation (Striegel-Moore & Cachelin, 1999).

Family members who are concerned with their own weight or who struggle with disordered eating have been found to increase susceptibility to eating disorder pathology (Striegel-Moore & Cachelin). For example, parents who are concerned about their own weight are more likely to make comments about the physical appearance of their daughters and may expect them to diet (Pike, 1995; Striegel-Moore & Kearney-Cooke, 1994). Further, adolescents with a female relative with an eating disorder are at a much higher risk for developing an eating disorder themselves (Lilienfeld & Kaye, 1998).

Obesity in childhood has also been shown to be a risk factor for eating disorders, specifically bulimia nervosa (Fairburn, Welch, Doll, Davies, & O'Connor, 1997). It is thought that this may be due to the negative effect obesity has on body image development (Striegel-Moore & Cachelin, 1999).

Finally, early sexual maturation has been found to put adolescent girls at risk for a number of emotional and behavioural problems including eating disorders, smoking, depression, and anxiety (Stattin & Magnusson, 1990). The additional body fat that girls gain at puberty is often correlated with increased body dissatisfaction and is thought to be the reason that girls who mature early are more likely to develop an eating disorder (Striegel-Moore & Cachelin). Moreover, girls that mature early are forced to confront developmental tasks sooner than their peers, often before having acquired the emotional resources necessary to adequately meet these challenges (Striegel-Moore & Cachelin).

Chapter 6: Prevention Programming for Negative Body Image

The goal of preventative body image programming is to increase resiliency by promoting protective factors and reducing risk factors so that adolescent girls will be less likely to develop severe body image disturbance and eating disorder pathology (Levine & Smolak, 2009). Recent meta-analyses have examined various types of prevention programs, examining ways in which they have been implemented, and how effective they have been on decreasing specific risk factors, particularly dieting behaviour, body dissatisfaction, and internalization of the cultural thin ideal (Stice & Shaw, 2004; Stice, Shaw, & Marti, 2007).

Types of Prevention Programming

Levine and Smolak (2009) outline three main types of preventative programs: universal, selective, and targeted prevention programs. Universal prevention programs often involve reforming government policies to improve public welfare for very large groups of people. Selective programming aims to reach those who are at risk, but who are not yet considered to be high-risk or symptomatic. Classroom-based interventions that have been designed for a specific age group that are implemented across a large school district are considered universal-selective prevention (Levine & Smolak). These programs are considered to be first-line prevention (Caplan 1964). Finally, targeted programming is designed for individual participants who have begun to develop symptoms and are thus deemed to be high risk (Levine & Smolak). Targeted programs are considered to be second-line prevention (Levine & Smolak, 2006, 2009).

Effective Body Image Prevention

According to meta-analyses conducted by Stice and Shaw (2004), targeted programming is considered more effective than universal prevention for high-risk adolescents, particularly those over the age of 15. They found that the most effective prevention programs were those that employed an interactive skill-building approach that focused on defying harmful social messages or improving body-esteem as opposed to programs that utilized a more instructive, psycho-educational paradigm (Stice & Shaw). Further, it was found that programs were more successful in reducing the internalization of the cultural ideal and other relevant risk factors when they were administered by specialized prevention personnel as opposed to regular teaching staff (Stice, Shaw, & Marti, 2007).

The Feminist Empowerment Model

Research has shown that prevention programs based on the feminist empowerment model have been found to be effective (Levine & Smolak, 2006). Further, the risk factors that feminist theorists have emphasized have found empirical support despite being a relatively new approach to addressing body image and eating disorder pathology (Smolak & Murnen, 2007).

Two programs based on the feminist approach were found to decrease key risk factors for girls (Levine & Smolak, 2009). *Girls Group*, a universal program for preadolescents aged 10-11, integrates aspects of Piran's (1999) feminist relational model and O'Dea's (2005) approach to self-esteem building, so that girls are able to connect their inner and outer experiences in a harmonious, integrative way (Levine & Smolak). In an uncontrolled study with three groups, Scime, Cook-Cottone, Kane, and Watson (2006)

found significant reductions in pre-post tests measuring desire for thinness and body dissatisfaction.

In a controlled study that evaluated *Full of Ourselves: A Wellness Program to Advance Girl Power, Health & Leadership*, an assertiveness-training and peer support program designed for adolescents girls aged 12-14, it was found that this feminist psycho-educational approach enhanced measures of self-esteem, and decreased negative body dissatisfaction and thin-ideal internalization (Steiner-Adair & Sjostrom, 2006; Steiner-Adair, Sjostrom, Franko, Pai, Tucker, Becker, & Herzog, 2002). Moreover, knowledge gained during the intervention and improved measures of body-esteem were maintained at a six-month follow-up period (Steiner-Adair et al., 2002).

These studies indicate the potential for future programs incorporating the feminist empowerment model into universal-selective programming for adolescent and preadolescent girls (Levine & Smolak, 2009). They also suggest that both psycho-educational and interactive approaches can be effective in preventing body image and disordered eating pathology (Levine & Smolak).

Chapter 7: Body Image and the Creative Arts Therapies

A Review of the Literature

There is a surprising lack of literature in the creative arts therapies addressing body image with adolescent girls. Higenbottam's (2004) art therapy study was the only article found in the creative arts therapies with this specific focus. At present, most art therapy programs seek to address acute/pathological body image issues such as anorexia nervosa (Dalley, 2008; Kaslow & Eicher, 1988), severe body image disturbance (Lincoln, 1987), or sexual abuse trauma (Marrion, 1992).

In drama therapy, only two dissertations broach the subject: Haist (2000) presented a drama therapy program that has been used with undergraduate women to treat negative body image, while Blom (2004) investigated the use of mirrors as a projective assessment tool in drama therapy.

Of all the creative arts therapies, dance-movement therapy has developed the most relevant theory (Ballou, 2005; Dosamantes, 1992; Musicant, 2007; Salkin, 1973). Further, there is a substantial knowledge base of therapeutic exercises to improve body image (Du Bose, 2001; Pylvanainen, 2003; Totenbier, 1995). While the majority of these techniques are geared towards addressing body image issues with clients that have eating disorder pathology, many of these exercises could easily be incorporated into a preventative body image treatment program. However, despite the breadth of theory and technique that relates to body image in the dance-movement therapy literature, there is still very little empirical research documenting the use of dance-movement therapy in body image treatment (Burgess, Grogan, & Burwitz, 2006).

Defining Body Image: A Dance-Movement Therapy Model

Pylvanainen (2003) proposed a dance/movement therapy theoretical model of body image that addresses three aspects of the body concept – image properties, the body self, and body memory. Image properties relate to the visual image of the body or mental image that one has of her or her body. This aspect is culturally constructed and is often what is meant by the term “body image.” When this aspect is overemphasized, it is similar to self-objectification in that there is too much focus on the way the body looks, which takes the individual away from an authentic perception of his or her body (Pylvanainen). The body self is the lived experience of the body – the sensual, kinesthetic, emotional, and cognitive aspects of the body concept that exist in the relational realm where the body initiates and responds in relationship with the body selves of others (Pylvanainen). Lastly, the body-memory contains the past experience of the body and can be further divided into a) habitual body-memory, b) traumatic body-memory and c) erotic body-memory. Habitual body-memory is the part of the body that contains routine behaviour and actions as part of its muscle memory, helping us to orient ourselves with what is familiar. Traumatic body-memory however, stores the fragmented thoughts and feelings associated with traumatic experience, while the erotic body-memory stores the pleasurable interpersonal experiences of the body (Pylvanainen).

The Creative Arts Therapies and the Embodiment of Socio-Cultural Realities

In an article on the creative arts therapies and social constructs, Grainger (1996) makes a link between drama therapy and sociology, claiming that creative self-expression is often a reflection of social constructs. More specifically, he points to the unique ability of the arts to communicate social realities in a concrete way that allows for dialogue,

deconstruction, and ultimately, transformation (Grainger). The mechanism of embodiment is viewed as central to this process, particularly in drama therapy, where abstract social ideas, messages, and experiences are given tangible human form (Grainger). Social reality is comprised of human bodies, thus, the human body and interactions between bodies are regarded as indicative of the larger socio-cultural landscape (Grainger). In this context, drama therapy can be considered a useful tool for illuminating social constructions and re-addressing them through the process of embodiment.

The Social Body and Individual Body

Grainger (1996) also speaks about the capacity of the art therapies to differentiate between idealized social constructs and the honesty of personal experience. He describes the pressure to conform to invasive forces of socialization as inhabiting a “social body”: the ways in which we are expected to behave and to construe perceptions of others and ourselves. However, he suggests that it is through the actual lived experiences of our own bodies that we are led to discover the true reality of our personal existence and to challenge the quasi-reality of the status quo (Grainger). Thus, it is through embodiment that we are able to realize authenticity and question social mores.

Somatic Narratives

Further, Grainger (1996) suggests that when we are rooted in our own bodies, we are put in direct contact with profound dimensions of our somatic narratives. We are connected with personal imagery and metaphor as a function of this bodily knowledge and thus, become more capable of making meaning of our life experiences (Grainger).

The Illusion of the Un-Embodied Body

Moreover, in this article, Grainger (1996) cautions against the danger of losing oneself in the false images and representations of the “social body” and living inside conceptual body-ideology as opposed to being anchored in the body itself. He emphasizes the profound capacity of drama therapy to bring us back to our somatic selves and that the power of this medium lies not in imitating abstractions, but in its ability to embody the actuality of lived experience. Further, he underlines the ability of the arts therapies to highlight those aspects of human experience that are somatically felt but unseen and illustrates how this allows intangible aspects of socially constructed realities to be challenged, re-aligned, and subsequently altered (Grainger).

Implications for Addressing Body Image with Female Adolescents

Grainger’s (1996) concept of the social and individual body has important implications for the use of the creative arts therapies in body image treatment with adolescent girls. First, by encouraging authentic embodiment through the use of drama therapy and supplementary approaches in the art therapies, female adolescents are urged to step outside the “social body” and its oppressive cultural messages to re-inhabit their own somatic experience. In this way, they are more able to realize personal truths and, thus, in a better position to deconstruct false social realities about the female body that may be harmful to their emotional and psychological well-being. Further, from this secure position in their own bodies, girls have greater access to their inner reality and the authenticity of their bodily narratives. This allows for a greater capacity for meaning-making and self-discovery, which in turn assists with identity development and the fostering of a stronger self-concept.

Chapter 8: Doll-Making and Narrative Therapy

A Review of Therapeutic Doll-Making

At present, there is very little literature in the creative art therapies that documents the history, theory, or practice of therapeutic doll-making. However, in one case study, Topp (2005) describes the use of dolls and doll-making as a vehicle for projection that allows clients to explore personal issues and self-narratives from a safe distance. She also documents instances where doll-making has been used to treat sexual abuse trauma (Sinason, 1988), neglected children (Munro-Smith, 1996), and gender identity disorder (Vollmann, 1997).

In the case of the latter, Vollmann (1997) used the doll-making process with a 14 year-old boy who created a series of dolls to represent himself and other members of his family. The doll that he created for himself was a self-portrait doll with a mirror frame for the doll's head to represent negative body image issues that he was struggling with and his fear of others' perceptions of him. The client later used the dolls he created in dramatic enactments, playing out personal concerns and insecurities. Vollmann (1997) acknowledges that doll-making is a powerful projective process and notes that the creation of a doll can often arouse strong feelings of self-identification in the client.

Doll-Making as a Projective Process

Given the tremendous social pressure adolescent girls face to conform to the cultural body ideal, doll-making offers young women an opportunity to create a personal self-portrait and project any body image issues they may be struggling with onto a tangible form, so that they can be processed, addressed, and ultimately transformed. Through the use of journaling, group work, narrative, and dramatic enactment, young

women are invited to explore these issues at greater depth and generate insight and awareness about the root cause of any body image conflicts they may be experiencing. Further, this creative process has the potential to illuminate other aspects of their experience and create further opportunities for self-discovery.

Using Fredrickson and Roberts' (1997) objectification theory as a basis, I propose four therapeutic goals for the use of doll-making with adolescent girls to address issues of body image: to empower young women to re-establish bodily self-ownership, to create a unique image of the female body, to achieve the "flow" state, and to create an experience of corrective embodiment.

Re-Establishing Bodily Self-Ownership

Fredrickson and Roberts (1997) propose that self-objectification occurs in conjunction with puberty when girls internalize a third-person perspective on their own bodies and begin to view their bodies as property of the "public domain" (p. 193). Doll-making can serve as a means of reclaiming the female form for adolescent girls and re-establishing a sense of self-ownership. By projecting aspects of themselves onto a female (doll) form which they alone create, girls are given the opportunity to re-make the female body in their own image with their own hands.

Creating a Unique Image of the Female Body

As cultural standards for the female body have been very narrowly defined, doll-making can be used with female adolescents as a way of re-creating these concepts. By providing access to a broad range of doll-making materials and by advocating a client-directed therapeutic approach that allows a great deal of room for personal expression and creative freedom, young women are given the opportunity to make their own choices

about how the female body should be represented and re-created. Moreover, given the projective nature of the doll-making process, elements that are unique to individual young women will likely be reflected in the creation of their dolls.

Achieving the "Flow" State

Fredrickson and Roberts (1997) state that the habitual body surveillance and heightened self-consciousness associated with sexual objectification can prevent women from experiencing the "flow" state - a deep level of engagement with activities that have the potential to develop feelings of mastery and self-esteem (Csikzenthalyi, 1990).

The doll-making process takes 2-3 hours and can be a very absorbing and engaging process that requires a great deal of concentration. If this process takes place in a safe therapeutic space with a cohesive group without the pressure of time constraints, it may be possible to dissolve feelings of self-consciousness that may act as a barrier to attaining this optimal state. Thus, in this context, young women may be able to experience the "flow" state through doll-making and benefit from increased feelings of mastery and self-esteem, which in turn, have the potential to reinforce a healthy self-concept.

A Corrective Experience of Embodiment

Csikzenthalyi's (1990) "flow" state shares common elements with Grainger's (1996) concept of embodiment as a means of accessing one's authentic somatic experience. By accessing the "flow" state proposed by Csikzenthalyi, the process of doll-making may also be able to provide female adolescents with a corrective experience of embodiment. For example, if young women are able to connect to the "flow" state while engaged in the doll-making process, this signifies an ability to move away from the third-

person perspective of the “looking-glass self” described by Fredrickson and Roberts (1997). Further, through the powerful process of unconscious projection and the corporeal experience of re-creating the female body using their own bodies, young women are given the opportunity to free themselves from the confines of Grainger’s (1996) concept of the “social body” and become more anchored within the context of their own somatic experience.

A Review of Narrative Therapy with Adolescent Girls

In a review of narrative approaches to therapy, only two studies have been found which utilize this approach with adolescent girls. One study documented identity recovery with clients who had experienced sexual abuse (Brown, 2004), and a second feminist study focused on issues of depression (Nylund & Ceske, 1997). However, no research to date has examined narrative therapeutic approaches with body image and young women.

Principles of the Narrative Therapeutic Approach

Akin to Grainger’s (1996) concept of authentic embodiment as a way of accessing personal truths and constructing somatic narratives, narrative therapy is also based on the concept of an inner reference point that is described as “narrative knowing” (McLeod, 1997). Philosophically, this approach has its roots in both the social constructionist perspective, where all realities are viewed as socially constructed, and the constructivist perspective, where narrative realities are perceived to be determined by the individual (Meekums, 2005).

The Role of the Therapist

Similar to the role of the feminist therapist (Enns, 1997), narrative therapy considers the client to be an expert on her story, with the therapist playing the role of witness to the unfolding of the narrative (Meekums, 2005). Moreover, in this approach, the process of creating a self-narrative is the primary means through which the client externalizes problematic life experiences and events (Meekums). As is also true of feminist approaches, a client's issues are not regarded to be an intrinsic component of self-identity. Identity is viewed as fluid and based on the development of self-narratives, which can be re-created and re-storied in the presence of a compassionate witness (Thomas, 2002). Meier (2002) suggests that this therapeutic process has the capacity to facilitate life-story repair.

The Narrative Process

In order for the narrative process to begin, a space must be created for story-telling (Meekums, 2005). Further, in the witnessing of the story, the therapist assists the client in examining their personal narrative and identifying any potentially oppressive elements that may confine the plot or characters in the story (Meekums). Underlying fundamental beliefs about the nature of reality as evidenced by the construction of the self-narrative are also addressed in this process (Meekums).

The Use of Metaphor as Dramatic Distance

The use of metaphor in the client narrative serves to facilitate the telling of the story by providing a safe level of emotional distance from painful psychological material, while also adding a rich context of meaning (Meekums, 2000). It is through the interweaving of story that the client is able to achieve narrative self-repair (Schrauf, 2000).

Additionally, it is through the act of telling the story that the narrative is subsequently released from the body. Physical embodiment and dramatization of the narrative is another possible avenue for catharsis if the client wishes to connect on a deeper level with the characters and events in her story (Meekums, 2005).

By beginning with the process of doll-making and moving into the construction of self-narrative, adolescent girls are given the opportunity to project aspects of their unique body image experience onto a doll character that serves as a reflection of self. In the creation of their doll character, girls are encouraged to connect with their inner somatic knowledge or “subjective knowing” (Belensky et al., 1997, p.54). It is through connecting with this inner reference point that young women can begin to develop a somatic narrative, externalizing any inner conflict they may be experiencing relating to body image and identity. By accessing this “narrative knowing” (McLeod, 1997), adolescent girls are given the opportunity to express their body image story and facilitate narrative self-repair through dramatic enactment and catharsis. As a result of this process, young women can release elements of body image conflict from the body and ultimately transform these aspects of body image identity.

Chapter 9: A Feminist Drama Therapy Body Image Program for Adolescent Girls

Program Structure

The drama therapy program proposed herein has been designed specifically to address body image issues with 13 to 14 year old girls in a high school setting. Weekly 2-hour sessions will be conducted over an 8-week period with 6 to 8 girls. The general structure of the program will follow the feminist therapeutic model outlined by Katzman et al. (2007) for treating negative body image that emphasizes creating an environment that supports personal and collective female empowerment, fostering social and emotional connection between women, restructuring negative thought patterns and using a body centered therapeutic approach.

The Role of the Therapist

The role of the therapist in this program is to create a safe, supportive space for personal and creative exploration. Further, while the therapist should maintain a client-centered approach and respect the values and perspectives of adolescent participants throughout the therapeutic process, the program has been designed based upon fundamental principles of feminist therapy as proposed by Enns (1997) and thus, is rooted in feminist values. As a result, the group should be conducted in an egalitarian manner that respects adolescent girls as experts on their own experiences. At the same time, the facilitator should also act as a role model for young women, providing guidance about the socio-cultural context and inherent power dynamics that underpin women's body image issues and experiences.

Therapeutic Goals

The primary focus of this program is the prevention of disordered eating pathology and body image disturbance amongst adolescent girls by encouraging the personal and collective empowerment of female participants and facilitating the deconstruction of harmful cultural messages and social constructs about female body image. Moreover, this program seeks to establish a dialogue with young women based on shared personal experiences relating to body image and to strengthen resistance against pervasive socio-cultural norms by encouraging critical analysis and independent thought. Additionally, this program seeks to promote factors that have been shown to be protective against body image disturbance and eating disorders, namely the strengthening of self-esteem, personal identity, and social support.

Further, this program also aims to use doll-making and narrative to help adolescent girls become more secure in their bodies and experiences, so that they can explore their own somatic narratives relating to body image and identity. By encouraging this process, it is hoped that adolescent girls will be able to reclaim a stronger sense of bodily self-ownership and become better acquainted with unique images of the female form through the creation of personal doll characters and through exposure to the dolls created by their peers. Moreover, it is hoped that young women will have the opportunity to build their self-esteem and sense of mastery by accessing the “flow” state of the creative process and through corrective embodiment experiences.

Session Overview

The first two therapeutic sessions will serve as an introduction to the program, focusing on establishing a safe space through the use of physical warm-ups, trust-

building exercises, and drama games. Further, media images from women's magazines and art materials will be used to create group collages and personal artwork relating to body image to generate discussion and personal sharing.

The next four sessions will focus on embodiment and creative exploration through the use of goddess sculpting/face painting, doll-making, and narrative. Clients will be given the opportunity to use art materials to create a doll and construct a personal narrative. Participants will be encouraged to maintain a journal of their experiences throughout this process and will be given time to explore a dramatic moment from their personal doll narrative.

Finally, the last two sessions will focus on closing the group. Participants will be given the opportunity to perform their dramatic moment, respond to one another's narratives, and reflect on the overall process of the group. The final session will culminate in a group mural/collage, documenting personal and group reflections on body image.

Session Plans

As a general rule, each therapeutic session will begin with an opening ritual and check-in, followed by a physical warm-up. The central component of each session will be the main action of the session, followed by a ritual to close the group.

Week One

Group contract and open and closing group rituals. In this first session, an overview of the program is given. Clients create a group contract based on what each person needs from the group in order to feel safe and comfortable. Using art materials, group members are given the opportunity to create a visual representation of the group

contract that will be visible in every session. Further, group members decide on an opening and closing group ritual to mark the beginning and end of sessions.

Name and gesture circle. In this introductory exercise, group members stand in a circle. One by one, each member says her name and enacts a gesture or movement. Group members repeat the names of each participant and mirror their gestures back to them.

Body connections. In this exercise proposed by Emunah (1994), participants are encouraged to move with a partner around the space conjoined by a particular body part. The goal of the exercise is to connect participants with their bodily awareness so that they are able to synchronize movement with their partner. To make the exercise more difficult, the therapist may add additional directives. Clients then switch partners and are given other physical challenges.

Partner mirroring. Group members are divided into pairs for this exercise. With one partner as the leader and the other as the follower, partners face one another one and mirror each other's physical movements. Then, partners are asked to switch roles. After both partners have been given the opportunity to lead and follow, partners are asked to synchronize their movements together without a discernible leader or follower.

Group body image collage. In this activity, clients are given art materials, a selection of images, as well as girls' and women's magazines and asked to create a group collage to represent the social messages that they feel the media and other social forces are trying to communicate to girls and women about their bodies. After the collage is completed, girls are given the opportunity to voice personal reflections, thoughts, or feelings that have arisen from the activity.

Week Two

Circle falls. In this trust exercise, group members stand in a circle with one participant in the centre of the group. The goal of this exercise is for the person in the center to allow her body to fall in any direction, trusting that the other group members will catch her (Emunah, 2004). This exercise is repeated until all members of the group have had the opportunity to be in the middle.

Partner falls. This is a similar trust exercise where group members are divided into pairs and take turns falling and catching each other (Emunah, 1994). One partner stands in front and falls, while the second partner stands behind to catch her weight. After several trust falls, partners switch roles.

Partner blind walks. In this exercise, partners take turns being blindfolded and being led around the space. The blindfolded partner is carefully led to explore different objects in the room, with the goal of establishing trust and greater sensory awareness (Emunah, 1994).

Body image "self" boxes. In an adaptation of an activity proposed by Haist (2000), clients are given two large pieces of paper and art materials. Girls are instructed to create two separate images of their current body image, an external self-image that illustrates what they want to convey to the outside world, and an inner representation of personal thoughts, images, and feelings. Clients are given the opportunity to present their images to the group and share insights and feelings about the process and each other's artwork. Girls are then asked to identify three major influences in their lives that they feel have been most central in shaping their personal ideas and conceptions about body image.

Week Three

Rag doll. In this relaxation exercise proposed by Emunah (1994), group members are divided into pairs. The first partner lies on the floor and allows her body to relax completely. The second partner sits beside her body and gently lifts parts of her partner's body very carefully off of the floor, beginning with her hands and then moving to her arms, feet, and legs. This is a trust exercise whereby the partner playing the rag doll allows these parts of her body to be lifted without trying to control the movement or assist her partner in supporting her weight. When trust has been sufficiently established, the head can also be lifted off the floor and supported. Partners then switch roles. While beneficial for fostering trust and relaxation, this exercise also assists the client to become more centered in her body.

Goddess embodiment exercise. In this activity, girls get into pairs and take turns sculpting one other into a goddess figure that they feel most accurately captures the unique beauty of their partner. The partner being sculpted remains completely still while the sculpting partner chooses a physical stance and maintains the position their partner chooses for them. Scarves and fabrics can then be draped on or around the body of the partner being sculpted to complete the sculpture. The sculpting partner then quietly shares with their partner the beauty they see in her and describes positive qualities and images that they are reminded of. The sculpted partner continues to hold her position so that other members of the group can witness and share positive qualities and images evoked in them as well. After both partners have been sculpted and witnessed, girls are given time to journal about what the experience was like for them. Girls are given a

piece of bristle board and art materials to create a storyboard of the positive qualities, feelings, and images that are most resonant for them.

Week Four

Doll-making. In this activity, girls are shown how to create their own doll using recycled fabric and materials. First, a pipe-cleaner wire frame is constructed and subsequently wrapped with strips cut from nylon stockings. These strips are then secured in place with hot glue to create the form of the body. The torso of the body is created by filling the centre of the frame with stuffing or fabric, and secured in place using nylon strips. Next, fabric is wrapped around the body as clothing for the doll. The doll's hair is created by cutting pieces of yarn and tying pieces all around the frame of the head. Then, the doll's head is created by filling a small piece of fabric with stuffing or fabric and securing it at the back with hot glue. Finally, additional elements like beads or decorative flowers can be added as a finishing touch to the doll's clothing or body.

This process generally takes 2-3 hours and thus, will likely take more than one session to complete. After finishing their dolls, girls are given the opportunity to journal about what the process was like for them. The girls then return to the group to present their dolls to each other and share any feelings or thoughts about the creation process.

Week Five

Stream of consciousness writing exercise. After completing their dolls, girls are given the opportunity to write freely about whatever thoughts, feelings, images, themes, or ideas are inspired by the creation of their dolls. The purpose of this exercise is to document the first response to the doll-making process and to encourage preliminary

brainstorming about the identity of their doll character that will eventually lead to the development of a narrative.

Structure-building exercise. In this activity, adapted from Silverman's *The Story Within* process (2004), girls are encouraged to find their own space in the room to create an environment for their doll character using scarves, fabrics, mats, pillows, furniture, chairs, and other items that may be in the room. After creating this home structure for their doll, the girls are encouraged to journal about why they have chosen this particular environment for their doll character, where it is located, what the surroundings are like, and how their doll feels in this space. The girls are given the opportunity to present their doll structure to the group and to witness the environments created by other group members.

Week Six

Six-part doll-narrative story-making. Based on an adaptation of Lahad's (1992) six-part story method, girls are given art supplies and asked to draw images to represent six key elements of their doll narrative: the hero/heroine, his/her main objective, obstacles preventing him/her from reaching her goal, a helpful figure/character, the climax of the story, and resolution. After completing this, the girls return to a circle and share their drawings with the group. Each client is then given an opportunity to tell their doll narrative to the group.

Dramatic moment exploration. Similar to the process described in Silverman's *The Story Within* (2004), participants find their own place in the room and are asked to choose one dramatic moment from their doll story that they would like to dramatize and present for the group. The girls are then given time to write out the scene they would like

to perform and brainstorm ideas for how they would like their dramatic moment to be presented.

Sharing in pairs. After writing out their scene, the girls are divided into pairs and encouraged to take turns telling the story of their dramatic moment with their partner and describing how they would like to set the stage and what prop and costume elements they would like to use to support the story.

Week Seven

Guided imagery exercise. In this exercise, participants find their own place in the room with their dolls and find a comfortable position, sitting or lying down on the floor. Girls are encouraged to visualize their dramatic moment from their doll narrative and somatically experience this moment from the perspective of their doll character.

Dramatic moment rehearsal. The girls are then given time to rehearse their dramatic moment using prop and costume elements. After rehearsing the scene several times, the girls then choose another member of the group to witness the performance of their dramatic moment. Partners take turns witnessing and performing and are given the opportunity to share the elements they liked best from each other's narratives. Participants then return to the group and share what the experience of performing and witnessing was like for them.

Week Eight

Doll narrative performances. In the last session, participants are given the opportunity to perform their dramatic moment for the group. After each performance, girls are given the opportunity to share what they could relate to from each performance and elements that they most resonated with.

Final body image group mural/collage. As a final closing activity, the girls are given art supplies, magazine images, and a mural-sized piece of paper to document closing thoughts, feelings, and ideas about body image and female identity. After completing this mural/collage, the girls are given the opportunity to compare this final group image with the collage from the first week's session. Group members are encouraged to identify differences and similarities and to share ways in which their feelings about body image may have changed over the course of the program.

Assumptions

With respect to my assumptions regarding the construction of this prevention program, I assume that body image issues are salient for adolescent girls aged 13-14 and that a feminist drama therapy program is a feasible way of addressing these issues with young women. I assume that drama therapy and the creative arts therapies are compatible with the feminist frame. Moreover, I assume that a group-based therapeutic program could be an effective approach for addressing body image concerns with female adolescents. Lastly, I assume that this program will be feasible within the context of a high school setting and that adolescent girls would be interested in participating in this program.

Delimitations

Given the fact that this program is a selective body image prevention program, it is not meant for adolescent girls who would be characterized as high-risk or who have already developed eating disorder symptoms (Levine & Smolak, 2009). Further, it is necessary for the program to be conducted in an all-female, closed group context under the guidance of a female feminist-oriented therapist.

Program Limitations

At present, my research is limited by the lack of literature in the creative arts therapies that specifically address body image with adolescent girls. Further, the scope of my research is limited by the current lack of feminist literature in the creative arts therapies. Further, this treatment program will be somewhat limited by the proposed treatment setting: in this case, a high school environment.

Conclusions

Adolescence is characterized by the struggle between identity formation and role confusion (Erikson, 1968). While this transition is often difficult for both males and females, girls face additional social pressure to conform to a physical cultural ideal at adolescence that is in direct conflict with their normal pubertal development (Spitzer et al., 1999; Levine & Smolak, 2002). As a result, the “normative” body dissatisfaction that many girls experience at adolescence can be attributed to a larger socio-cultural phenomenon (McKinley, 2002).

Objectification theory proposes that eating disorders and the body dissatisfaction that many women experience are the result of being female in a sexually objectifying culture (Fredrickson & Roberts, 1997; Roberts & Waters, 2004). It has been theorized that this external pressure to conform to outside evaluation can cause young women to internalize a third-person perspective of their own bodies and that this is most salient at adolescence (Fredrickson & Roberts). Moreover, it is through this process of self-objectification that girls learn to view themselves as objects defined by the gaze, values, and perspective of the other (Fredrickson & Roberts; Roberts & Waters). This heightened state of self-awareness can create a fragmented sense of self whereby women have

difficulty connecting with their inner somatic experience (Fredrickson & Roberts; Roberts & Waters). This has been found to interfere with Csikszenthalyi's (1990) "flow" state, a deeply rewarding sense of engagement that can provide women with a sense of mastery and self-esteem (Fredrickson & Roberts).

Feminist therapy advocates that women are affected by the socio-cultural contexts in which they live and that therapy should be conducted in an egalitarian manner that empowers women and respects them as experts on their own experiences (Enns, 1997). The body image treatment program that Katzman et al. (2007) proposes is based upon principles of feminist theory and reflects important aspects of female identity development, namely collective empowerment and the fostering of social and emotional support. In this approach, negative thought patterns pertaining to body image are addressed and body-centered exercises are employed to address body image concerns (Katzman et al.).

Female identity development is based upon a fundamental need to connect and engage in mutually satisfying relationships with others, while maintaining a core sense of self (Gilligan, 1982). Here, a relational model of interdependence is emphasized whereby women develop a sense of personal identity within a state of connection with others and form relationships based upon mutuality and empathy (Gilligan; Miller, 1976). This is in contrast to the androcentric separation-individuation model that has long been considered the hallmark of psychological maturity (Gilligan).

Research has been conducted on adolescent girls and risk and protective factors for body image and eating disorder pathology. Protective factors include self-esteem (Beren & Chrisler, 1990); a strong personal identity (Striegel-Moore, Silberstein, &

Rodin, 1993); socio-cultural factors (Striegel-Moore & Cachelin, 1999); and social support networks (Keller, Herzog, Lvaori, & Bradburn, 1992), while risk factors include familial factors (Pike, 1995; Striegel-Moore & Kearney-Cooke, 1994; Lilienfeld & Kaye, 1998); childhood obesity (Fairburn et al., 1997); and timing of menstruation (Stattin & Magnusson, 1990; Striegel-Moore & Cachelin). Preventative programming for body image seeks to foster resilience by building on protective elements and reducing potential risk factors (Levine & Smolak, 2009).

While there is very little literature in the creative arts therapies that addresses body image issues with adolescent girls, Grainger (1996) claims that drama therapy can be used to illuminate, deconstruct, and transform social constructions through the process of authentic embodiment. In order to achieve this, one must step outside what Grainger refers to as the “social body” and into the lived experience of the actual body in order to access the truth of one’s somatic experience.

The drama therapy program presented here combines doll-making and narrative in conjunction with a feminist framework to address body image issues with adolescent girls. The intention of this program is to prevent body image and disordered eating pathology by deconstructing insidious socio-cultural norms, strengthening internal resistance, promoting collective empowerment, and fostering an open dialogue between young women regarding their body image experiences. Moreover, this program also seeks to promote resilience against body image disturbance and eating disorder pathology by helping young women to build a healthy sense of mastery, self-esteem and personal identity through creating a social support network.

Further, this program seeks to assist young women to reclaim bodily self-ownership by providing them with corrective embodiment experiences that allow them to become more centered in their bodies and personal somatic narratives.

This therapeutic program serves as a bridge between drama therapy and feminist theoretical and therapeutic approaches. It is hoped that this preliminary discourse will inspire further dialogue in the field of the creative arts therapies and that future research, theory, and therapeutic techniques, approaches, and interventions will be developed based upon principles of feminist thought.

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