THEORETICAL APPLICATION OF PSYCHODRAMATIC TECHNIQUES FOR THE

FACILITATION OF A POSITIVE BODY IMAGE AMONG ADOLESCENT GIRLS

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ABSTRACT

THEORETICAL APPLICATION OF PSYCHODRAMATIC TECHNIQUES FOR THE
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This theoretical research explores how psychodramatic techniques can be used to help adolescent girls develop a positive body image (PBI). This paper proposes the use of an approach that facilitates the *growth* of positive body image over one that attempts to get *rid of* negative body image. The literature suggests that psychodrama, with its experiential and active components, has the potential to facilitate PBI among girls when paired with the constructs that make up a positive body image which include body appreciation, body acceptance and love, broadly conceptualizing beauty, inner positivity, adaptive appearance investment, and filtering information in a body-protective manner. Recommendations for future research and the application of theoretical interventions are discussed.

ACKNOWLEDGMENTS

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Chapter 1. Introduction

Historically, our culture and media have imparted messages that influence adolescent girls to adopt standards of beauty and physical attractiveness that are often unattainable to them. Body Image Dissatisfaction (BID) is a result of the perceived discrepancy between one's current physical appearance and that of the culturally endorsed idealized body (Bell & Dittmar, 2011). Treatment approaches have attempted to address the symptoms that result from the dissatisfaction that comes from the internalization of images of the ideal body.

Treatments have tended to be symptom-oriented in their aim to eliminate behaviours and attitudes that arise from the development and maintenance of BID. Treatment approaches have, until recently, neglected to explore interventions aimed at strengthening positive body image in favour of remedying psychological and behavioural symptoms associated with negative body image.

This paper will begin by reviewing literature which aligns with the aforementioned pathological understanding of BID and will subsequently explore how body image issues are more recently being understood from a positivist standpoint. The prevailing belief has been that if the factors that are common to the experience of BID can be decreased, this will lead to the decrease of the BID itself. While previous research suggests that interventions aimed at the reduction of risk factors have been successful (Sundgot-Borgen et al., 2019), new research has emerged that has challenged the idea that targeting symptoms is the most effective way to resolve issues of body image (Augustus-Horvath, Tylka, & Wood-Barcalow, 2010; Cohen, Irwin, Newton-John, & Slater, 2019; Damiano, Yager, Prichard, & Hart, 2019; Frisén & Gattario, 2019; Sjostrom & Steiner-Adar, 2005; Sundgot-Borgen et al., 2019; Tylka, 2011; Tylka & Wood-Barcalow, 2015). Using a "health-promotion perspective" (Sundgot-Borgen et al., 2019, p. 123), these researchers have adopted a different approach; one that intends to fortify the individual's strengths as the focus of treatment rather than working towards the eradication of symptoms. This framework moves away from the elimination of symptoms, instead focusing on the behaviours and ideas that are actively being used to develop and maintain a more accepting view of one's body that can lead to the decreased presence of dissatisfaction.

Within the creative arts therapies there is an opportunity to adopt a strength-focused conceptualization of how to work with individuals who experience discomfort in their bodies due

to negative self-perceptions. From a strength-focused perspective, the individual is viewed as already possessing the qualities and resources they need to heal their distorted perception of their body.

The research at hand begins with a review of literature concerning the development of body image dissatisfaction, the contributing factors, and the outcomes of cultural and relational influences.

Basic theoretical underpinnings of psychodrama will be reviewed and analyzed in accordance to the proposition that psychodrama, with its capacity to incorporate strength-based principles, can be used to support adolescent girls in their process of body image development. This includes the ways in which the theoretical framework and specific techniques of psychodrama are well-suited towards the therapeutic treatment of BID in adolescent girls and the inclusion of an argument in favor of using psychodramatic techniques focused on positive development as the main vehicle for treatment.

The six core components of positive body image according to Tylka and Wood-Barcalow (2015) are then paired with specific psychodramatic techniques in an effort to illustrate how they connect and how psychodrama with BID might look in action. This paper proposes the use of an approach that facilitates the *growth* of positive body image over one that attempts to get *rid of* negative body image. Developing comprehensive treatments to help with the facilitation of a positive body image is of utmost importance, as during this profound and rapid period of growth, adolescents are often vulnerable to being persuaded by strong cultural messages that serve to conflate their bodies with their sense of self-worth (Rutter et al., 2017). When viewed from a developmental perspective, the changes experienced during adolescence can have a long-term impact on body image (Wertheim, Paxton, & Blaney, 2009). Perhaps intervention at this crucial point of growth can go a long way in mitigating this risk.

It should be noted that much of the literature centered on body image makes connections between poor body image and the risk it poses for the development of eating disturbances and disorders (Smolak, 2004). While this theoretical paper intends to focus primarily on the concept of body image, eating disorders are also discussed as they appear to be inextricably linked to adolescent body image. It is important to acknowledge that eating disorder research is ubiquitously present in the literature surrounding body image, and therefore the following

exploration of the concept of body image will inevitably include the exploration of the relationship between body image and eating disorders.

Definitions

These terms will be explicated throughout the paper, but they are briefly stated here as specific terms are used interchangeably.

Body Image Terms

Body image dissatisfaction. In this paper, body image dissatisfaction (BID) is used interchangeably with negative body image, body image disturbances, body image issues, and body image concerns. Body image is based on subjective views of one's exterior appearance (Butters & Cash, 1987), and dissatisfaction is often a result of one's perception of how far they perceive themselves to be from the culturally sanctioned "ideal" body (Butters & Cash, 1987).

Positive body image. In this paper, the term positive body image (PBI), will be used to refer to:

> An overarching love and respect for the body that allows individuals to: (a) appreciate the unique beauty of their body and the functions that it performs for them; (b) accept and even admire their body, including those aspects that are inconsistent with idealized images; (c) feel beautiful, comfortable, confident, and happy with their body, which is often reflected as an outer radiance, or a "glow;" (d) emphasize their body's assets rather than dwell on their imperfections; and (f) interpret incoming information in a body-protective manner whereby most positive information is internalized and most negative information is rejected or reframed. (Augustus-Horvath et al., 2010, p. 112)

Body positivity. Positive body image and body positivity share similar constructs, but they are by no means synonymous. Both imply that the individual's attitude towards their body is one that is accepting regardless of if beauty standards are met or not. Body positivity, however, refers to the inclusive, positive conceptualization of body image (Cohen et al., 2019), and is often promoted as an alternative frame of understanding physical attractiveness through popular social media platforms.

Psychodramatic Terms

Protagonist/client. In psychodrama, the protagonist is the person whose story is being told and acted out (Dayton, 2005). The protagonist's story often is chosen because it represents the central concerns and themes of the psychodrama group (Dayton, 2005). In the therapeutic context, the protagonist is often referred to as the client.

Enactment. This refers to the phase of the psychodramatic process wherein aspects of the protagonist's inner and outer life are concretized and explored on stage (Dayton, 2005).

Director/therapist. These terms are used interchangeably, as the director in the psychodrama is the professional therapist who leads the group and assists the protagonist during the enactment phase.

Future projection. A technique in psychodrama that places the action in a future situation where the protagonist can conceptualize their ideal future or practice skills they expect to use in a specific situation (Blatner, 2000; Dayton, 2005).

Chapter 2. Methodology

Rationale

This research employs a theoretical methodology, which was chosen over intervention design because of logistical limitations placed on the project due to the degree for which it was being completed. According to Junge and Linesch (1993) theoretical research aims to "integrate existing theories in an attempt to generate new knowledge and theory" (p. 63) using theory as the primary form of data. Patton (2002, in Marshall and Rossman, 2016) wrote that qualitative analysis takes the data with the purpose of transforming it into findings. These findings can then serve as a foundation upon which further research and intervention design can be built.

The primary question of this research project is "how can the application of psychodramatic techniques support the development of a positive body image in adolescent girls?". The document and historical analysis approach to theoretical research was chosen specifically as it seemed most appropriately suited to address the research question, especially with regard to this method's ability to identify gaps in the existing literature. Historical analysis is useful in "obtaining knowledge about unexamined areas and re-examining questions for which answers were not as definite as desired" (Marshall & Rossman, 2016, p. 165). In following the historical analysis process, relationships and connections were made between areas of body image, adolescent development, and psychodramatic processes in an effort to synthesize the data into a compelling argument for the use of psychodramatic techniques with adolescents.

Data Collection

The sources from which the data in this paper are derived include the Concordia Library catalogue and the databases PsychNet and ERIC which were accessed by proxy through Concordia. When looking for body image related literature, articles that focused on adult populations were excluded if there was no reference to adolescent development. In searching for psychodrama resources, studies that focused on a specific population were excluded unless they contained relevant information about the group process. Keywords and phrases used in the search were "body image," "body image dissatisfaction," "adolescence OR adolescent," "adolescent girls," "adolescent AND development," "adolescence AND development," "body positivity," "positive body image," "psychodrama," and "psychodramatic." The data collected was tracked using Zotero and subsequently sorted into electronic folders for

each main category (psychodrama, body image, and other therapies) as well as kept in a separate word document.

Data Analysis

The process of data analysis closely followed that which is outlined by Marshall and Rossman (2016). Broad categories were created by the researcher based on the preliminary readings from the proposal stage of this project. Once additional data had been collected and organized, open coding was used in organizing and identifying conceptual categories (Marshall & Rossman, 2016). The categorization was essential in the beginning to discover patterns and relationships between the documents reviewed. Axial coding proved to be of major importance in developing the structure of this paper and mapping out the commonalities among the initial codes. The categories were rearranged and expanded on throughout to ensure that the research did not become too rigid or stuck on a concept that was no longer relevant.

Position of the Researcher

My interest in studying psychodrama extends back a number of years before training to become a creative arts therapist. I have participated experientially in the process as well as studied theoretical components before and during the drama therapy master's program. I believe that psychodrama holds immense therapeutic potential and is adaptable to the unique needs of each individual client.

As a drama therapist in training, I am working with the assumption that drama therapy and creative arts therapy methods are effective healing practices. My training has been such that significant emphasis has been placed on client-centered interventions. This influenced my decision to explore how psychodramatic techniques may be used to encourage positive body image, as I understand psychodrama to be a very client-centered approach to therapy due to the way in which psychodramatists empower clients to be their own "experts" in the therapeutic process. It is my position that in treating psychological health, it is more beneficial to focus on areas of strength rather than areas of deficit.

I am also assuming that body image dissatisfaction is damaging and distressing and working with the assumption that external environments (media, culture) play a pivotal and influential role in the development of this phenomenon.

It should be acknowledged that my lived experience is one reason that I am compelled to research body image, as I encountered the psychological distress associated with it in my own

adolescence and early adulthood. In looking back and reflecting on this and having the training that I do now, I am curious to research treatment possibilities within the creative arts therapies. I believe that my personal history allows me to have a deep appreciation for the subjective experience of adolescent girls struggling with their bodies, and by the same token my connection is a reason for me to constantly check myself so as to maintain reasonable levels of objectivity in the analysis of this topic.

Chapter 3. Body Image

Body image is a term used to define the subjective mental representations that one develops regarding their body (Knafo, 2016). This definition falls into two categories: attitudinal and perceptual (Knafo, 2016). The perceptual component consists of one's perception of their body in regard to shape and size, and the attitudinal component refers to the feelings an individual has about their perceptions (Knafo, 2016). Dissatisfaction results from the perceived discrepancy between one's own body and the dominant culture's idealized body (Bell & Dittmar, 2011). Lysak, Karasiewcz, Skonieczny, Wilczysnka, and Walentukiewcz (2017) describe body image as the sensorial image of body shape and size as they relate to feelings about the body as a whole or parts of the body.

Body Image Dissatisfaction

Body image is based on a biopsychosocial construct (Flores-Cornejo, Kamego-Tome, Zapata-Pachas, & Alvarado, 2017; Paxton & Wertheim, 2011), suggesting that idealized images of the body are defined by society and upheld by peers and oneself. The biopsychosocial model considers the contributions of social influences, individual psychological characteristics, physical characteristics, and interpersonal interactions and their respective roles in the development of body image dissatisfaction (Paxton & Wertheim, 2011). Body image is not necessarily rooted in objective or physical reality, rather it is based on subjective views of one's external appearance (Butters & Cash, 1987). Holland and Tiggemann (2015) identify that the tendencies to internalize beauty ideals and engage in appearance-based comparison are two possible mechanisms that contribute to the development and maintenance of body image dissatisfaction. Body image concerns revolve primarily around body weight and body size (Smolak, 2011), but concerns also include specific features such as eyes, skin, facial characteristics, and muscularity (Paxton & Wertheim, 2011; Tiggemann, 2011). Body image is viewed as a multidimensional construct because it includes affective, cognitive, and behavioural elements (Paxton & Wertheim, 2011).

Health effects. Negative attitudes towards one's body have been found to affect self-esteem, decrease emotional and psychological wellbeing, contribute to depressed mood, and lead to the development of perfectionism (Flores-Cornejo et al., 2017; Lysak, Karasiewcz, Skonieczny, Wilczysnka, & Walentukiewcz, 2017; Wertheim & Paxton, 2011). Marengo, Longobardi, Fabris, and Settanni (2018) noted that there are correlations between body image

dissatisfaction and internalizing symptoms associated with disorders such as anxiety and depression. In the pursuit of the ideal body, adolescent girls run the risk of adopting unhealthy techniques to lose weight, which range from crash-dieting to the development of serious eating disorders such as anorexia nervosa, binge eating disorder, and bulimia nervosa (Wertheim & Paxton, 2011).

Much of the research suggests that the presence of poor body image is linked to eating disturbances, both at subclinical - no diagnosis of an eating disorder - and clinically-significant levels – meeting the criteria for a diagnosis (American Psychiatric Association, 2013). The diagnostic criteria for eating disorders do share a feature with body image disturbances: the over-evaluation of weight and shape accompanied by the judgment of self-worth using these terms (Rutter et al., 2017).

Development. In their research, Wertheim, Paxton, and Blaney (2009) found that during preadolescence, 40-50% of girls report that they value thinness, with this number increasing to over 70% during adolescence. Many adolescent girls hold the belief that being thin will make them healthier, happier, and better looking (Wertheim & Paxton, 2011).

Sociocultural factors. Tiggeman (2011) explains that body image within the sociocultural context may be looked at as the existence of societal ideals of beauty that are "transmitted via a variety of sociocultural channels" (Tiggeman, 2011, p.13). These ideals are internalized and body image satisfaction (and dissatisfaction) are measured based on the extent to which individuals perceive that they measure up to society's conventional construct of beauty (Tiggemann, 2011). Additionally, Fabris et al. (2018) assert that "due to sociocultural influences and socialization processes, body image is a central feature in adolescent's self-concept" (p. 63).

Identity formation. Identity formation is a core, integral aspect of an adolescent's developmental process (Lysak et al., 2017). During this period of biological and psychological growth, girls may become more vulnerable to societal ideals and messages about what it means to be desired and accepted (Cash & Smolak, 2011). This vulnerability may lead to the tendency to internalize the concept that thinness is equated with beauty, and the placement of high value on one's appearance and body shape as an indicator of worthiness, desirability, and success (Flores-Cornejo et al., 2017; Tiggemann, 2011).

Family. Family is considered to be a vital aspect of the sociocultural understanding of body image development (Knafo, 2016). Adolescent's immediate subcultures, such as their

family of origin, may influence their beliefs and values around what type of body is most desirable (Wertheim & Paxton, 2011). Adolescents may be influenced by a parent's direct comments regarding weight and size (Smolak, 2011) or by the process of parental modelling behaviours and attitudes that communicate endorsement of the prized beauty ideal (Knafo, 2016; Wertheim & Paxton, 2011). Research into the quality of attachment bonds and the likelihood of developing body image dissatisfaction suggests that when parents are not emotionally available, "children may grow into adulthood with a sense of self that is incomplete or damaged, which, in turn, may prompt them to seek external validation and guidance (e.g. through media) regarding their sense of worth and desirability" (Cheng & Mallinckrodt, 2009, p. 372). Cheng and Mallinckrodt's (2009) research illustrates that a strong, warm, secure attachment can serve as a protective factor that might decrease the strength of media internalization and its deleterious effects on self-esteem.

Parental role modelling. According to Damiano, Yager, Prichard, and Hart (2019) parents are essential in the process of their child's identity development, and when it comes to body image, the ways in which they feel and talk about their own bodies can directly influence how their child sees their own body. Special attention is paid to the investigation of how mothers specifically impact this process, which fits with the general narrative that women disproportionately experience dissatisfaction with their appearance (Damiano et al., 2019). When mother's express negativity towards their weight and shape, their daughters are more likely to internalize this, thus the attitude of the mother becomes part of the daughter's self-concept in regard to her physical appearance (Damiano et al., 2019). Damiano et al. (2019) found in their study that girls whose mothers were more critical about their own weight, shape, and diet tended to be more dissatisfied with the way their body is shaped and were more likely to have problematic attitudes towards eating.

Peers. Peer influences become increasingly important in the process of adolescent identity development (Hutchinson & Rapee, 2007). If an adolescent's peer group tends to value thinness and weight loss, they are more likely to be at risk for developing eating disturbances and a negative perception of their body (Hutchinson & Rapee, 2007). Pressure from appearance-oriented friends who engage in disordered eating patterns in an effort to control their weight may influence adolescent girls to try the behaviours that are being modelled to them (Frisén & Gattario, 2019).

Social comparison. Through collecting data via semi-structured interviews, Gattario and Frisén (2019) found that adults who identified as having negative body image in early adolescence shared the perception that their bodies were deficient in comparison to their peers during this critical period of growth. In their study, they investigated the common factors that led to the development of a positive body image in participants and found that finding belonging and acceptance in a social context emerged as a salient catalyst in the attainment of PBI. (Gattario & Frisén, 2019). Experiencing belonging was noted as being a facilitative factor; becoming more confident in their bodies improved their feelings towards their body image (Gattario & Frisén, 2019). Finding friends with whom they shared interests and personality traits was key to their feeling supported and accepted within their social contexts (Gattario & Frisén, 2019).

Media influence.

Visual media. Internalizing images of thin models through the internet (shopping websites, YouTube) television shows, music videos, magazines, and movies is linked to lower body image satisfaction (Bell & Dittmar, 2011). In their research, Bell and Dittmar (2011) note that it is not simply the exposure to images of thinness that lead to dissatisfaction, but that dissatisfaction emerges due to the individual's propensity to internalize these images. Bell and Dittmar (2011) conclude that neither the amount or type of media consumption predicts dissatisfaction, but that the identification with the models in these forms of media are the predictors of body and appearance dissatisfaction. The internalization of beauty standards leads young girls and women to adopt a view of themselves as "objects whose value is based on physical appearance" (Dakanalis et al., 2015, p. 33). This self-objectification is linked to social anxiety, body surveillance, and body shame, which are recognized as predictors in the development of eating disorder symptoms (Dakanalis et al., 2015).

Social media and social networking. Recent research about body image has been focused around newer forms of media that are contributing to the development of negative body image. Marengo et al. (2018) note that the extensive number of visual media platforms available to adolescents provides them with ample opportunities to engage in upward social comparison, which is correlated with decreased happiness and an increase in body image concerns. According to their research, comparison with models depicted in the media, as well as comparisons with their own peers, is likely to increase body image concerns in young girls who "perceive a gap between their own body image and their aesthetic ideal internalized" (Marengo et al., 2018, p.

63). They posit that social media users tend to underreport negative experiences on their public profiles in favour of presenting an image of themselves that is highly idealized. This is done through inclusion of content that reflects this idealized image, as well as digitally editing or limiting unflattering photos (Longobardi et al., 2018). Ultimately, adolescents consume these curated images that disproportionately promote the highlights of the user's experience and compare themselves against this unrealistic portrayal.

In exploring the effect of social networking sites (such as Facebook), Holland and Tiggemann (2015) have found a correlation between specific Facebook activities and the presence of body image dissatisfaction. In their study, they found that levels of body surveillance, drive for thinness, internalization of beauty ideals, and dieting behaviours are correlated with having higher numbers of online friends. Activities on social networking sites tend to be photo-based which provides access to material for appearance comparison (Holland & Tiggemann, 2015). Photo-based activities, such as sharing photos of oneself, lead to a greater likelihood of basing self-worth on appearance (Holland & Tiggemann, 2015). Furthermore, social networking sites have become normal, integral forms of communication that can be accessed readily on mobile phones (Holland & Tiggemann, 2015).

Therapeutic approaches. Vandereycken, Depreiture, and Probst (1987) assert that treatments for anorexia are most powerful when there is a clear emphasis on body image, as it plays a complex and major role in the psychological wellbeing of those struggling with eating disorders. Vandereyecken et al. (1987) encourage that individuals in treatment work toward a positive experience of their body, and suggest that in order for this sense of safety and trust to be developed, individuals must feel that they belong in their body (Vandereycken, et al., 1987). This requires the building of a "realistic self-concept" (Vandereycken et al., 1987, p. 254), which is possible through encouraging the client to get in touch with and reintegrate their body as a part of their whole personality – not separate or divorced from the mind (Vandereycken, et al., 1987). Vandereycken et al. (1987) also state "surprisingly, very few therapists appear to focus explicitly (and not just verbally) upon the body experience of these patients" (p. 258). It should be noted that though this article was published over thirty years ago, there still appears to be a lack of focus on body integration in therapy for BID.

Body-oriented therapy. Body-Oriented Therapy is a type of therapy which aims to teach clients how to communicate with their body and proposes exercises that facilitate and elicit the

expression of feelings via nonverbal means (Vandereyecken et al., 1987). Vandereycken et al. (1987) describe dance and group forms of therapy as modalities that allow for interactions to occur among members nonverbally. Thus, according to the therapeutic aims suggested by these practitioners, action-based, experiential therapies such as psychodrama may be viable treatment options for BID.

Cognitive-behavioural therapy. Cognitive-Behavioural Therapy (CBT) perspectives provide an evidence-based understanding of body image (Cash, 2011) and CBT is recognized widely as an effective treatment for body image disturbances (Jarry & Cash, 2011). CBT in this realm aims to modify dysfunctional thoughts, feelings, and behaviours through interventions such as self-monitoring, psychoeducation, desensitization, and cognitive restructuring (Jarry & Cash, 2011). A review of body image therapies found that most treatments targeting non-eating disordered and non-clinical populations included a CBT intervention (Berardie & Jarry, 2004, in Jarry & Cash, 2011). Their studies found that CBT was successful at reducing behavioural and attitudinal dimensions of body image (Jarry & Berardi, 2004, in Jarry & Cash, 2011). They also note that psychological effects often correlated with BID, namely anxiety, depression, and self-esteem, tended to improve with CBT interventions that focused on body image (Jarry & Berardie, 2004, in Jarry & Cash, 2011).

Experiential therapy. Psychodrama is considered an integrative form of experiential therapies in that it includes somatic, sensorial, and mental representation techniques (Rabinor & Bilich, 2011). Experiential therapies that treat BID vary in style and technique, but they generally share theoretical framework in that they assume that "body image is a multidimensional construct made up of mental representations (thoughts, feelings, and images) and sensory (auditory, visual, and kinesthetic) and somatic components" (Rabinor & Bilich, 2011, p. 424). Theoretical assumptions underlying the numerous forms of experiential therapies include a belief in working directly with the body, in working in the here-and-now to foster insight, and that it is valuable to facilitate nonverbal expression. According to Rabinor and Bilich, "body image serves as a nonverbal metaphor that provides a psychological 'home' for displacement and projection of intrapsychic and interpersonal conflicts by clients who cannot put emotional conflicts into words" (Rabinor & Bilich, 2011, p. 426). Therefore, working with the body is valued by experiential therapies as it has the potential to access information via nonverbal means.

School interventions. Sundgot-Borgen et al. (2019) developed a program centered on developing positive body image among high school-aged students called the "Healthy Body Image Intervention." Sundgot-Borgen et al. (2019) found that there were positive and immediate changes among the girls tested that remained at the 12-month follow up, and that while the boys who participated in the program showed immediate changes, they were not as likely to have maintained them at the follow up point (Sundgot-Borgen et al., 2019). They note that this difference may be due to girls being more receptive to body image interventions (Sundgot-Borgen et al., 2019). Themes of body image and media literacy were the focus of the interventions as they have been linked to improved physical self-perception, body appreciation and satisfaction, physical competence, and body esteem (Sundgot-Borgen et al., 2019).

"Full of Ourselves" is an initiative with similar goals developed by Sjostrom and Steiner-Adar (2005) aimed at increasing self-esteem, promoting body acceptance, and educating students about prejudices against body size and shape (termed "weightism"). The curriculum was developed in response to the way in which the majority of eating disorder prevention programs focus on symptom-related concerns. Using a non-pathologizing framework, Sjostrom and Steiner-Adar (2005) emphasize that their program diverges from the idea that eating disorders are indicative of psychological vulnerability and illness. The curriculum teaches coping strategies to help resist cultural forces that perpetuate preoccupations related to body weight, size, shape, and overall appearance (Sjostrom & Steiner-Adar, 2005). Their interventions include helping girls practice positive self-talk, tune into their body sensations, and creating and sustaining healthy connections with others (Sjostrom & Steiner-Adar, 2005). These last three interventions can be supported using psychodrama techniques as it is an experiential, group process that can allow for connections to be made and for the girls to practice these skills in concrete ways.

Body Image: Positive Perspectives

Body positivity. The body positive movement, which is defined as an inclusive, positive conceptualization of body image (Cohen, Irwin, Newton John, & Slater 2019), emerged largely in response to the over-representation of conventionally attractive bodies in the media. The movement is centered around the deconstruction of the historical and current narratives of what constitutes a "beautiful" body. In essence, it is multilayered form of activism – promoting change

both on the personal and societal levels. Body positivity is built on the principle that everyone is worthy of feeling comfortable in their bodies, whether or not they fit within the narrow confines of the culturally-condoned ideal body (Cohen et al., 2019).

On the personal level, the movement promotes self-acceptance and appreciation of one's body in whatever form it takes. Cohen et al. (2019) emphasize that there is no right way to have a body; normalizing all variations of one's appearance including weight, body hair, skin imperfections, skin colour, ability, age, and gender presentation. On the societal level, the dissemination of the body positive message is able to reach a wide audience through the use of social media platforms, with visual forms of social media being the most prominent vehicle (Cohen et al., 2019).

It should be noted that while inclusivity is the ultimate goal, the reality is that there are still bodies that are underrepresented in favour of maintaining the dominant culture's image of physical attractiveness (in this context, able-bodied, white, sleek hair, blemish-free skin, thin, etc.).

Positive body image. Positive body image (PBI) is commonly misunderstood to be a state in which the negative or distressing feelings towards one's appearance are not present (Tylka & Wood-Barcalow, 2015). This is based upon the assumption that positive and negative body image exist on a continuum with low levels of one being indicative of higher levels of the other and vice versa (Tylka & Wood-Barcalow, 2015). Contrary to this assumption, it is not the *absence* of distressing emotions, but the *response* to them that differentiates positive body image from negative body image (Tylka & Wood-Barcalow, 2015). PBI is recognizing that most people would react similarly to a threat or criticism aimed at their body, followed by allowing oneself to experience the emotions related to such a threat as they arise and consciously shifting towards self-compassion (Tylka & Wood-Barcalow, 2015).

Construct and components of PBI. In trying to understand what exactly positive body image is in their research, Tylka & Wood-Barcalow (2015) identified six components that commonly appeared among study participants who identified as having a positive body image. These six components are "body appreciation," "body acceptance and love," "broadly conceptualizing beauty," "adaptive appearance investment," "inner positivity," and "filtering information in a body-protective manner" (Tylka & Wood-Barcalow, 2015, p. 5-6).

Body appreciation refers to one's ability to extend gratitude to their body's functionality and state of health, as well as to appreciate its unique features (Tylka & Wood-Barcalow, 2015). This might mean taking time to recognize what the body is able to do, honouring what it allows us to accomplish and experience aside from our objective appearance (Tylka & Wood-Barcalow, 2015). According to Halliwell (2013), body appreciation can also serve as a protective factor from the effects of media exposure, even among women who rate high on measures of thin-ideal internalization. As stated by Halliwell (2013) "it is striking that even when women buy into dominant appearance ideals, body appreciation seems to protect them from exposure to these ideals" (p. 513). Halliwell (2013) suggests that the ability to appreciate one's body, even when there is a great deal of importance placed upon appearance-discrepancies, holds potential to mitigate the impact of these messages.

Body acceptance and love refers to the presence of comfort with one's body regardless of whether or not all of the aspects of the body are satisfactory to the individual. Acceptance does not negate the presence of feelings of dissatisfaction, and it is possible to accept one's body even if one is not satisfied with it (Tylka & Wood-Barcalow, 2015). Body assets are emphasized over perceived body flaws, and the body is accepted as it is- even if it does not conform to the societal ideals of appearance for women (Tylka & Wood-Barcalow, 2015).

Broadly conceptualizing beauty describes the belief that a wide range of appearances can be considered beautiful, "whether these appearances are unchangeable (e.g. weight, height) or modifiable (e.g. personal style)" (Tylka & Wood- Barcalow, p. 122, 2015). Those who hold a broad conceptualization of beauty may draw from inner characteristics, such as confidence and personality, when determining beauty in themselves and others (Tylka & Wood-Barcalow, 2015).

Adaptive appearance investment encompasses self-care behaviours such as pleasurable exercise and grooming (Tylka & Wood-Barcalow, 2015). It is considered adaptive because these are acts of kindness towards the body without the intention to changing to conform to sociocultural standards of physical appearance (Tylka & Wood-Barcalow, 2015).

Inner positivity is "the connection between positive body image, positive feelings (e.g., body confidence, optimism, happiness), and adaptive behaviors" (Tylka & Wood-Barcalow, 2015, p. 123) that might include self-care and helping others.

Filtering information in a body-protective manner is about being mindful of messages that threaten one's positive body image (Tylka & Wood-Barcalow, 2015). When the information has the potential to endanger one's sense of PBI, individuals actively avoid or ignore the messaging to the best of their ability (Frisén & Gattario, 2019). Simply put, information that is inconsistent with an individual's s PBI is not accepted (Tylka & Wood-Barcalow, 2015).

Chapter 4. Psychodrama

Psychodrama is a complex method of concepts and techniques adaptable for use with many types of problems and issues (Carnabucci & Ciotola, 2013). Kellerman (1987) defines psychodrama as:

> a method of group psychotherapy in which clients are encouraged to continue and complete their actions through dramatization, role playing, and dramatic self-presentation. Both verbal and nonverbal communications are utilized. A number of scenes are enacted depicting, for example, memories of specific happenings in the past, unfinished situations, inner drama, fantasies, dreams, preparations for future risk-taking situations, or simply unrehearsed expressions of mental states in the here and now. These scenes approximate real-life situations or are externalizations of mental processes from within. (p. 460)

Throughout this chapter, statements made regarding the use of psychodrama to address body image dissatisfaction are derived from the author's experience with adolescents dealing with BID.

Psychodrama and Body Image Dissatisfaction

"Psychodrama is one of the first modern body-based methods, stimulating multi-modal learning and deep change" (Carnabucci & Ciotola, 2013, p. 30)

The ability to move into action and minimize intellectualization of sensed, felt emotions is a strength of psychodrama (Casson, 2014; Felix-Kellermann & Kedem-Tahar, 2016). In the treatment of body image distortions, Carnabucci and Ciotola (2013) suggest psychodrama enables the protagonist to role reverse with the mirror, clothing that they feel uncomfortable in, and specific parts of the body in order for the client to gain perspective on their relationship with their image of themselves. In his research, Dogan (2010) suggests that psychodrama participants were able to develop insight, harness self-confidence, and were more adept at understanding themselves after going through the psychodramatic process, all of which are relevant to the population being discussed in this paper.

Psychodramatic techniques encourage participants to move into action rather than staying stuck in the cognitive, verbal realm. Carnabucci and Ciotola (2013) propose that psychodrama engages the psychological, emotional, and physical domains. Of particular importance to adolescents suffering from negative body image and its subsequent psychological distress, action methods that utilize the body as a tool of communication are indispensable in that the very body that is seen as undesirable becomes a necessary tool in the healing process.

Theoretical underpinnings. Psychodrama is an action method in which the subject (or client) is encouraged to act out their inner conflicts instead of simply talking about them (Moreno, 1969). Verbalization is integrated into the method and speech plays an important role throughout all of the techniques of psychodrama, but emphasis is placed on action with talking being present as a supportive element rather than the main focus.

Concretization. Concretization is the process through which emotion and thought are transformed into observable behaviour (Dayton, 2005) and from which the abstract is physically represented (Carnabucci & Ciotola, 2013). In psychodrama, it is bringing the inner world to the outside where it can be explored, observed, and reflected upon in its concrete form (Dayton, 2005). The psychodramatic method is able to make tangible that which lies in the unconscious or in the past (Dayton, 2005). Psychodrama holds the ability to make concepts, thoughts, feelings, symbols, and memories tangible through concretization (Carnabucci & Ciotola, 2013). Levens (2005) describes concretization as "an expression of one's inner reality or fantasy, externalized onto the psychodramatic stage" (p. 70). Anxious thoughts, wishes, hopes, and fears can be explored through scene work, role play, and the empty chair (Dayton, 2005). For clients dealing with body image concerns, the body itself can be put into an empty chair and they can reverse roles with it in order to initiate communication with this often neglected, disparaged part of their identity (Carnabucci & Ciotola, 2014). Concretization allows defenses to be externalized and acknowledged as having served the protagonist in a useful way while acknowledging how they now block the development of a compassionate, grateful relationship with the body (Carnabucci & Ciotola, 2013). Concretization highlights defences by physically representing them in such a way that the protagonist confronts and directly interacts with what is in front of them.

Concretization need not apply only to abstractions, in fact, the ability to represent other people so that the protagonist may encounter them in the therapeutic space is a powerful part of

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psychodrama (Blatner, 2000). Having a group member portray a person in the protagonist's life allows them to dialogue with that person in their absence (Blatner, 2000).

Creativity. Blatner (2000) defines creativity as a process of action. The facilitation of an atmosphere where one is asked to suspend reality, to use their imaginations, and be spontaneous, provides a welcome contrast to the rigidity of a body-conscious experience. The world of ideal body image is full of demands: what to look like, what not to look like, what is right, what is wrong; these binary constructs of right/wrong and acceptable/unacceptable can reinforce feelings of rigidity or fear as they pertain to straying from culturally-prescribed norms. In the psychodramatic space, these demands are allowed to be played with and questioned. The imaginative, dramatic space affords the adolescent girl a relief from the rigidity of societal expectations of how to look and be and encourages their creativity. Furthermore, Blatner argues that when we are stuck in modes of habituation and fixation, accessing our creative process can enable our ability to respond in various ways and be open to alternative choices as they may present outside of the therapy space. (Blatner, 2000).

Spontaneity. While creativity is defined as an activity, spontaneity refers to the state of readiness from which creativity can take place (Blatner, 2000). It is a readiness that implies willingness, flexibility, and being in the present moment. Spontaneity is stunted when one is bound by too much structure, too many rules, and a fear of what consequences will be brought by the breaking of these rules (Blatner, 2000). Adolescent girls who experience distress related to their body image are often vulnerable to various elements that inhibit their spontaneity. There are also perceived consequences to being outside of the normative body and young girls have reason to fear them - having what is perceived as being a different or othered body can lead to feeling othered and deplete their sense of worthiness. According to Blatner (2000), spontaneity is needed "to cope creatively with the unexpected" (p. 83). Psychodrama can facilitate the relief of rigid patterns, structures, and rules through the use of unstructured play, make-believe play, and "playful improvising" (Blatner, 2000, p.8), all of which are essential to the cultivation of spontaneity.

Catharsis. The concept of catharsis refers to the psychic purging that results from dramatic enactments (Dayton, 2005.) Catharsis is possible for the protagonist, as well as auxiliaries and the audience through the process of identification with the protagonist, also

known as "spectator catharsis" (Dayton, 2005, p. 51). Catharsis can include the expulsion of emotions and the deconstruction and understanding of emotions (Dayton, 2005).

Catharsis and components of PBI. Blatner (2000) writes about four levels through which catharsis can be psychosocially integrated, three of which seem relevant when used with body image treatment. The first level is *self-concept*, which asks if one's complex of interconnected feelings and ideas are compatible with their feelings of self-esteem (Blatner, 2000). For individuals in treatment for BID, the question of how they feel their body is supposed to look versus how they actually feel about their body in its current state could be asked to identify if these two perceptions are congruent.

The second level of catharsis is *adaptation,* which asks how one's interconnected feelings and ideas can be used in a positive, forward-moving manner once they are discovered (Blatner, 2000, p. 113.). One of the core components of positive body image is the ability to adaptively invest in one's own health (Frisén & Gattario, 2019). Taking the complex web of feelings and beliefs associated with BID and deciding to take positive steps towards self-care is in line with this level of catharsis.

The third level, *social*, asks if it is possible for one to be liked and accepted by others if others were to be aware of one's problematic thoughts and feelings (Blatner, 2000). This can be adapted to ask an individual in treatment for BID to assess their own feelings of body acceptance (Frisén & Gattario, 2019) and also touches on the importance of the group process in psychodrama. In the group, this can be tested in real time, and hopefully the individual will experience acceptance by the group after engaging in this level of catharsis. Additionally, with BID, girls may feel that it is their appearance that determines how they are perceived socially. This can be processed as a group, with this theme being the central element of the enactment.

The fourth level, spiritual, was intentionally left out of this discussion because the author felt it did not align with the purpose of the research.

Group process. Psychodrama's emphasis on group processing creates therapeutic opportunities for involvement for those enacting as well as those viewing the action. As is the case with psychodrama, the individual is treated via the group's process (Levens, 2014). The audience position allows for members to engage with the therapeutic process from a safe distance (Dayton, 2005). The modulation of distance from the actual dramatic enactment allows audience members to witness and resonate with the aspects that relate to them without having to

be in the centre of the action. In considering the vulnerability that accompanies the prospect of having one's body viewed and scrutinized while standing in front of the group, the audience provides a safe haven for those who are not yet comfortable being on display but still want to partake in the therapy (Carnabucci & Ciotola, 2013). The experience of being witnessed in this safe space is healing for those who are used to feeling scrutinized and hypervigilant about their body's form (Carnabucci & Ciotola, 2013).

The founder of psychodrama, Moreno, considered everyone in the group to be an agent for the healing or helping of everyone else (Blatner, 2000). Dayton (2005) argues that deep healing is available to those in the audience role because it is possible for audience members to experience emotions as powerfully as the protagonist through the process of identification. Though the protagonist is an individual, they also may do the work of the group (Farrall & Karp, 2011) by going through their own process while being witnessed by the others. It is possible that other group members may see themselves reflected in the drama being played through the protagonist's eyes (Farrall & Karp, 2011).

Social skills. Psychodrama can foster positive social relations via the group process, and research shows that positive body image is attainable through meaningful social connections (Frisén & Gattario, 2019). Blatner (2000) highlights that psychodrama presents a natural vehicle for learning and practicing new psychosocial skills and helps with the development of mental flexibility. Specifically, "role taking fosters an integration of imagination and other dimensions; role shifting exercises metacognition; role-creating encourages initiative; moving into the mirror and co-director role develops the capacity for self-observation and dis-identification" (Blatner, 2007, p. 119). These practical skills are unique when compared with other types of therapy, as within psychodrama they can be practiced and experienced in a supportive group environment in real time (D'amato & Dean, 1988).

Sharing. An essential stage of the psychodramatic enactment is ending with a discussion between group members about their relationship to the material that emerged in the protagonist's story (Dayton, 2005). In working with eating disordered patients, Hardman, Berret, Richards and Black (2015) found that making real connections with each other allowed for the patients to be more honest with themselves. When offered the space to share feelings and experiences that came up for them during the activity, they noticed that patients were engaged in honest self-reflection (Hardman et al., 2015). In psychodrama, this sharing is not entirely open; it is

structured so that group members are to share only how the action relates to their own lives (Blatner, 2000). This can help to keep the focus on the content of the enactment, rather than allowing for the group to fall into interpreting and analyzing the psychological material and giving unsolicited advice to the protagonist.

Roles and relationships. Relationships are of central importance in the action method of psychodrama (Carnabucci & Ciotola, 2013). In working with the understanding that we are always in relation to something or someone else, it becomes clear that psychodramatic techniques provide an opportunity for adolescent girls to explore their bodies in relationship to their identity, to sociocultural ideals, to images of beauty they see in the media, and to their peers (Carnabucci & Ciotola, 2013). Psychodrama can adapt to the treatment of body image dissatisfaction by allowing the protagonist to explore their relationships to their body and to their perceptions of their body (Carnabucci & Ciotola, 2013). Psychodrama has the ability through techniques such as role reversal (Moreno, 1969) to allow the client to experience what being in the role of the other is like and experience this in a felt, embodied way. Stepping into another role, a role that exists outside of one's every day understanding of themselves, can lead to discoveries that are only possible through a different perspective.

Techniques.

Auxiliary. According to Moreno (1978), the auxiliary is a person who serves as a concrete representation of another person or concept that the protagonists works with in their enactment (as cited in Blatner, 1996). Auxiliaries play various roles such as: a significant person in the protagonist's life, a supporting character, a fantasied figure, an inanimate object, the double (further elaboration below), and the role of an abstract concept or a collective stereotype (Blatner, 1996).

Double. The double is played by an auxiliary and represents the unexpressed inner thoughts and feelings of the protagonist (Blatner, 2000). Blatner (1996) considers doubling to be an indispensable technique as it helps the protagonist "clarify and express a deeper level of emotion and preconscious ideation" (p. 28). The double can add narration and words to nonverbal communications and help make the internal world of the protagonist clearer to both the audience and the protagonist. Multiple doubles are often used in psychodramatic enactment to represent the multiple parts of the self (Blatner, 2000).

For those in treatment for BID, body image itself can be the double and the director (or another group member) can respond as if they are the voice of the individual's feelings toward their body. Additionally, the double can play a containing role, voicing inner strengths and cognitive reasoning (Carnabucci & Ciotola, 2013).

Role reversal. This technique is essential to psychodrama as it promotes perspective-taking. By stepping into the concretized role of another - be it person, body part, form of social media, or feeling - the protagonist is offered a chance to view themselves from the point of view of another (Dayton, 2005). Psychodramatically exploring a role outside of our own limited perspective allows for a situation to be seen from a variety of viewpoints, thus shifting and expanding one's awareness and serving to increase spontaneity (Dayton, 2005). As aforementioned, the client can take on the role of their body to discover what this part has to say, whether it is through empty chair or an auxiliary (Carnabucci & Ciotola, 2013).

Empty chair. Instead of having another person serve as the auxiliary in the protagonist's psychodramatic enactment, an empty chair is used to represent the role (Blatner, 2000). The person or object can be imagined in the chair and the protagonist can dialogue with the representation via role reversal (Blatner, 2000). Depending on their level of comfort engaging with other group members, it may be easier for the protagonist to address the inanimate object (Blatner, 2000). This is a valuable tool in individual psychodrama as well when there is no one available to step into the required role (Blatner, 2000).

Interview. The director is responsible for asking questions to clarify and illuminate that which is in the mind of the protagonist (Dayton, 2005). Interviewing can be done at the start for the purpose of gathering information about the upcoming scene(s), and it can be used during the enactment on the protagonist as themselves or in the role of another (Dayton, 2005). Answering questions while playing another role can help for the protagonist to discover deeper or unknown aspects of the role they are in (Dayton 2005).

Mirror technique. The mirror technique involves inviting the protagonist to take a step outside of the drama and choosing someone else to stand in for them (Dayton, 2005). This provides the protagonist with another opportunity for perspective-taking and allows them to gain an emotional distance from which to view the dynamics of their enactment (Dayton, 2005). They are able to see themselves from a more objective standpoint, "transcending the habitual limitations of egocentricity" (Blatner, 2000, p. 250). Mirroring helps to create a safe distance

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from which they can see the bigger picture (Carnabucci and Ciotola, 2013). Blatner (2000) writes that this technique is transferable to daily life; that when this has been done often enough, it can be applied outside of the psychodramatic space. When one can stop and imagine themselves in the mirror position, this opens the door for them to mentally check-in and decide if they want to change their response instead of acting out an old, habitual pattern (Blatner, 2000).

The role of the director. Blatner (2000) articulates the many ways in which the protagonists themselves have the ultimate say in the enactment of their story: playing the role of another, leaving the scene using the mirror technique, and taking on the role of their own feelings. He goes further to say that the protagonist becomes like the co-director alongside the therapist/director (Blatner, 2000). The director cannot be entirely nondirective as they are the expert in the psychodramatic process. They can, however, express trust in the client's ability to bring material they need to work on to the table. Sessions are, according to Blatner (2000) "orchestrated by a person who knows how to use the method to facilitate the exploratory process" (p. 3). The director/therapist encourages the client/protagonist to take control of their own narrative and respects that the client will take it where they need to go.

Through the process of role-reversal, the protagonist can show the auxiliaries how they want them to portray the role they've been given. When it comes to doubling, the protagonist need only repeat what rings true to them and is in fact encouraged to reject statements that do not resonate with their experience. In this way, the director is more of a periphery form of structure while the client has the lead.

According to Carnabucci and Ciotola (2013), "giving the client conscious choice acknowledges his or her power and establishes a playfully serious therapeutic alliance in which client-protagonist and clinician-director work together" (p. 37). This serves to strengthen the therapeutic bond as well as express confidence in the client.

Chapter 5. Theoretical Applications

In this section, the core constructs that make up positive body image (Tylka & Wood-Barcalow, 2015) will be reviewed along with salient aspects of psychodrama. They will be hypothetically paired up based on which techniques may be used to facilitate the development and strengthening of the six concepts as delineated by Tylka and Wood-Barcalow (2015).

Research by Halliwell (2013) has shown that PBI "protects women from negative environmental appearance messages and suggests that promoting positive body image may be an effective intervention strategy" (p. 509). The following theoretical applications propose that psychodrama pairs well with the strategy of bolstering girls' PBI. Psychodramatic techniques such as doubling, role reversal, the mirror technique, and future projection can be used to facilitate the development (or fortification) of positive body image.

In psychodrama, the content would be generated from the protagonist and the director/therapist would follow the lead of the protagonist/client and make directorial choices depending on their style. As this paper remains theoretical, hypothetical examples of how to apply these techniques to PBI constructs have been generated for illustrative purposes.

1. Body Appreciation

Using multiple auxiliaries, the protagonist can assign roles based on the parts of their body they want to dialogue with. This may include parts that they appreciate or parts they want to work towards having appreciation for. The protagonist then has the opportunity to address these parts from a safe distance, while at the same time, having them concretized may also lead to a stronger emotional understanding than would be afforded if they were to stay in the cognitive realm. Having appreciation for one's body comes with an understanding of the body's role in everyday functioning (Tylka &Wood-Barcalow, 2015). The protagonist might speak to each part and tell them what specifically it is that they are thankful for. They might then address an area of their body that they struggle with and verbalize their thanks for what it allows them to do. For example, talking to one's thighs and recognizing the ways that they carry the body around and allow for the individual to experience the world around them. The stomach that might be villainized for being "too big" could be told that it's important in helping detect hunger and satiety, or that its adipose tissue protects vital abdominal organs. This can be further processed through the use of role reversal which allows the protagonist to speak as if they were

these aspects of their body. In this role reversal, the protagonist has the opportunity to practice empathy by taking on a viewpoint belonging to a disowned part of themselves.

Doubling can be added to deepen the protagonist's understanding, even becoming the critical voice that may come up and challenge the protagonist's ability to give their body the appreciation. On the contrary, if the protagonist is having a hard time identifying aspects that they appreciate, the double can reflect this and support them in this way.

2. Body Acceptance and Love

Body acceptance and love can be combined with the construct of body appreciation as they share similar qualities. The profoundness of this construct is that it does not demand that one is satisfied with how they look or even like their appearance for it to be available to them. It is about finding a way to accept and love themselves regardless of their current level of body confidence.

It could be interesting to address body acceptance while standing in front of an auxiliary in the role of a mirror. They can practice seeing themselves as deserving of their own appreciation, even if they don't feel that it rings true in the moment. They can dialogue with their image in this mirror, and the auxiliary can validate positive attitudes towards what the protagonist "sees."

Carnabucci and Ciotola (2013) propose the psychodramatic intervention entitled "magic shop" as being helpful for this population in working toward body acceptance and love. The director becomes the owner of a store that sells qualities, traits, and essences that the participant desires but can only obtain by making a trade. Often, they are asked to give up something that is getting in the way of their wellbeing. With this second construct, they may have to give up judgment or shame of a part of their body in order to purchase the acceptance and love.

3. Broadly Conceptualizing Beauty

Being part of a group is a suitable foundation from which to build upon the construct of a broad conceptualization of beauty, as the group itself may be comprised of peers similar in age but phenotypically different. Exposure to peers whose looks vary from one to the next is a subtle set up for dramatic exploration of what the concept of beauty means to an individual and how they define beauty in themselves and in others.

They can cast another group member to represent the beauty ideal, directly challenging it themselves or casting other auxiliaries to represent other characteristics that fall outside of the

conventional mold. They might cast various inner characteristics to speak to the idealized role. This can be done either with the protagonist being involved or taking a step back during the mirror technique. It is also possible for the director to enlist the group in collaborating by involving them all in the enactment with no specific protagonist. The director may stage them in a symbolic distance from each other, such as clustering the inner beauty characteristics and isolating the one(s) that represent normative, physically-bound ideals. Members can step out one at a time and take in the image. After everyone has taken a turn observing, the floor can be opened up and those who wish to adjust the picture will have the chance to do so. The sharing process could then be centered around each member's relationship to being part of the enactment and to the content itself.

4. Adaptive Appearance Investment

The group may be in different places when it comes to this construct. Some may have an active self-care routine, while others may be just starting to find the ways they would like to take care of themselves. Adaptive appearance investment encompasses the ways that one can nurture their body without the intent of changing it to conform to beauty standards (Tylka and Wood-Barcalow, 2015). Pleasurable exercise and grooming (Tylka & Wood-Barcalow, 2015) could be acted out to give participants a sense of what it might be like to take the first step. The protagonist could set up their ideal way to take care of themselves and have an auxiliary step in while they step out using the mirror technique. The director may interview the protagonist about what it is like to see themselves take care of themselves in a nonpunitive way. This may allow other group members to follow this and come up with their own responses to the prompt.

A directed activity to address this construct is called "fork in the road" (Carnabucci & Ciotola, 2013). The shape of a "Y" is represented on the floor using scarves or other materials to represent a path with two options. The crossroads in this case could deal with the theme of physical health. For example, the participant would have to choose between two options regarding the fitness: do they go down the path where they continue going to the gym in a perpetual effort to lose weight, or do they take the path that leads them to finding an exercise outlet that helps them attune to the needs of their body?

5. Inner Positivity

The individual's constellation of inner positive qualities can be identified and portrayed by auxiliaries. They may be interviewed by the protagonist, and then role reverse and have the

protagonist interviewed as the role. The director may work with the protagonist to conjure up situations in which they imagine their positivity would be challenged and have them respond in a way that maintains the dignity of their inner positivity. This could serve to broaden their awareness of these internal components and deepen their understanding of how they work to uphold PBI.

6. Filtering Information in a Body-Protective Manner

The double can support the protagonist's inner process when faced with information that might trigger body image disturbances. This can be done in conjunction with auxiliaries, who act as the information itself. They may take on abstract roles such as various forms of social media (Facebook, Instagram) and play with sending out messages intended to shake their body confidence. The protagonist can then practice responding to them with the help of the double who helps strengthen their inner voice by picking up on nuances and encouraging deeper exploration.

Additional notes. As discussed earlier, the therapeutic benefits of psychodramatic enactment are not necessarily exclusive to the protagonist. The auxiliaries may find relief in acting out the messages that they too are exposed to. These constructs are interwoven and exist in relationship to one another; thus more than one specific construct may be part of the process at any time. This section addressed each separately, but it's possible to make multiple combinations of constructs and techniques.

Recommendations

Depending on the needs of the group and the protagonist, one story may need to be worked through for the entirety of the session. As described above, the group process itself is healing and there are many opportunities for the group to be involved, but if the session length only allows for one story each time they meet, it decreases the likelihood that all who want to be the primary storyteller will be afforded the chance to do so. Sessions should be no less than 1.5 hours and the size of the group will be dependent on the need and resources of the environment in which the groups are held.

Chapter 6. Discussion

Paradigm Shift

After thorough analysis of the literature, it is apparent that body image research is shifting away from focusing on treating symptomology and towards building positive body image. A notable gap in the literature is that there is no research connecting the use of psychodramatic methods with positive body image constructs. This paper attempted to make hypothetical connections that were built on the foundation of established interventions or data gleaned from prior studies. The relationship between psychodrama and positive body image was influenced by the available literature on psychodramatic techniques used with eating disorders and with general body image concerns.

Harms of BID

Body image describes the subjective view one has of their outward appearance (Butters & Cash, 1987), with dissatisfaction stemming from the perceived discrepancy between the idealized standards of beauty and one own's body (Bell & Dittmar, 2011).

Appearance based-comparison and internalization of beauty ideals factor into the development of BID (Holland & Tiggemann, 2015). BID has been shown to adversely affect self-esteem, psychological wellbeing, and contribute to the development of depression and anxiety, as well as being correlated to the adoption of unhealthy weight-loss methods and the development of eating disorders (Marengo et al., 2018; Wertheim & Paxton, 2011).

Risk Factors

The roots of body image dissatisfaction have been analyzed through an intersectional framework, with no one author definitively stating that the cause can be traced to one influence. The consensus seems to be that media influence and quality of interpersonal relationships are often intertwined and thus it is difficult to definitively state a single factor that contributes to the development of BID.

Familial and parental modelling factor into the development of body image, whether there is direct communication regarding weight and size, or more subtle endorsement of beauty standards through behaviours and attitudes (Knafo, 2016; Smolak, 2011; Wertheim & Paxton, 2011). Secure, warm attachments between caregiver and child have been shown to serve as protection from harmful media messages, whereas insecure and insufficient attachment bonds

leave the adolescent vulnerable to needing more external validation (Cheng & Mallinckrodt, 2009). This leads them to adopt the belief that their physical appearance is the summation of their worthiness and value as a person (Cheng & Mallinckrodt, 2009).

An adolescent's peer group can contribute to the development of BID if the group itself values thinness and is preoccupied with weight loss (Hutchinson & Rapee, 2007). Adolescents in these social circles are at risk of developing disordered eating in order to control their weight (Hutchinson & Rapee, 2007).

Body image dissatisfaction has been linked to exposure to images of thin models via various forms of media including the internet, television, magazines, music videos, and movies (Bell & Dittmar, 2011). Mere consumption of these images does not necessarily lead to the development of BID. When the adolescent identifies with and internalizes the beauty standards being portrayed, they are more likely to self-objectify and place their value in their physical appearance (Dakanalis et al., 2014).

Social media, a prominent fixture in the lives of many adolescents, can be a breeding ground for insecurities surrounding one's body and general physical appearance. Beauty standards are perpetuated through the curated profiles found on image-based applications (such as Instagram), where photos are carefully selected and edited in an effort to appear flawless to peers. Social media users tend to display only that which positively reflects their lifestyle and underreport events which are negative (Marengo et al., 2018). Sharing photos of oneself on websites such as Facebook has been shown to lead to a greater likelihood of basing one's self-worth on appearance (Holland & Tiggemann, 2015).

Approaches and Treatments

Therapeutic approaches that have been used in the treatment of BID include Cognitive-Behavioural Therapy and experiential, action-oriented therapies (Cash, 2011; Jarry & Cash, 2011; Rabinor & Bilich, 2011). Dysfunctional thoughts, behaviours, and feelings are targeted using a variety of techniques that help the client to monitor and restructure their thought processes (Jarry & Cash 2011). Experiential therapies work with the theory that in order to treat issues related to the body, the body itself needs to be engaged as an active component of the treatment (Bilich & Rabinor, 2011).

Programs have been developed for use within schools that promote positive body image through early intervention. These programs implement a curriculum that support young girls in

building adaptive coping strategies such as positive self-talk and building healthy, sustainable relationships with peers (Sjostrom & Steiner-Adar, 2005). The inclusion of a media literacy component is present in both programs reviewed for this research. Providing tools that help to mitigate the impact of the media's images of physical attractiveness is of particular importance as it has been shown to improve body appreciation, esteem, and satisfaction (Sundgot-Borgen et al., 2019).

Application of Psychodramatic Techniques

Psychodrama appears to have the capacity to support the development and strengthening of the six key constructs of a positive body image. Positive body image, as outlined by Tylka and Wood-Barcalow (2015), is comprised of body appreciation, body acceptance and love, a broad conceptualization of beauty, adaptive appearance investment, inner positivity, and filtering information in a body-protective manner.

Psychodramatic techniques can be easily adapted to the treatment of body image dissatisfaction among adolescent girls through the promotion of positive body image. The group process may provide a forum in which all participants receive therapy, whether or not they are the main focus of the story in the enactment phase in psychodrama via the process of "spectator catharsis" (Dayton, 2005).

Adolescent girls who experience a negative relationship with their bodies may benefit from the use of psychodramatic techniques. Underlying the techniques is the concept of concretization which supports the need to externalize that which is often processed through verbalization alone. This lies at the core of most of the theoretical applications explored above. The inner narrative of the client is physically represented in a safe, contained manner with the presence of the director. The ability to dialogue with abstract parts of one's self, as well as specific body parts, can lead to a more compassionate relationship with the body and its perceived shortcomings.

When it comes to the six constructs of a positive body image, psychodramatic techniques can assist the client in developing a positive body image by allowing for them to practice skills in real time, whether in an imagined future scene or a return to a past situation. Using role reversal, the client can put themselves in the position of their body and engage the parts in dialogue. Doubling can be used to develop an inner voice that is critical of the harmful messages disseminated by media. Auxiliaries can be used in countless ways as they take on roles of

thoughts and feelings, as well as aspects of the body. The mirroring technique helps the client to obtain a distanced viewpoint from which they can see their own inner perspective from an outsider's point of view.

Expected Therapeutic Benefits

Relationship building. Psychodrama in the context of a group has its own set of therapeutic benefits. The value of being witnessed by peers who are experiencing similar levels of body dissatisfaction serves two purposes: it validates their feelings by ensuring they do not feel isolated and it can lead to vicarious catharsis through playing an auxiliary or participating as an audience member. Being encouraged to interact with one another through the various stages of a psychodrama group process can serve as a model for relationship building. As peer relationships are formative in adolescent identity development, possessing the skills needed to form healthy connections can empower the adolescent to seek out supportive friendships and make them less susceptible to the influences of appearance-oriented peers (Hutchison & Rapee, 2007).

Acquisition of practical skills. The act of concretizing internal dialogue can scaffold the building of a less critical internal dialogue towards the body. Having auxiliaries play extensions of the protagonist allows for the protagonist to practice speaking to these parts of themselves and affords the protagonist the ability to try out self-talk that is supportive and compassionate. Using future projection allows the client to place themselves in an anticipated scenario and employ skills in real time while being in a safe environment. Practicing these skills ahead of an anticipated event can lessen the anxiety around the situation and equip the client with concrete tools. Interventions that tackle the component of inner positivity can help the client to expand their self-worth. Identifying traits and characteristics that make up their personality can widen the criteria they rely on to measure feelings of self-worthiness, reducing the amount of stock placed in physical appearance as an indicator of their value. Through acting out various forms of adaptive appearance investment, foundation self-care practices can be established that can be applied outside of the dramatic enactment.

Media literacy is an implicit force underlying the skill of being critical of information that may trigger body image distress. By concretizing harmful messages from media and peers, participants of the group can practice questioning what they see and hear. Honing this specific

skill may come with an improved sense of agency as it relates to the adolescent's ability to filter information in ways that serve to protect their body image.

Self-compassion and self-esteem. Psychodramatic techniques can help the protagonist to experiences themselves in various roles that allow for them to develop and increase their capacity for empathy. When it comes to body appreciation, as well as body acceptance and love, role reversal can foster a deeper understanding of physical attributes that have previously been distressing to the individual.

By dialoguing with concretized aspects of themselves, they may gain insight into their relationships with these parts and how they have been influencing their self-concept. Once the adolescent begins to free themselves from the constraints of BID, they may become more open to viewing themselves with more compassion. This compassion can extend to others through the exploration of concepts of beauty and the understanding that beauty exists in countless forms. The judgment of self and others for not meeting the standards of beauty that are promoted by the media may dissipate with the knowledge that beauty is not definable by one set of criteria.

Self-esteem may grow among the clients as they are supported in getting to know themselves in a different light. Identifying inner traits that exist separately from physical attributes may help them to expand their self-concept and encourage them to see their value in their personal characteristics. Playing with the construct of adaptive appearance investment may empower the participants to take charge of caring for themselves in constructive, positive ways.

Chapter 7. Conclusion

Limitations

   Scope. This study was only able to scratch the surface of what would be possible using psychodrama as the primary treatment modality for BID. The interventions and techniques described throughout build a foundational argument for how positive body image constructs and psychodramatic techniques are compatible. This paper did not address how psychodrama is used to delve into the client's relationships and past experiences, as this has been written about at length in psychodrama literature and it would be beyond the scope of this paper. This paper is by no means a comprehensive study of psychodrama. Given the length guidelines and focused topic of this paper, discretion was used by the author as to what was or was not included. There is such a wealth of information about psychodrama and the author does not claim to have provided anything but an introductory description of its concepts. The concepts chosen to be reviewed were also selected based on their relevance to the topic of body image.

   The authors selected for this literature review generally share an understanding that body image development can be explained using a sociocultural lens.

   Intersectionality. Including discussion and research about gender is one of the major limitations of this paper. The focus was on adolescent girls, but there is an obvious lack of exploration around gender apart from a basic inclusion of the binary genders. Gender nonconforming, transgendered, and gender creative individuals can experience the kinds of body image dissatisfaction that are discussed in this paper, but their actual lived experience may differ due to the diverse aspects of their identity.

  Thus far, this study has included literature that focuses primarily on the experience of cis-gender adolescent girls in western society. The cultural context is specifically that of the researcher's, which is both consciously and unconsciously experienced by the researcher as their personal bias. The research around adolescence and body image tends to be dominated by North American, Australian, and Scandinavian perspectives. There is a vastly growing amount of literature available that considers intersectionality in the realm of body image, but this paper's scope did not allow for a full investigation into the complex and important worlds of culture and gender. In general, there needs to be more research that centres the experiences of marginalized people. The narrative has far too long been monopolized by heteronormative, cis-gendered, Eurocentric interpretations.

Future Directions

In order to draw out clearer conclusions, more research needs to be included in the realm of attachment and how early relationships affect body image development. Additionally, more research needs to be done on the risk factors for developing BID.

Next steps include the practical application of the techniques in this research with regard to the constructs of positive body image. Intervention and effectiveness studies are recommended in order to understand how this approach to therapy may affect BID and PBI.

At this point, there is no empirically-based literature that advocates for psychodrama's role in assisting the growth of positive body image. Since current research trends in body image are centered on PBI, it stands to reason that conducting more research psychodrama as an effective intervention will help the creative arts therapies be viewed as a valid form of treatment for BID.

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