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Piloting Free To Be: A Positive Body Image Program for Adolescents Ψ

Projet pilote Free To Be : un programme visant l'image corporelle positive pour les adolescents

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Abstract

This study evaluated a positive body image program, *Free To Be*, for adolescent girls *and* boys. Participants were Canadian and primarily South Asian and were part of either the intervention ($n = 76$) or comparison groups ($n = 43$). Participants completed pretest and posttest questionnaires. The Group x Gender x Time interactions examining the study's outcomes were not significant; however, post hoc analyses suggested promising results. Specifically, members of the intervention group experienced a significant increase in body image coping strategies and media literacy from Time 1 to Time 2, with boys benefiting the most. Members of both the intervention and comparison groups experienced a significant decrease in body dissatisfaction from Time 1 to Time 2. Boys in the intervention group experienced a greater

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decrease in body dissatisfaction, whereas both girls and boys in the comparison group reported a decrease in body dissatisfaction. Positive body image did not improve in either group. Limitations and implications are discussed.

Résumé
Cette étude a évalué un programme d'image corporelle positive, Free To Be, destiné aux adolescents et adolescentes. Les participants étaient Canadiens et principalement sud asiatiques et faisaient partie soit du groupe d'intervention (n = 76), soit du groupe de comparaison (n = 43). Les participants ont rempli des questionnaires avant et après le test. Les interactions du groupe x genre x temps examinant les résultats de l'étude n'étaient pas significatives ; cependant, des analyses post-hoc ont suggéré des résultats prometteurs. Plus précisément, les membres du groupe d'intervention ont constaté une augmentation significative des stratégies d'adaptation à l'image corporelle et de la littératie médiatique du premier au deuxième temps, les garçons étant les plus bénéficiaires. Les membres des groupes d'intervention et de comparaison ont constaté une diminution importante de l'insatisfaction corporelle entre le premier et le deuxième temps. Les garçons du groupe d'intervention ont connu une diminution plus importante, tandis que les garçons et les filles du groupe de comparaison ont connu une diminution de l'insatisfaction corporelle. L'image corporelle positive ne s'est pas améliorée dans les deux groupes. Les limites et les enjeux sont abordés.

Keywords
positive psychology, prevention, body dissatisfaction

Mots clés
psychologie positive, prévention, insatisfaction corporelle

Significance of the Scholarship to the Public
This study examined a positive body image program, Free To Be, in Canada, and included a primarily South Asian sample. This body image program is one of the few available for both girls and boys and that focuses on positive body image. The results of this pilot study provide future directions for examining and promoting positive body image through programs for girls and boys.

The majority of research, theory, and practice related to body image has historically focused on understanding and preventing negative body image in girls and women (Piran, 2015; Smolak & Cash, 2011). Although there are benefits to attending to negative body image, a lack of negative body image does not equate the experience of, or provide the same benefits as, having a positive body image (Tylka, 2011; Webb et al., 2015; Wood-Barcalow et al., 2010). *Positive body image*—a predominant feeling of appreciation and respect for one's body (Frisén & Holmqvist, 2010; Holmqvist & Frisén, 2012; Wood-Barcalow et al., 2010)—arguably helps shift one's focus beyond deficits and concerns to a more complete and balanced perspective (Tylka, 2011). Further, the experience of positive body image helps promote optimal functioning, flourishing, and provides additional preventative effects (Tylka, 2011).

Although positive body image is well-established as a construct in the literature, there is little research examining intervention efforts designed to foster positive body image and related constructs. From an intervention standpoint, a positive psychological framework offers an important foundation for developing positive body image programs (Tylka, 2011). As body image concerns do not develop in isolation, neither does healing and ultimately thriving. Activities that are strengths-based and emphasize well-being, such as exploring strengths, expressing gratitude, and cultivating meaningful relationships, are becoming increasingly utilized in body image interventions as a way to expand one's perspective beyond solely focusing on appearance, to that of being a whole person (Tylka & Wood-Barcalow, 2015a). However, additional research examining the efficacy of positive body image programs is needed. In addition, boys and men are currently underrepresented in the body image literature (Grogan & Richards, 2002), and only a few studies have examined the use of body image programs developed for both girls and boys (e.g., Smolak & Cash, 2011; Yager et al., 2013). Thus, this study aimed to evaluate a positive body image program, Free To Be, that is guided by positive psychology and involved seventh-grade girls and boys in a school setting.

Positive Body Image

Positive body image is recognized as a distinct construct from negative body image (see Tylka & Wood-Barcalow, 2015a for a review). Reducing negative body image will not result in increasing positive body image. Rather, developing a positive body image requires engaging in a variety of behaviors that increase emotional, cognitive, and physical well-being (Tylka, 2011; Tylka &

Wood-Barcalow, 2015a). Additionally, a number of factors promote positive body image, including media literacy (i.e., critical views of body ideals presented in the media), supportive environments that provide unconditional acceptance, contexts or cultures that broadly conceptualize attractiveness, and the belief that a higher power created people who are inherently special (Tylka, 2011). Thus, there are many avenues to promote positive body image.

The experience of positive body image relates to several beneficial outcomes: enhancing self-care, engaging in healthy behaviors, protectively filtering information, seeking out positive environments, appreciating and respecting one's body, minimizing exposure to harmful media, emphasizing personality and inner attributes, and demonstrating flexible standards of beauty (Holmqvist & Frisén, 2012; McHugh et al., 2014; Tylka, 2011; Wood-Barcalow et al., 2010). Further, positive body image arguably works in a reciprocal and cyclical manner; actions that increase positive body image and outcomes that emerge from having a positive body image serve to increase and maintain a positive body image (Tylka, 2011).

Developmental and Cultural Body Image Considerations

As children transition to adolescence, many developmental changes impact their bodies and body images (Ricciardelli & McCabe, 2011; Ricciardelli & Yager, 2016; Wertheim & Paxton, 2011). In general, physical changes tend to result in more positive experiences for boys as they move closer to socially constructed ideals of an attractive man (e.g., increased muscle mass, widened shoulders); whereas, for girls, physical changes tend to result in moving further away from the socially constructed ideal of an attractive woman (e.g., widened hips, increased body fat; Ricciardelli & Yager, 2016). During this time, adolescents begin to experience an enhanced awareness of social attitudes toward physical appearance, often resulting in body image concerns being at the forefront of adolescents' minds (Ricciardelli & Yager, 2016). Further, an increased awareness of the self and others leads to peer relationships becoming more influential during adolescence, and in turn impacts body image development (Markey, 2010; Ricciardelli & Yager, 2016). Peers often perpetuate what is believed to be an "acceptable and appropriate" appearance (Rayner et al., 2013, p. 644) through direct methods, such as peer pressure and appearance-based teasing, and indirectly, through peer-group norms and social comparisons (Ricciardelli & Yager, 2016).

In addition to developmental considerations, cultural influences on body image are important to consider as well. For instance, in regard to conceptions of attractiveness, different cultures value and have varying preferences for certain physical characteristics or attributes (e.g., Holmqvist & Frisén,

2012; McClean & Paxton, 2011). Although early studies sometimes cite culture as a protective factor against body image concerns (e.g., a societal ideal of a body that is larger and heavier; Dounchis et al., 2001), more recent studies have revealed that Western ideals of attractiveness are becoming a broader concern due to globalization (Riccardelli & Yager, 2016). Whereas specific aspects of body image concerns vary across cultures, body image concerns for girls and boys are generally cross-cultural, with girls tending to be more concerned with thinness and boys with muscularity (Riccardelli & Yager, 2016). Thus, determining culturally appropriate strategies for developing appreciation for one's body and expanding awareness of all aspects of one's personhood, and not just appearance, will likely be useful for the global experience of body dissatisfaction.

Body image in adolescent girls. The social and physical changes that take place during adolescence can strongly influence girls' body image development (Wertheim & Paxton, 2011) and the attitudes and beliefs surrounding their perceived attractiveness (Striegel-Moore & Cachelin, 1999). Recent studies have revealed that many Western appearance ideals have become beauty standards for girls and women around the world, such as individuals from Latin, Argentine, Malaysian, Indian, and Chinese cultures (Ricciardelli & Yager, 2016). Examples of Western appearance ideals for females include being unrealistically thin and having toned muscles, flawless skin, moderate to large breasts, luscious long hair, long eyelashes, and "pouty" lips (e.g., Holmqvist & Frisén, 2012; McClean & Paxton, 2011). Believing such ideals are important and not attaining them can result in feeling dissatisfied with one's body.

To date, little research exists related to adolescent girls and positive body image. Two qualitative studies have identified common factors of adolescent girls who espouse a positive body image, which included (a) satisfaction with their perception of having an average appearance, (b) acceptance of imperfections, (c) a focus on the function of their bodies (as opposed to the aesthetic), (d) the assumption that others liked their appearance, (e) the ability to not ruminate on negative comments about their bodies, (f) the belief that personality is more important than their appearance, (g) a broad definition of beauty, and (h) a critical stance against media messages (Frisén & Holmqvist, 2010; Holmqvist & Frisén, 2012).

Body image in adolescent boys. Over the last decade there has been an increased focus on understanding body image development in boys and men in Western and non-Western cultures. Adolescent boys from Western cultures often wish to be more muscular and stronger than their current state (Grogan & Richards,

2002; Ricciardelli & McCabe, 2011). Additionally, boys' concerns tend to have a more functional focus, in comparison to an aesthetic focus that is more prevalent among girls; boys often desire lean muscularity and wish for specific parts of their bodies, such as their shoulders, arms, biceps, and chests, to have greater functional use in playing sports (Ricciardelli & McCabe, 2011). Fewer studies have examined body image in adolescent boys from non-Western cultures. Recent studies reveal similar findings in non-Western individuals—body image concerns tend to center around muscularity and body size (Ricciardelli & Yager, 2016). In Western cultures, a preoccupation with weight and size has led to an increase in adolescent boys engaging in extreme and unhealthy habits. For instance, they may use laxatives to lose weight (Ricciardelli & McCabe, 2011) or use anabolic steroids to achieve quick results in muscle building (Ricciardelli & McCabe, 2004).

Further, recent studies have revealed disparities among gay, bisexual, transgender, and heterosexual adolescent boys' body image (Austin et al., 2013; Calzo et al., 2015; McClain & Peebles, 2016; Shearer et al., 2015; Watson et al., 2017). Such studies have found sexual minority boys report higher body image concerns and engage in more patterns of disordered eating behavior and appearance management strategies than their heterosexual counterparts (Austin et al., 2013; French et al., 1996; Watson et al., 2017). More specifically, research suggests gay and bisexual adolescent boys experience a greater negative body image (French et al., 1996). Additionally, gay and bisexual adolescent boys and transgender youth reported greater eating disorder behaviors than heterosexual boys (Austin et al., 2013; McClain & Peebles, 2016), and transgender youth had greater self-reported eating disorders than heterosexual boys (McClain & Peebles, 2016).

Research on positive body image in adolescent boys has paralleled that of adolescent girls (Frisén & Holmqvist, 2010; Holmqvist & Frisén, 2012). Adolescent boys who demonstrate a positive body image tend to (a) believe personality is more important than appearance, (b) have a broad definition of attractiveness, (c) be critical of media messages, (d) feel satisfied with their perception of having an average appearance, (e) accept their perceived imperfections, (f) focus on the function of their bodies (as opposed to the aesthetic), (g) assume that others like their appearance, and (h) not ruminate on negative comments about their bodies (Frisén & Holmqvist, 2010; Holmqvist & Frisén, 2012).

Body image in Asian adolescent populations. There is a dearth of literature surrounding Asian, and particularly South Asian, adolescent populations and body image. Moreover, cultural differences have been overlooked within specific Asian populations, and researchers have used the term "Asian" interchangeably to describe very different cultural groups, making

the findings difficult to interpret (Kennedy et al., 2004). One study examining different ethnic groups of young adults living in Canada found that European-descent individuals reported a higher positive body image, followed by Indo-Asian individuals, with Chinese-descent individuals expressing the most concern with their body image (Kennedy et al., 2004). Specifically, the Chinese-descent participants were least satisfied with their attractiveness, certain body parts, and physical condition (Kennedy et al., 2004). Another study conducted in India with 550 adolescent participants found that 42% had no concerns about their body shape, 39% had moderate concerns, and 18% had mild concerns (Singh et al., 2015).

Of the limited research available focusing on the types of concerns experienced by adolescent Asian populations, their concerns have been similar to Western populations. Like adolescents from Western cultures, factors that contribute to negative body image in Asian adolescents include pressure from media, peers, and adult relatives, as well as social comparisons (Chen & Jackson, 2009; Dhillon & Dhawan, 2011; Xu et al., 2010). In addition, in a study of Chinese boys' body image, their concerns centered around increasing muscularity and weight; whereas adolescent girls' concerns focused on losing weight (Xu et al., 2010). Moreover, Dhillon and Dhawan (2011) interviewed adolescent girls and young women from India and found themes related to a preoccupation with weight, body shape, and body size. However, unlike Western studies, Mellor et al. (2014) found evidence of unique body image concerns for Asian adolescent boys involving a greater focus on dissatisfaction with height, hair, and facial attractiveness.

Existing Body Image Programs

In a recent review of school-based body image programs for adolescents, results suggest that the majority of prevention programs focused on reducing body dissatisfaction and eating disorder symptoms among adolescent girls (Yager et al., 2013). Although some programs were successful in improving body image variables, results were largely inconsistent for improvements (e.g., Smolak & Cash 2011; Yager et al., 2013). Additionally, White American adolescent girls have been the primary target of body image prevention programs. Scholars have recommended and identified the importance of including girls and boys of different cultural backgrounds to broaden our understanding (Smolak & Cash, 2011; Yager et al., 2013).

Present Study

Although positive body image has many benefits for girls and boys, there are few programs designed to promote positive body image for both genders.

Scholars recommend developing positive body image programs through a positive psychological framework that includes cognitive, emotional, and physical elements, such as nurturing appreciation for the functions of the body, promoting relationships not premised on appearance, highlighting the importance of internal characteristics, and broadly conceptualizing attractiveness (Tylka, 2011; Tylka & Wood-Barcalow, 2015a; Wood-Barcalow et al., 2010). Thus, the purpose of our pilot study was to examine the outcomes of a positive body image program, Free To Be, that was created for adolescent girls and boys using a positive psychology framework. Additionally, Free To Be was designed to be brief, flexibly structured, and inclusive of interventions previously shown to enhance positive body image (i.e., developing media literacy, promoting strengths, building resilience to social pressures that can impact body image, and fostering a positive social environment; Dunstan et al., 2017; Halliwell & Diedrichs, 2014; Richardson & Paxton, 2010; Sharpe et al., 2013). We hypothesized that compared to a comparison group, from pretest to posttest, girls and boys in the intervention group would report an increase in positive body image, media literacy, and body image coping strategies, and a decrease in body dissatisfaction.

Method

Participants

One hundred and nineteen seventh grade students (57 boys, 60 girls, 2 individuals who did not report their gender identity) from a public, English-speaking middle school in British Columbia, Canada, participated in the study (M_{age} = 12.28 years, SD = 0.51). A post hoc power analysis revealed the sample size was appropriate. Due to scheduling restrictions with the school, a quasi-experimental cohort design was used. The intervention group (n = 76) consisted of seventh-grade students across five classrooms that participated in the Free To Be program during their regular school day as part of their health class. During a subsequent school year, but during the same season, four additional classrooms served as a comparison group (n = 43) and did not participate in the program. The students in the intervention and comparison groups were in the same grade, from the same school, and completed the questionnaires during the spring time. Each student in the participating classrooms was invited to participate in the research portion of the project, which included the assessment questionnaires. Participants were eligible to complete the questionnaires if they provided written assent and their parent/legal guardian provided written consent. Regarding race and/or ethnicity, participants identified largely as

South Asian (82.4%), followed by White (8.4%), Southeast Asian (2.5%), other (2.5%), Filipino (1.7%), Black (0.8%), and 1.7% did not identify their race and/or ethnicity.

Measures

Positive body image. Positive body image was measured using the Body Appreciation Scale–2 (BAS-2; Tylka & Wood-Barcalow, 2015b). The BAS-2 is a 10-item, self-report measure that assesses a person's belief and appreciation for their body. Respondents rate their belief of a given statement (e.g., "I feel beautiful even if I'm different from attractive people on TV or magazines") on a 5-point Likert-type scale that is scored from 1 (*never*) to 5 (*always*). Item responses are summed, with a higher total indicating a more positive body image. The BAS-2 was adapted slightly for this study, with consultation from the original author of the measure, to include simpler language for a younger population (T. Tylka, personal communication, May 15, 2015). The BAS-2 has internal consistency between .93–.97 for both men and women respectively, and test–retest reliabilities over a 3-week period were over .90 for both women and men (Tylka & Wood-Barcalow, 2015b). The BAS-2 is negatively related to eating disorder symptomatology, internalization of societal appearance ideals, and body surveillance, and positively related to intuitive eating for women and men (Tylka & Wood-Barcalow, 2015b). The internal reliability for this study was .91 at first data collection (T1) and .92 at second data collection (T2).

Body image coping strategies. The Body Image Coping Strategies Inventory's Positive Rational Accepting Coping subscale (BICSI-PRAC) was used to measure body image coping strategies. The BICSI-PRAC (Cash et al., 2005) consists of 11 items that assess adaptive coping in response to body image-related threats (e.g., "I tell myself that there are more important things than what I look like"). The measure uses a 4-point Likert-type scale scored from 0 (*definitely not like me*) to 3 (*definitely like me*). Mean scores are calculated, with higher scores indicating that a participant typically responds to body image threats with healthy coping strategies. The BICSI-PRAC's internal consistency is .85 for men and .80 for women (Cash et al., 2005). Among women, the BICSI-PRAC is positively related to higher body image, quality of life, self-esteem, and perceived social support (Cash et al., 2005; Webb et al., 2015). For men, the BICSI-PRAC is positively correlated with social support (Cash et al., 2005). For this study, the internal consistency was .73 at T1 and .79 at T2.

Body dissatisfaction. The Eating Disorder Inventory's Body Dissatisfaction subscale (EDI-BD) was used to measure body dissatisfaction. The EDI-BD is a 9-item, self-report measure of a person's dissatisfaction with different body parts (Garner et al., 1983). Respondents rate their beliefs (e.g., "I think my thighs are just the right size") on a 6-point Likert-type scale. Items are scored as follows: 3 (*always*), 2 (*usually*), 1 (*often*), 0 (*sometimes*), 0 (*rarely*), and 0 (*never*). A higher total score indicates a greater level of body dissatisfaction. Internal consistency of the EDI-BD subscale is .90 for clinical samples and .91 for nonclinical samples (Garner et al., 1983). The EDI-BD subscale is correlated with a drive for thinness and perfectionism (Garner et al., 1983). The internal reliability for this study was .86 at both T1 and T2.

Media literacy. Media literacy was assessed using six items adapted from Richardson and Paxton (2010; e.g., "Many images of models in media have been changed using computer techniques"). Participants rated these items on a 5-point Likert-type scale, ranging from 1 (*strongly agree*) to 5 (*strongly disagree*). To ease interpretation, the scale was reversed during data analysis from 1 (*strongly agree*) and 5 (*strongly disagree*) to align with the direction of the other positively oriented measures. Item responses were summed, with higher scores indicating an increase in media literacy. The internal reliability for this sample was .59 at T1 and .73 at T2.

Program feedback. A scale adapted from Richardson and Paxton (2010) was used to assess participants' satisfaction with the program. The items included: "I felt comfortable discussing the issues in a group with my classmates," "I felt the sessions were relevant to me," "I felt I learned a lot during the sessions," "I felt that the sessions were interesting," "I felt that the sessions were enjoyable," and "I would recommend this program to others." The items were on a 5-point Likert-type scale, ranging from 1 (*strongly disagree*) to 5 (*strongly agree*), and were analyzed separately.

Free To Be Program

Free To Be is a positive body image program that involves six, 55-min, interactive sessions for girls and boys. It is rooted in empirically supported, peer-based (Richardson & Paxton, 2010; Sharpe et al., 2013), media literacy (Wilksch & Wade, 2009), and cognitive dissonance (Halliwell et al., 2015; Stice et al., 2013) interventions for adolescents, using a positive psychology framework (Tylka, 2011). Each session of Free To Be has a unique focus. Session 1 focuses on understanding appearance pressures and corresponding media messages. Session 2 centers on

increasing awareness of how media is manipulated and the impact this has on the viewer. Session 3 focuses on increasing appreciation for one's body and internal characteristics. Session 4 involves exploring and combating constraining appearance and behavior stereotypes. Session 5 focuses on developing agency in teaching others about positive body image. Finally, Session 6 involves identifying one's best possible self. An indepth description of Free To Be and a break-down of each session, including its purpose and activities, can be found in Regehr and Owens (2018). The program facilitator for this study was trained by the primary author and used the facilitator's manual that outlined each session. Students used the student activity booklet created for Free To Be to complete the activities and exercises that coincided with each session.

Procedure

The study was approved by the institutional review board prior to beginning the study. The participants completed the questionnaire packets at two time points. For the intervention group, T1 occurred approximately 1 week before the students started participating in Free To Be, and T2 occurred approximately 2 weeks following the delivery of the last Free To Be session. For the comparison group, T2 occurred 6 weeks following T1. Due to the make-up of the classes and scheduling requirements of the participating schools, three classes included girls and boys and completed two sessions a week over 3 weeks (Classrooms 1–3). One girls-only classroom and one boys-only classroom received one session of the program a week over 6 weeks (Classroom 4 and 5). Classrooms 1–3 had one teacher, and classrooms 4 and 5 had another teacher; however, Free To Be was led by the same trained program facilitator for each intervention classroom. There were different teachers for all four classrooms that were part of the comparison group. Although the program duration differed across the classrooms that included girls and boys and the same-gender classrooms, the program content and activities were identical, the sessions were the same length of time, and the program was administered during the same time of the school year by the same facilitator.

Results

Preliminary Analyses

To address missing data (T1 and T2 = 0.95%), expectation maximization was used at the item level in SPSS 24 before computation of the scale or

subscales scores (Schlomer et al., 2010). Outliers at the subscale and scale levels were examined and values were compared to upper and lower boundaries at the 25th and 75th percentiles (Field, 2013). This method identified outliers that were Winsorized at T1 (0.03% of the data) and T2 (0.04% of the data; Field, 2013). Next, each scale was screened for skewness and kurtosis using visual inspection and examining statistical values. No variables had absolute values of skewness and kurtosis outside acceptable ranges (greater than 3 for skewness and greater than 10 for kurtosis; Weston & Gore, 2006). Table 1 shows the descriptive statistics for each variable, and Table 2 shows the correlations between each variable.

Given the differences in the gender makeup of Classrooms 1–3 and Classrooms 4 and 5, which involved the participants in the intervention group, independent samples *t* tests were used to examine group differences of the primary outcome variables at T1. Results revealed that Classrooms 1–3 ($n = 31$) were not significantly different from classrooms 4 and 5 ($n = 45$) at T1 across all measures. The outcome variables at T1 were also compared between the intervention and comparison groups. There was not a significant difference on body dissatisfaction. However, the intervention group ($M = 3.92$, $SD = 0.69$) was significantly higher than the comparison group ($M = 3.56$, $SD = 0.87$) on positive body image, $t(117) = -2.44$, $p = .016$, $d = 0.46$. The intervention group ($M = 1.86$, $SD = 0.51$) was significantly higher than the comparison group ($M = 1.63$, $SD = 0.36$) on body image coping strategies, $t(117) = -2.58$, $p = .011$, $d = 0.52$. The intervention group ($M = 23.77$, $SD = 3.58$) was also significantly higher than the comparison group ($M = 22.37$, $SD = 2.65$) on media literacy, $t(108.60) = -2.44$, $p = .016$, $d = 0.44$ (Levene's Test for Equality of Variances was significant for media literacy; therefore, equal variance was not assumed and test statistics were reported accordingly).

To the authors' knowledge, there were no notable differences between the intervention and comparison groups although data were collected during different school years. Every effort was taken to achieve as equivalent groups as possible (i.e., data was collected during the same time of the school year, at the same school). Given the differences in outcome variables at T1, demographic variables between the intervention and comparison groups were compared. Although all participants were in Grade 7, the intervention group had significantly older students ($M = 12.36$, $SD = 0.53$) than the comparison group ($M = 12.15$, $SD = 0.43$), $t(95.95) = -2.25$, $p = .027$ (Levene's Test for Equality of Variances was significant; therefore, equal variance was not assumed and test statistics were reported accordingly). There were no significant differences between gender and race and/or ethnicity between the groups.

Table 1. Means and Standard Deviations of Outcome Measures by Condition and Gender

Variable	Group	Gender	*M*	*SD*
Positive body image T1	Comparison	Boys	3.83	0.80
		Girls	3.20	0.90
		Total	3.55	0.89
	Intervention	Boys	4.09	0.56
		Girls	3.78	0.75
		Total	3.92	0.69
	Total	Boys	3.98	0.67
		Girls	3.60	0.84
		Total	3.79	0.78
Positive body image T2	Comparison	Boys	4.08	0.78
		Girls	3.09	0.78
		Total	3.64	0.92
	Intervention	Boys	4.21	0.63
		Girls	3.83	0.66
		Total	4.00	0.67
	Total	Boys	4.16	0.69
		Girls	3.61	0.77
		Total	3.88	0.78
Body image coping strategies T1	Comparison	Boys	1.63	0.40
		Girls	1.62	0.34
		Total	1.63	0.37
	Intervention	Boys	1.88	0.49
		Girls	1.85	0.53
		Total	1.86	0.51
	Total	Boys	1.78	0.47
		Girls	1.78	0.49
		Total	1.78	0.48
Body image coping strategies T2	Comparison	Boys	1.65	0.38
		Girls	1.52	0.47
		Total	1.59	0.42
	Intervention	Boys	2.09	0.57
		Girls	1.88	0.49
		Total	1.98	0.53
	Total	Boys	1.91	0.54
		Girls	1.77	0.51
		Total	1.84	0.53

(continued)

Table 1. (continued)

Variable	Group	Gender	*M*	*SD*
Media literacy T1	Comparison	Boys	22.06	2.79
		Girls	22.67	2.64
		Total	22.33	2.71
	Intervention	Boys	23.69	3.86
		Girls	23.84	3.37
		Total	23.77	3.58
	Total	Boys	23.03	3.54
		Girls	23.49	3.19
		Total	23.27	3.36
Media literacy T2	Comparison	Boys	23.17	3.08
		Girls	23.69	2.66
		Total	23.40	2.88
	Intervention	Boys	25.61	3.27
		Girls	24.60	4.82
		Total	25.05	4.21
	Total	Boys	24.63	3.39
		Girls	24.32	4.29
		Total	24.47	3.86
Body dissatisfaction T1	Comparison	Boys	3.71	4.50
		Girls	8.92	6.98
		Total	6.00	6.22
	Intervention	Boys	3.57	4.49
		Girls	4.13	4.76
		Total	3.88	4.62
	Total	Boys	3.63	4.46
		Girls	5.57	5.89
		Total	4.62	5.31
Body dissatisfaction T2	Comparison	Boys	2.14	2.91
		Girls	7.34	5.39
		Total	4.42	4.88
	Intervention	Boys	2.17	3.93
		Girls	3.59	4.14
		Total	2.95	4.08
	Total	Boys	2.16	3.52
		Girls	4.71	4.82
		Total	3.47	4.41

Note. T1 = first data collection; T2 = second data collection.

Table 2. Correlations Among Study Variables

Variable	1	2	3	4	5	6	7	8
1. Media literacy T1	—							
2. Positive body image T1	.01	—						
3. Body dissatisfaction T1	.10	−.65**	—					
4. Body image coping strategies T1	.20*	.31**	−.21*	—				
5. Media literacy T2	.42**	.03	−.03	.21*	—			
6. Positive body image T2	−.05	.75**	−.72**	.24**	−.01	—		
7. Body dissatisfaction T2	.12	−.59**	.81**	−.15	.01	−.76**	—	
8. Body image coping strategies T2	−.03	.35**	−.40**	.60**	.17	.44**	−.42**	—

Note. T1 = first data collection; T2 = second data collection.
*$p < .05$. **$p < .01$.

Program Outcomes

Mixed design analysis of variance (ANOVA) was used to examine interactions between condition (comparison group, intervention group), gender (boys, girls), and time (pretest and posttest) for positive body image, body image coping strategies, media literacy, and body dissatisfaction. To reduce the likelihood of obtaining Type I errors by conducting four separate ANOVAs, we used the Bonferroni correction. In addition, given the significant difference in age between the comparison and intervention groups, mixed design analyses of covariance (ANCOVAs), controlling for age, were used to examine the same interactions outlined above. No noteworthy differences were observed between the mixed design ANCOVAs and the mixed design ANOVAs (i.e., the same outcomes were significant and nonsignificant); therefore the results for the mixed design ANOVAs will be reported. An a priori level of .05 was employed.

Although the primary three-way interactions were not significant across the four outcome variables, given the pilot nature of this study, specific post hoc analyses were conducted to examine hypotheses of interest. Members of the intervention group experienced a significant increase in body image coping strategies from T1 ($M = 1.86$, $SD = 0.51$) to T2 ($M = 1.98$, $SD = 0.53$), $p = .017$, $d = 0.23$. Further, boys in the intervention group reported a significant increase in body image coping strategies from T1 ($M = 1.88$, $SD = 0.49$) to T2 ($M = 2.09$, $SD = 0.57$), $p = .007$, $d = 0.40$.

Members of the intervention group experienced a significant increase in media literacy from T1 ($M = 23.77$, $SD = 3.58$) to T2 ($M = 25.05$, $SD = 4.21$), $p = .004$, $d = 0.33$. Further, boys in the intervention group

reported a significant increase in media literacy from T1 ($M = 23.69$, $SD = 3.86$) to T2 ($M = 25.61$, $SD = 3.27$), $p = .005$, $d = 0.54$.

Members of both the intervention and comparison groups experienced a significant change in body dissatisfaction from T1 to T2. The intervention group reported a significant decrease in body dissatisfaction from T1 ($M = 3.88$, $SD = 4.62$) to T2 ($M = 2.95$, $SD = 4.08$), $p = .007$, $d = 0.21$. Further, boys in the intervention group reported a significant decrease in body dissatisfaction from T1 ($M = 3.57$, $SD = 4.49$) to T2 ($M = 2.17$, $SD = 3.93$), $p = .009$, $d = 0.33$. The comparison group also reported a significant decrease in body dissatisfaction from T1 ($M = 6.00$, $SD = 6.22$) to T2 ($M = 4.42$, $SD = 4.88$), $p = .001$, $d = 0.28$. Both girls and boys in the comparison group reported a significant change in body dissatisfaction from T1 to T2. More specifically, boys in the comparison group reported a significant decrease in body dissatisfaction from T1 ($M = 3.71$, $SD = 4.50$) to T2 ($M = 2.14$, $SD = 2.91$), $p = .015$, $d = 0.41$. Girls in the comparison group also reported a significant decrease in body dissatisfaction from T1 ($M = 8.92$, $SD = 6.98$) to T2 ($M = 7.34$, $SD = 5.39$), $p = .032$, $d = 0.25$. There was not a significant difference from T1 to T2 in positive body image in either the comparison or intervention group.

Participant feedback. Some participants in the intervention group expressed discomfort in discussing body image issues with their classmates; however, the majority of participants endorsed that they "agreed" or "strongly agreed" that they felt comfortable. Related to the program's relevance, participants' responses largely ranged between "neutral" and "strongly agree." This suggests that not all students may view the program as pertitent to their current state or may not recognize its relevance. However, the majority of participants endorsed that they "agreed" or "strongly agreed" that the program's sessions were interesting and enjoyable, and they indicated that they learned a lot. Further, nearly half of the participants "strongly agreed" that they would recommend the program to others, with the remaining participants largely endorsing the program. Overall, the results suggest that while the program may make some students uncomfortable at times or may not be viewed as relevant to all students, participating in the program was largely a positive experience that students would recommend to others. See Table 3 for a detailed breakdown of participants' responses.

Discussion

The purpose of this study was to conduct a pilot study, evaluating a school-based, positive body image program, Free To Be, designed for adolescent

Table 3. Participants' Feedback on Free To Be Reported in Frequencies (Percentages)

Feedback items	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1. I felt comfortable discussing the issues in a group with my classmates.	10 (13.2)	5 (6.6)	24 (31.6)	14 (18.4)	23 (30.3)
2. I felt the sessions were relevant to me.	3 (3.9)	7 (9.2)	29 (38.2)	26 (34.2)	11 (14.5)
3. I felt I learned a lot during the sessions.	1 (1.3)	3 (3.9)	14 (18.4)	36 (47.4)	22 (28.9)
4. I felt that the sessions were interesting.	2 (2.6)	5 (6.6)	20 (26.3)	31 (40.8)	18 (23.7)
5. I felt that the sessions were enjoyable.	4 (5.3)	5 (6.6)	18 (23.7)	28 (36.8)	21 (27.6)
6. I would recommend this program to others.	4 (5.3)	1 (1.3)	16 (21.1)	21 (27.6)	34 (44.7)

Note. $n = 76$.

girls and boys. Overall, results from our study suggest promise for the implementation of Free To Be and points to future directions for additional research. This study uniquely contributes to the literature by (a) examining one of the few positive body image programs designed for both girls and boys, as well as examining gender differences of the study's outcomes; (b) identifying the first school-based positive body image program to increase body image coping strategies of program participants (though not significantly greater than the comparison group); and (c) including primarily South Asian participants.

Overall, results suggests that contrary to our hypotheses, compared to the comparison group, the students who received Free To Be did not experience enhanced positive body image, body image coping strategies, and media literacy, or decreased body dissatisfaction. However, results do provide some promising results to build upon in future research. When examined separately, members of the intervention group experienced a significant increase in body image coping strategies and media literacy from T1 to T2, with boys appearing to benefit the most from the program. In addition, members of both the intervention and comparison groups experienced a significant decrease in body dissatisfaction from T1 to T2. Boys in the intervention group experienced a greater decrease in body dissatisfaction, whereas both girls and boys in the comparison group reported a decrease in body dissatisfaction. In addition, feedback from the intervention participants regarding their participation in the program was largely positive and the majority indicated that they would recommend the program to others.

As noted, following the completion of the program, intervention participants—particularly boys—experienced enhanced body image coping strategies, although the change experienced was not significantly different than the comparison group. This suggests participants learned strategies for coping with body image threats, though not to the extent expected. In previous school-based body image program studies, body image coping strategies have not been examined with girls and boys, thus results are promising for future research. Past research suggests individuals who espouse a positive body image do not necessarily like every physical characteristic about themselves, but nonetheless engage in healthy coping behaviors (Frisén & Holmqvist, 2010; Holmqvist & Frisén, 2012; Wood-Barcalow et al., 2010). This study adds incrementally to the body image literature, suggesting that explicitly normalizing and addressing negative feelings about one's body image and emphasizing healthy ways of coping with body image threats may be helpful for adolescents.

Following the program, although not significantly different than the comparison group, participants in the intervention group experienced enhanced media literacy—an understanding of appearance pressures, how media images are manipulated, and stereotypes that exist for girls and boys. The reported gains in media literacy are consistent with previous studies that evaluated other body image programs (Golan et al., 2013; Richardson et al., 2009; Richardson & Paxton, 2010). Findings from this study suggest increased psychoeducation and awareness related to positive body image helps adolescents become more critical of media messages and advertising strategies, as well as enhances their ability to protectively filter or block negative information from the media (Holmqvist & Frisén, 2012; Wood-Barcalow et al., 2010). However, unique to this study, it appears boys benefited the most from the program in relation to enhancing their media literacy.

An additional benefit following participation in Free To Be is that body dissatisfaction decreased significantly for those in the intervention group, particularly with boys, but not significantly more than the comparison group. However, both girls and boys in the comparison group reported decreased body dissatisfaction from T1 to T2 as well. Previous literature examining body image interventions and body dissatisfaction has demonstrated inconsistent results. A number of intervention studies targeting only girls reported a decrease in body dissatisfaction (Dunstan et al., 2017; Halliwell & Diedrichs, 2014; Halliwell et al., 2015; Richardson & Paxton, 2010; Sharpe et al., 2013), whereas fewer studies have demonstrated successfully decreasing body dissatisfaction with girls and boys following a body image program (Dunstan et al., 2017; Wilksch & Wade, 2009). Other studies examining programs designed for either boys or girls, or girls and boys together, have shown no improvements in body dissatisfaction (Golan et al., 2013; McCabe

et al., 2010; Richardson et al., 2009; Wade et al., 2003; Wiseman et al., 2004). Although previous studies have found significant decreases in body dissatisfaction in both genders following body image interventions, they have not found differences across gender (Dunstan et al., 2017; Wilksch & Wade, 2009). It is possible the results from this study can be attributed to the notion that body dissatisfaction tends to be more strongly engrained in girls from a younger age (Ricciardelli & Yager, 2016) and, therefore, boys may see greater change following a brief intervention. Given the limited research examining positive body image programs solely for boys, both girls and boys together, and the mixed findings in past research related to body dissatisfaction, future research examining this construct in the context of positive body image programs is necessary.

Results from this study suggest participation in Free To Be did not increase positive body image as expected. This is inconsistent with previous studies that examined positive body image programs (Halliwell et al., 2015; Richardson et al., 2009; Richardson & Paxton, 2010). It is possible that the program was not potent enough to lead to substantial findings in this domain or that the demographic make up of the participants (i.e., both girls and boys, and primarily South Asian students) contributed to these findings. Previous studies largely focused on girls from the United States. Thus, it is possible adaptations to Free To Be are necessary to positively influence the experience of positive body image for both girls and boys and students of South Asian descent. Future research in this area would be a fruitful next step.

Body image in Asian adolescent populations. Although unplanned, a notable strength of this study was that the majority of the participants were South Asian (82.4%). Scholars have recommended expanding body image prevention interventions with groups other than White American adolescent girls to include more culturally diverse samples (Smolak & Cash, 2011 Although recent studies have highlighted body dissatisfaction to be a global phenomenon across Chinese, Japanese, South Korean, and Malaysian populations (see Ricciardelli & Yager, 2016 for a review), there remains a dearth of knowledge involving body image in South Asian populations (Kennedy et al., 2004). Specifically, there is a paucity of research examining South Asian adolescents experiences surrounding body image. Of the limited studies available, body image concerns appear to start in early childhood and continue into adolescence, and can lead to disordered eating patterns and weight management behaviors (Chugh & Puri, 2001; Pallan et al., 2011). Thus, it is important that effective interventions for youth are developed and refined to mitigate such concerns.

To our knowledge, no study exists that examines the impact of a positive body image program with a primarily South Asian sample. Thus, this study fills a substantial void and suggests positive body image programming is

promising for South Asian students; however, further research is necessary given the lack of significant differences compared to the comparison group. Future studies would benefit from a sample that consists solely of South Asian students and examines the impact of adapting the Free To Be materials more uniquely for this population, as well as other specific cultural groups (e.g., more culturally-specific examples or images in the student workbook). Further, although English as a second language and level of acculturation were not assessed in this study, these would be important variables to evaluate in future studies for a greater understanding of cultural influences.

Implications for Practice, Advocacy, Education/Training, and Research

Several practical implications can be derived from this study for teachers, clinicians, and researchers. Teachers have a large amount of curriculum to cover in the school year, which means they are limited in devoting extra class time to programs such as Free To Be, despite body image being a high concern for youth. However, the majority of the content in Free To Be was developed to align with health curriculum educational goals, and the program is time efficient (i.e., six 55-min sessions) and can reach a large group of children at one time. In addition, the leader manual that coincides with Free To Be was designed to make preparation for the program minimal and program facilitation as seamless as possible. Moreover, the leader manual also allows a variety of professionals (e.g., counselors, teachers, educational assistants, adult volunteers) to skillfully facilitate the program. With each of these considerations in mind, Free To Be could be integrated and adopted as school curriculum and implemented during regularly scheduled class time, thus increasing scalability, advocacy for positive body image, and preventive efforts for reducing body image concerns. In addition, future research could examine the outcomes of implementing the program by other school personnel and its effect on other important outcomes (e.g., bullying, self-efficacy).

Additionally, results of this study suggests there is utility in adopting a positive psychology perspective within a body image program for girls and boys, although future research is necessary. In the clinical context, clinicians have previously used approaches that promote appreciation for ones' internal qualities, respect for the functions of the body, and personal agency with success (e.g., Cook-Cottone, 2018; Piran, 2001). Clinicians could utilize this program or aspects of it in individual or group counseling sessions, which may be helpful for both girls and boys regardless of their initial level of body image. However, further research is needed to explore the efficacy of using

this program as a whole in the counseling setting and with other identities not represented in this study, as well as which specific activities within Free To Be are the most impactful for clients.

Limitations and Future Directions

This study has a number of limitations, leading to potential future directions. First, there were a few limitations related to the study's design due to practical considerations. Given scheduling considerations with the school, a control group was not possible at the same time as the intervention group or during the same school year. Although a comparison group was used to address some threats to validity, some important considerations emerged. While the mixed design ANOVAs account for group differences at T1, it is important to consider that the comparison and intervention group reported significant differences on three of the outcome variables (i.e., positive body image, body image coping strategies, and media literacy) at T1. Furthermore, although the students in both groups were from Grade 7 classrooms, there was a significant difference in their age (M_{age} of the intervention group = 12.36, M_{age} of the comparison group = 12.15). In the future, a randomized clinical trial could be conducted, with special attention to ensuring matched demographics, greater similarity among T1 assessments, and program administration across the same number of weeks.

Second, there were a couple limitations related to the measures used. The media literacy measure demonstrated lower internal relialbity than desired at T1; however, its internal consistency at T2 was much stronger. The literature base would benefit from establishing a greater number of measures related to body image for adolescents and South Asian populations. Addionally, future studies could also include the measurement of students' body mass indexes and other physical health constructs, as it is possible this program may be more or less effective depending on students' health status.

Third, this study lacked long-term follow up. Future research could assess outcomes at longer and additional intervals to examine the potential long-term impact of the program; it is possible changes in the outcomes of interest require a longer period to fully mature. Finally, although all students in the five intervention classes participated in the program and were invited to complete the research questionnaires, only those with consent and assent documents were participants in the study and included in data analyses. Thus, reasons for nonparticipation are not known, and self-selection of participants must be considered.

Despite limitations, the current research provides initial support for the use of Free To Be and serves as a springboard for future studies to examine

the program. Additional research assessing Free To Be and other positive body image programs will help increase our understanding of how to best promote positive body image and help girls and boys flourish during adolescence.

Authors' Note

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