
EXPLORING ADOLESCENT VIEWS OF BODY IMAGE: THE INFLUENCE OF MEDIA

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The purpose of this article is to present findings from two parallel qualitative studies that used focus groups to explore adolescent views of psychological wellness and healthy bodies. Nine focus groups were held with 46 adolescents aged 16–19 years from two Mid-Western Canadian high schools. Both studies were designed with an interpretive humanist perspective and then a 6-step thematic approach was used to analyze the data. Common themes emerging in the focus group discussions in both studies included the negative impact of media on adolescent body image and pressure to conform to the Western views of physical appearance. These findings illustrate the need for nurses to understand the influence of the media on adolescents' views of their body image and to incorporate protocols for assessment, education, and counseling of adolescents on the healthy usage of media into their pediatric clinical practice. Through consistent participation in the development and implementation of health policies, nurses play a critical role in supporting adolescents to develop healthy views of body image.

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Across the world children and adolescents are preoccupied with body image. Strahan et al. (2008) suggested that sociocultural ideals for body

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appearance are pervasive in society and that repeated exposure to media messages influences women to measure their self-worth by their appearance. Similarly, Presnell et al. (2007) asserted that there is an overwhelming prevalence of weight and shape-related concern among adolescents and attributed this distress to the Western culture that currently endorses extremely thin body stereotypes. The ultra slender ideal body image is typically reported as 15% below the average weight of women (Tucci & Peters, 2008), and social media consistently portrays the ideal male body as a tall, lean, muscular figure (Cafri et al., 2005; Stanford & McCabe, 2005). Girls as young as five years of age showed greater preferences for a thinner figure than did boys (Ambrosi-Randic, 2000).

Along with the adolescents' focus on body image is their obsession with various forms of media (magazines, television, internet web sites, video games and smart phone applications). Research from a decade ago by Strasburger & Donnerstein (1999) reported that adolescents spend 16–17 hours watching television each week and another 20–40 hours watching movies and playing video games. Roberts (2000) found that adolescents spend about one-third of their day engaged with message-bearing media. A more recent study reported that adolescents spend an average of seven hours per day using media and that the vast majority of adolescents has access to a bedroom television, a computer, the internet, a video game console and a cell phone (Strasburger et al., 2010). The swift uptake by adolescents of new forms of media and unprecedented exposure, access, and interaction of adolescents to and through media, together with marketers' ready access to adolescents as consumers, has given rise to increased concern to policy-makers and professionals with longstanding interests in the well-being of adolescents (Brown & Bobkowski, 2011).

The purpose of this article is to present findings from two studies, referenced as Study A and Study B, which explored older adolescent views of wellness and healthy bodies. Study A sought to understand the meanings and experiences of the adolescent wellness phenomenon through the perceptions of adolescents aged 16–19 years. Specifically, the purpose of Study A was to uncover adolescents' understanding of wellness together with the factors influencing their well-being. Wellness was defined as a state of balance between physical, spiritual, social, and psychological developmental dimensions (Spurr, 2009; Spurr et al., 2012). In Study A, three important questions that arose from the emerging interest in adolescent wellness were: “what are adolescent understandings of psychological wellness, are there positive or negative influences on an adolescent's sense of psychological

wellness, and does the psychological dimension influence adolescent wellness?" The findings reported here are specifically related to body image, which were themes that emerged from the psychological dimension of wellness.

The purpose of Study B was to further explore adolescent beliefs and experiences of healthy bodies. In Study B, there were three research questions all related to the adolescents' beliefs about healthy bodies including: "what are adolescent perceptions of a healthy body, how do adolescents describe what a healthy body looks like, and are there positive or negative influences on a healthy body?" The themes that emerged in Study A re-emerged in Study B.

BACKGROUND

There is a growing body of empirical evidence to suggest that there are multiple negative effects that various media have on adolescents' identity and body image. For the purpose of these studies body image was defined as the subjective internal representation of one's physical appearance based on self-observation and the reaction of others (Borzekowski & Bayer, 2005). Andrist (2003) examined the literature related to the media and body image and found that current research demonstrated that the media holds a significant power to influence female adolescents and that the constant bombardment with images of abnormally thin models had resulted in increased body dissatisfaction and disordered eating among female adolescents. Similarly, Tiggemann (2006) argued that the pervasive transmission of the societal beauty ideal had resulted in the pursuit of extreme thinness for many female adolescents. Other researchers have found that adolescents exposed to ideal body images as portrayed by the media had increased body dissatisfaction, negative mood states and decreased self-esteem (Andrist, 2003; Bell et al., 2007; Knauss et al., 2007; Paxton et al., 2006; Stice, 2002; Strahan et al., 2008). Body dissatisfaction is also a concern among male adolescents who, more likely than female adolescents, tended to engage in body change strategies to increase leanness and musculature (Presnell et al., 2007; Stanford & McCabe, 2005).

These quantitative studies outline the negative influence of the various media on adolescent body image. Borzekowski & Bayer (2005) conducted a systematic review of the research literature on prevention programs designed to alter the impact of media on adolescent body image and found that program interventions were costly and that there is little evidence to illustrate their effectiveness. They argued that policies and legislation should be considered as a measure to improve body

image and lessen the impact of media on large numbers of adolescents. Other studies suggested that health care providers, policy makers and parents take action to protect children and adolescents from the harmful effects of media (McIlhaney, 2005; Strasburger et al., 2010). In contrast, other researchers argued that media literacy programs are a safe and effective means of reducing the risk of eating disorders, weight concern, and media internalization (Wade et al., 2003; Wilksch & Wade, 2009). The aim of such media literacy programs is to decrease media internalization and build skills and confidence for adolescents to resist social pressures. Media internalization refers to the extent an individual internalizes the ideals of size and appearance (thin body image for girls and lean muscular ideal for boys) (Wilksch & Wade, 2009). Specifically, media literacy programs use an approach designed to empower adolescents to adopt a critical evaluation of media content so that adolescents can analyze, challenge, and propose alternatives to the artificial images presented in the media (Wilksch & Wade, 2009). Media literacy analyzes adolescents' meanings and experiences with media and how the mass media drive our global consumer economy (Thoman, 2010).

While quantitative studies have examined the influence of the media on body image, limited qualitative studies have explored this topic in the older adolescent population. More in-depth, comprehensive research is warranted to advance the knowledge of nurses, thus enabling the development and implementation of holistic policy approaches to body image and media literacy programming in practice.

METHODS

The comparable and complimentary studies presented in this article used the same methods, procedures, and data analysis processes.

Design

These studies were approached with an interpretive humanist perspective and offers the view that social reality is a world of ideas and meanings that cannot exist independently of the human subjects who create and interpret meaning (Mclean, 1999). This approach invited our participants to be active creators of their realities and led us to uncover the meanings brought to their life experiences (Denzin & Lincoln, 2005). With this particular design, it was impossible to separate the inquirer from the inquired into, and it was this interaction that created the data that emerged in the study (Guba & Lincoln, 1989).

Participants

The adolescents in these studies attended two of the mainstream high schools in a small mid-western Canadian city. The pseudonym for the city and the district from which the participants were drawn are “Spirit City” and “John A. MacDonald School District.” Spirit City has a population that has grown over the last decade and now has well over 200,000 people residing within its boundaries. The School District serves approximately 15,000 students in over 40 elementary and secondary schools.

Each of the schools has its own history and culture and draws its student population from different areas in the city. Both schools enroll students from grade nine to grade twelve, offer a variety of compulsory and elective courses, and include a wide assortment of before and after school club and athletic activities. Adolescents within John A. MacDonald School District have access to a full range of services including counselors, social workers, home-school liaison workers, and learning assistance personnel. The schools were similar in terms of total number of attending grade eleven students (225 and 234). Total enrollments in each of the schools were 972 and 675. The two schools are publicly funded institutions, which are schools that provide children and adolescents with the ability to attend without any cost to the family.

Focus group participants from Study A were from two mid-western Canadian high schools, and for Study B, a different set of adolescents were later invited from one of the same schools as in Study A. The participants in these studies included 28 females and 18 males between 16–19 years of age. Nine focus groups were conducted (5 in Study A and 4 in Study B) with a total of 46 participants. The qualifying criteria for participation in the studies provided for a purposive sample of adolescents who were 16 years or older, who were enrolled in at least one grade eleven class, who were present on the day of data collection, and who were willing to volunteer to participate in the research. Table 1 provides details of the focus groups participants for each study.

Table 1. The number and gender of focus group participants

Focus Group#	#1	#2	#3	#4	#5	Total
Study A	4(3f, 1m)	8(8f)	4(4m)	3(3f)	3(3m)	22
Focus Group#	#6	#7	#8	#9		
Study B	4(4m)	6(6m)	8(8f)	6(6f)		24

Procedures

To proceed with the study we received ethical approval from the University Ethics Committee, permission from the chief educational officer of the school district, and the principals at both the schools. The parents, adolescents and teachers were informed of the purpose and procedures of the study, including an explanation of how the focus groups would be formed and the makeup of each group. All the participants were informed of their right to withdraw from the study, to refuse to answer any questions during the focus group, and to withdraw any comments made during the focus group discussion. A written consent was required from each participant in the study. Parental consent for adolescents aged 16 or older was not required by the school district.

Prior to data collection, the principals were asked to assist by providing a list of all the students aged 16–19 years at the school. After the school provided this pool of focus group volunteers, the participant names were randomly drawn from this list. The adolescents were contacted during the noon hour break at the school; the purpose of the study was explained; and the time, date, and room were confirmed for the focus group discussion.

In Study A, data collection took place over a 3-month period. Study B took place 10 months after Study A was completed, and all these data were collected within a 1-month period. In both studies, the Primary Investigator (PI) conducted all the focus groups, which were audiotaped. As recommended by Rolfe (2006), the PI kept a detailed audit trail through a reflexive journal, which recounted the decisions and details of the research process used to conduct the study. The journal contained field notes that included information on the school setting, the observed nonverbal behaviors from the adolescents, and records of how the PI's values may have influenced the research process. All the focus groups were held within one of the two schools previously described and ranged from 1 to 2 hours in length of time. A semi-structured focus group guide was used to elicit and validate the adolescents' collective responses, and this approach was effective because it facilitated our understandings of the world as seen by the adolescents (Patton, 2002). In Study A, the questions were formulated to provide the participants opportunity to express their beliefs and experiences in relation to psychological wellness. Examples of interview questions included: "What does psychological wellness mean to you, are there positive or negative influences on your psychological wellness, and does psychological wellness contribute to your overall sense of well-being?"

The focus group questions for Study B were revised based on the emerging findings from Study A. Examples of interview questions

Table 2. Braun and Clark's six-step approach to data analysis

Step 1: Familiarizing yourself with your data.
Step 2: Generating initial codes.
Step 3: Searching for themes.
Step 4: Reviewing themes.
Step 5: Defining and naming themes.
Step 6: Producing the report.

included: “What does a healthy body mean to you? What does a healthy body look like? What influences a healthy body?” Demographic data, such as race and socioeconomic status, were not obtained to maintain confidentiality of the two participating schools in the small mid-western Canadian city.

Data Analyses

The data collected were transcribed verbatim. The primary researcher and her assistant conducted the analysis in both studies, and Braun & Clarke's (2006) 6-step approach to qualitative analysis was chosen as a useful framework to analyze data. Table 2 illustrates the approach used to analyze these data.

In step one, we began by immersing ourselves in the data to the extent that we were familiar with the breadth of the content. The focus group and field note transcripts were read with the intent to search for meaning and patterns within the data. Notes were taken throughout the repeated readings of the data because we intended to refer back to the reflexive journal in the subsequent phases. In step two, we coded the data line-by-line searching for meaning and ideas, and the general pattern of understanding and the categories of the analysis began to emerge (Creswell, 2003; Patton, 2002). In Study A, the adolescents were asked questions about psychological wellness and the categories that emerged were related to body image. Similarly, in Study B, the adolescents were asked about their perceptions of healthy bodies and, once again, body image categories emerged. Based on this information, it was determined that the adolescents viewed the concepts psychological wellness and healthy body as body image.

The third step involved searching for themes and considering how different codes would combine to form an overarching theme, and it is in this phase that the interpretation analysis of the data occurred. We sought to understand the multiple interrelationships emerging from the data and to ensure that the identified themes were strongly linked with

the data (Braun & Clark, 2006). In order to stay true to the data, we consistently returned to the reflexive journal and interview transcripts (Morse et al., 2002; Patton, 2002). Two themes that arose in Study A re-emerged in Study B, and all the relevant data extracts were collated within the identified themes. The two common themes were labeled “the negative impact of media on adolescent body image” and “pressure to conform to the Western views of physical appearance.” Step four involved reviewing at the level of the coded data and reading all the collated extracts for each theme, and considering whether they appeared to form a coherent pattern (Braun & Clark, 2006). In this step, we reviewed all the adolescent statements for each of the themes and discarded inappropriate codes from the analysis or moved the codes to an already existing but more suitable theme. In step five, we reconsidered the content of each of the themes and reviewed all the field notes to ensure that we were telling the true story of our data. Finally, step six involved writing a detailed analysis or a story for each of the themes. The inductive nature of this study resulted in thick, rich descriptions of the experiences and meanings that adolescents attach to healthy body image. Braun and Clarke’s thematic approach provided a foundational method to the qualitative data analysis and allowed the researchers to organize and interpret the data beyond the level of description.

Qualitative Rigor

Consistent with the rigor assurance propositions and verification strategies of Morse and colleagues (2002), qualitative rigor was maintained throughout the development of the research. First, methodological coherence was addressed when the researchers ensured that the research questions matched the method. To reiterate, in Study A, the three research questions were: “what are adolescent understandings of psychological wellness, are there positive or negative influences on an adolescent’s sense of psychological wellness, and does psychological wellness influence adolescent well-being?” In Study B, the research questions were: “what are adolescent idealistic perceptions of a healthy body, how do adolescents describe what a healthy body looks like, and are there positive or negative influences on a healthy body?” Given these research questions, qualitative methods were deemed most appropriate as this design provided opportunity for the adolescents to express their views and experiences in relation to these concepts.

Next, a purposeful sample and adequate number of adolescents, including a negative case, were used to facilitate efficient and

effective saturation of categories. Following the nine focus group discussions, data saturation was established because there were no new ideas arising indicating that there was sufficient data to account for all aspects of these phenomena. In addition, in Study B, there was one adolescent who expressed his beliefs that the media did not influence his body image. This negative case enhanced validity by demonstrating aspects of the analysis that were initially less than obvious (Morse et al., 2002). To improve transferability of these studies, two moderately populated schools were included in the sampling, which attract adolescents from multiple cultures and histories, varying family socio-economic levels, and areas across the small city. In addition, a thick description of the context was provided so that the findings could transfer beyond the bounds of the research (Guba & Lincoln, 1989). A third step taken to attain reliability and validity was concurrent data analysis and collection for each study. The audit trail and reflexive journal previously described was used to achieve a high degree of dependability (Lincoln & Guba, 1985; Rolfe, 2006).

The fourth strategy involved theoretical thoughtfulness. This process required the researchers to confirm throughout the analysis that the ideas emerging from the data were consistent with the new data. Thinking theoretically required that the researcher constantly check and recheck for consistency of the coding system, without making cognitive leaps (Morse et al., 2002). External validation was achieved by having qualitative experts review the results. This member checking provided an additional perspective and ensured that the findings were a “credible” interpretation drawn from the data (Lincoln & Guba, 1985). Finally, theory development was an intended outcome of the research process. These studies provided beginning evidence to support the theory that the media was an important influence on adolescent body image and that there was pressure for the participants to conform to the Western views of physical appearance (Morse et al., 2002).

RESULTS FROM THE TWO STUDIES

The following discussion includes the findings from Studies A and B. Common themes emerging in the focus group discussions in both studies included the negative impact of media on adolescent body image and pressure to conform to the Western views of physical appearance. These themes were overwhelmingly prevalent with only one adolescent comment representing the dissonant voice. Selected comments are referenced below and are labeled according to Study A or B.

The Negative Impact of the Media on Adolescent Body Image

One reoccurring concern of the participants, relating to their perceptions of the influences on adolescent body image, was the effect of the media on the adolescents' views of physical appearance. The adolescents reflected the view that the images presented by the media were idealized and not real, but for several participants these images still had obvious effects on the adolescents' beliefs about their outward physical appearance.

One adolescent stated (A):

Media affects your wellness just the way you think about yourselves, because as soon as you compare yourself to someone that's when you start feeling bad. Often people compare themselves to girls in the media because they want to be like them and I think that's why a lot of girls may feel bad about themselves because of a couple of random girls in the media. But really, it doesn't even make up a lot of the world and everyone's different. I do know some people who are very much into what the media says, and they think like a whole bunch of people look funny or do something weird and they'll tell me that, and I'm wondering how they can see so many bad things in so many people; it doesn't make sense to me. But it's because that's how they've allowed it to control their views on what's pretty, what's not, what's beautiful, what's important, I guess, so media can affect the way you think.

For this adolescent the media contributed "to bad feelings about herself." This adolescent added to the discussion by disclosing her lack of understanding as to why so many adolescents allowed the media to "control" their thinking and views of body image. Another adolescent (A) furthered the discussion and stated:

You look at the pictures of these models that are like modeling makeup and stuff and you think wow. I wish I could look like that and then you start to feel bad about yourself because you don't, so you have to remind yourself that like these girls are wearing makeup and the pictures have been like digitally touched up and stuff.

Other adolescents expressed similar views of how the media affected their thoughts and beliefs of themselves. One stated (B): "you think about it more. Like, once you see someone like that, you think about what you're eating, and why you don't look like that."

Another explained (B):

Every time that I personally, like, watch T.V. or look at magazines or whatever, it makes me feel very bad about myself. So there have been lots of

times when I'd, like, stop eating, not completely, but a lot less and I'd just try a bunch of different diets and work out lots. And I'm a dancer and I dance five times a week and even at dance, the girls who are anorexic, and when you go dance you feel really bad about yourself, just because you compare yourself, you know. And I think comparing yourself is what makes girls feel that way.

She continued:

You just feel bad all the time, every time you look at yourself, you just want to see that other person. You're more embarrassed to go out in public and thinking that you look bad. And it's, like, every time that you need to eat, you constantly think about it or if you should eat it, like, in that day or whatever, because if you feel really bad about yourself and lots of people won't even touch food.

Another adolescent made reference to girls hurting their bodies while attempting weight loss. She stated (B):

Girls who want to be super skinny, over exercise and then they hurt themselves some way. They get so exhausted and stuff, they get so tired or something and, like, pass out. Or they don't give themselves time to rest, and they just keep trying to lose weight.

One male participant articulated his perceptions of the influence of the media. He stated (B): "media affects boys the same way it affects other people too. They see that figure on TV of being toned and muscular and whatever, and they want to be like that." When the adolescent was asked if the images change the way male adolescents feel about their bodies, he responded with this statement (B): "yeah, and then they can do anything from working out and getting toned and stuff, or else they can do anything from popping drugs to make themselves bigger." Both male and female participants expressed that the media had influenced the adolescents' views of their body and for some adolescents, the body dissatisfaction had led to harmful weight control behaviors. Of note, there was one male adolescent who represented the dissonant voice. This participant stated (B):

The pictures in the media make me feel self-confident about myself because you want to change yourself or something. Because you feel, like I want to be like that person. Well, you have to be disciplined enough to maintain that goal.

From this expression, it was assumed that the male participant felt that the media motivated him to change his health behaviors and that he believed the media had a positive influence on his sense of self.

Pressure to Conform to the Western Views of Physical Appearance

Body image was important to the participants in the study. The adolescents were focused on the possible flaws of their personal body image and were candid about their experiences relating to the pressure to be thin and beautiful. The conversation began with this remark (A):

Girls are awful, because it's not accepted to be able to say like oh, I accept myself as I am. It's like everybody is so oh I hate this about my body, I hate this about my body that it's like, it's weird if you don't hate yourself.

One adolescent (A) furthered the discussion and stated:

It's like people may say that they're, oh yeah, I'm comfortable with myself but there's always people that are like oh, wow, my nose, kind of big. It's looking at the glass half empty. I think girls are just like that though.

Another stated (A):

It starts really, really young. You can tell, like my cousin is in Kindergarten right now and so she's talking, that's what she was talking to me about just the other day. It's like there's this little girl in her class, she has the cutest dresses and she's so pretty and everybody likes her. Everybody is her friend and she understands that pretty people have more friends.

She paused and continued with this comment:

That's what people start believing. And even though, I know that people may say that they're comfortable with their body, I don't think anyone can fully 100% be comfortable with who they are.

The researcher asked the group why is it that girls cannot say, I'm OK with myself, and one participant replied (A): "because we don't look like models." A different adolescent stated (A): "but they're gross." The adolescent replied (A): "we do look at models on TV, most of them are girls, and we're pressured into looking like that though."

As the discussion continued, the adolescents spoke about how the media influenced their values and beliefs. One adolescent commented (A): "you see them smoking on TV and getting drunk on weekends when

they're underage, stuff like that and pre-marital sex, it's just, it kind of feeds into what you believe is cool or right." Another participant agreed (A): "magazines, they're like picture perfect and everyone's supposed to look like that." A final adolescent comment (A): "it's like if they're your idol, you want to be exactly like them so you're going to pick up their habits."

The adolescents consistently remarked about the pressure to conform to the Western ideal body. This dialogue began with the adolescents talking about the pressures to attain a thin body weight. One stated (B): "it's like looking in a magazine, even though they're all photoshopped completely, you want to be like them. They make it seem like you can only be famous if you're pretty and skinny." The dialogue continued with this adolescent's reflection (B):

I've noticed in magazines, the only thing that you see is, like, this girl lost ten pounds and she looks so much better, right. You see before pictures and they look fine, they look healthy and then they lose 20 pounds and they're just skin and bones and they're, like, "Oh, she lost 20 pounds and she looks so great." And seeing that, I think puts a lot of pressure on girls like us. Even women, because you see that in media, people who look healthy and aren't really skinny, it's not attractive.

Another remark on the pressure of the media included this statement (B):

You know when you watch TV, every two commercials are about your weight, have you noticed? Everything is about food, everything is about fat people. They're taking pictures of their legs and saying oh, look at their legs and all their fat on their legs.

These comments reflect an understanding that only pretty and thin female adolescents are deemed "healthy" and are appreciated. There was definitely a negative association when a female was perceived as "fat."

When the adolescents were asked "what would a person with an ideal body look like," the participants agreed that one particular movie star had an ideal body. One remarked (B): "oh, my God, she's so hot." Another female adolescent replied (B): "and then you look at her and you're, like, oh, my God, I do not look like that, at all." To clarify these comments the adolescents were asked what is it about this model's body that is ideal? One participant responded (B): "her body, just her body." Another stated (B):

"I like her stomach. It's skinny."

For the male adolescent the discussion that related to a healthy body focused on a lean and muscular body image. The dialogue began by describing what a healthy body would look like. One male adolescent stated (B): “a healthy body is lean, toned muscle, not too skinny, not too overweight, kind of like an average.” A second participant agreed (B): “pretty much, like, a model tone.” The opinion of another male participant was similar. He stated (B): “a healthy body looks real strong, muscular, skinny, like, no fat, nothing like that.”

The adolescents in these studies offered insight into the perceived pressure on adolescents to conform to the stereotypical body image presented in the media and confirmed the effects of the powerful images on adolescent views of their bodies. These qualitative findings add to the current body of literature by providing depth and details of the detrimental effects of the media on adolescent body image.

DISCUSSION

As previously noted, both studies revealed common emerging themes that included the pressure on adolescents to conform to Western views of physical appearance and the negative impact of the media on adolescent body image. The negative attributions that emerged in these studies suggest that the participants were negatively influenced by the stereotypical portrayal by the media of thin women and lean muscular males, which is a body unattainable by most of the population, including adolescents. Because there are limited qualitative studies that have examined this phenomenon in this population, these findings provide a unique perspective of the structure and essence of the experiences and meanings that adolescents attach to healthy body image.

The findings provide concerning conceptualizations into the adolescents' understanding of healthy body image. There was a long discussion about how it was not acceptable for female adolescents to believe that their bodies were beautiful. The adolescents firmly believed that females were not being truthful if they didn't find a flaw in their physical appearance. Even though two adolescents stated that the models' bodies were “gross” or “disgusting,” the study participants still agreed that female adolescents could never be fully comfortable with their bodies because they did not look like models. The female participants concurred that a girl would be considered “weird” if she does not hate herself or a part of her body. From these expressions, it was suggested that the female participants tended to see their bodies in a “glass half empty” way. Similar to other quantitative studies, there was no disagreement from any participant that the adolescents felt pressure to exhibit flawless beauty including bodies similar to those portrayed in the media

(Bell et al., 2007; Strahan et al., 2008). These qualitative findings give voice, context, and perspective to the previous quantitative data that have resulted from previous studies.

With the exception of one dissonant voice, the male participants' beliefs were parallel to those of the female adolescents; however, unlike the females' focus on body weight, the male adolescents reported that the ideal image moved beyond thinness to include a lean and a muscular build. This finding was consistent with Norman's study (2011) who found that male adolescent are incited to work on and transform their bodies into culturally recognizable ideals, while at the same time remaining aloof to the actual size, shape, and appearance of their bodies. In contrast, the findings of this study provided further insight when the male participants agreed that they wanted the bodies of the men portrayed on TV, but to achieve this ideal body, a few male adolescents were prepared to engage in activities that ranged from working out to increase their tone to taking drugs to further develop their muscles. These comments support the conclusion that male adolescents are cognizant of their own body images relative to "iconic" models and may use body change strategies to achieve media constructed views of the ideal body image. Similar to Smolak et al. (2001), the male experiences with negative body image were less prevalent; nonetheless, young media users seemed caught up in the vortex of an impossible "body beautiful" vicious cycle by an unforgiving "be this thin" and "be this muscular" idealizing media ecology. The contrasting finding of the male participant illustrates the need to further explore possible gender differences in relation to the influence of media on adolescent body image.

The finding of adolescents feeling badly about their bodies affirms previous quantitative studies of adolescents to again discover the negative effects of the media on adolescent body image (Knauss et al., 2007; McNicholas et al., 2009; Van den Berg et al., 2007). The participants spoke about how the pictures are brushed up and fixed, yet they still reported feeling badly about their bodies. The female participants asserted that the media was responsible for the multitude of adolescents who suffer from body dissatisfaction. The adolescents could all relate to the fashion models presented in the media, and there was an understanding that these images represented the ideal body. The result of the negative self-perceptions perpetuated by the media was that a few participants confirmed that they were experimenting with weight control behaviors such as dieting and exercising. One female participant remarked that she felt bad about herself every time she watched TV or looked at magazines, and this internalization of media body ideals resulted in a significant reduction in eating and experimentation with different diets.

Before these studies, it was suspected that many adolescents feel pressure to lose weight or actively diet and that many people are not satisfied with their personal body image. However, it was not expected that a study exploring the influences on adolescent wellness would result in the finding that adolescents constantly compare themselves with models and touched-up magazine pictures and, subsequently, develop negative self-perceptions of their body. The participants' comments present the sense of pressure that adolescents feel to conform to what is known as the unattainable ideal. In addition, this study provided contextual stories of how the media images continue to psychologically position adolescents for body image disturbance. Although the adolescents' honesty was appreciated, it was disappointing to hear adolescents express that the media held such a powerful embrace on the adolescents' views of their body.

The findings of these studies reflected the congruence of the adolescents' idealistic views of body image with Western society that actively endorses the portrayal of extremely thin body stereotypes (Andrist, 2003; Presnell et al., 2007). Two decades ago, Harter (1990) asserted that adolescents were at risk of developing inaccurate self-concepts and were vulnerable to powerful socializers, such as normative standards. Similarly, the adolescents in these studies compared themselves to the unattainable stereotypes in the media. Social media has and will continue to assert increasingly negative and detrimental images for emulation on adolescents' developing notions of body image. This is unhealthy for adolescents, both in this critical period as well as in their later lives. These studies illustrate a role for nurses in assisting adolescents to understand the impact of the media on the way in which they view their bodies. The findings also imply an important role for nurses in the development of policy aimed at promoting healthy media images and limiting negatives ones.

Policy Implications for Nurses

These findings support the need for policy and programming solutions to issues of adolescent body image and the associated impact of the media. These studies support and build on the findings of studies from other disciplines by providing storied context to the issues. It has implications for the work of individual nurses in one-on-one relationships with clients.

Nurses are uniquely positioned to promote policy development in the area of adolescent body image and media literacy. Nursing as a profession has a *holistic* focus as its core (Tyer-Viola et al., 2009). As a result, nurses' knowledge and professional practice combine to

create a distinctive perspective on healthy body image at the level of individuals and their families. Kelley et al. (2008) indicated this unique positioning challenges nurses to act to bring about change through societal structures and processes. Such processes include policy-making.

Specific nursing policy initiatives may be directed at the inclusion of media literacy into school-based educational programs for adolescents. Krayer et al. (2008) stressed the importance of advocating for education about body image, nutrition and healthy lifestyles within a holistic *social* context. For example, Krayer et al.'s (2008) research indicated that adolescents often view the media in relation to their peers. While individual adolescents may be encouraged through education to critically appraise the media messages they hear about desirable body types, because of the powerful influence of peers during this period of life, such education programs must engage adolescents in active, reflective social interaction with their peers about such messages. If such programs do not involve peer communication, individual adolescents may be left with an awareness of the dangers of the messages conveyed by the media, but may still reject these messages if they do not feel that their peers have also heard, understood and accepted such messages (Krayer et al., 2008). Therefore, media literacy programs must engage adolescents and their peers in dialogue about these media messages to be successful. Nurses who have established relationships with the education system need to use their influence to advocate for implementation of media literacy education strategies that acknowledge the importance of these social relationships.

In addition to media literacy programs in schools, McIlhane (2005) advocated for the inclusion of media literacy training in health professional education. Nurses and other health professionals must as students be taught to assess the validity and reliability of the scientific academic literature to which they are exposed, as well as to evaluate popular literature with respect to its origins, purpose, and biases. Such skills will enable health professionals who work with adolescents in assisting them to understand modern media and its impact on the way in which they view themselves.

Nurses and other professionals working with adolescents need to establish assessment protocols relating to the healthy use of media and the impact of that media usage on body image. Nurse need to also provide counseling, support and education to adolescents and their parents with respect to the potential negative impact of media on body image and other aspects of adolescent development (Strasburger et al., 2010). This proactive approach to pediatric clinical practice will facilitate nurses to more effectively protect adolescents from the harmful effects of the media. Nurses are strategically positioned to be advocates

for holistic policy approaches to body image and media literacy programming in practice and play a critical role in supporting adolescents to develop healthy views of body image.

Limitations of These Studies

Because this study's findings were delimited to a sample of grade eleven adolescents from only two high schools in one Canadian city, the qualitative parallels of the findings cannot be applied to all adolescents. In addition, an exploration of changes in adolescent perceptions over time was not completed. There may be value in replicating this study with a wider sample of adolescents of varying grades/ages and in schools in other countries. Given that this topic has been understudied in nursing, this exploratory study contributes to the understanding of the continued effects of media on adolescent body image. This knowledge provides important insights for nurses so they may seek to develop responsive health policies designed in turn, to promote healthy adolescent body image and media literacy.

DECLARATION OF INTEREST

The authors report no conflict of interest. The authors alone are responsible for the content and writing of the article.

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