

#MoreThanASelfie:

Developing and Evaluating a School-Based Intervention to Promote Positive Body Image and Social Media Literacy in Young Adolescents



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ACRONYMS

AED – Academy of Eating Disorders

BYP – Bodywhys Youth Panel

CCW – Co Creation Workshops

CnOg – Comhairle na n'Og

ED – Eating Disorder

EIF – Early Intervention Foundation

HBTM – Happy To Be Me Programme

HSE – Health Services Executive

iKT – Integrated Knowledge Translation

KT – Knowledge Translation

KT – D Knowledge Translation Dissemination

MTAS – #MoreThanASelfie Programme

SEYLE – Saving and Empowering Young Lives in Europe

SM – Social Media

SMBQ – Social Media Background Questionnaire

SPHE – Social Personal Health Education

TI Model – Tripartite Influence Model

YSI – Young Social Innovators

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RESEARCH SUMMARY

Background: Body image issues are prevalent among adolescents and associated with negative physical and mental health outcomes. Despite a growing body of literature to indicate social media as an appearance pressure, at the time of commencing the current research (2017) there was no evidence worldwide of an intervention to promote positive body image and social media literacy. Since then, while a few interventions have been piloted and evaluated, many aspects of the current intervention remain novel, particularly with respect to the use of a co-design development approach and inclusion of a qualitative component to evaluate programme acceptability.

Research Objectives: The primary objectives of this mixed method, multi-stage research were to: (1) explore the narratives and experiences related to body image in a sample of Irish adolescents; (2) co-design, in collaboration with adolescents, teachers, and decision makers, a school-based intervention to promote positive body image and social media literacy in adolescents (#More Than A Selfie (#MTAS)); and (3) pilot test the #MTAS intervention in a sample of young male and female adolescents (aged 11-14 years) to assess its initial effectiveness to improve body image, social media literacy and promote a supportive peer environment. A secondary objective of the study was to develop resources as a means of increasing awareness of body image issues more broadly, both in schools and in the wider community.

Method: *Stage One* involved the use of co-creation/participatory approaches in the development of the #MTAS intervention including focus groups, interviews, and co-creation workshops. *Stage Two* entailed two phases including: (1) a non-randomised pilot evaluation of the intervention involving 161 adolescents (84 males, 77 females), teachers (3) from three schools; and (2) a mixed methods assessment of adolescent

and teacher participants' experiences and views of the #MTAS (via; feedback questionnaires with open-ended questions; focus group). *Stage Three* focused on the collaborative development of a suite of resources aimed at translating the findings into practice, whilst also promoting awareness of body image issues more generally.

Results: A four-week intervention (#MTAS) was successfully developed through an extensive co-creation process. The pilot evaluation demonstrated statistically significant improvements ($p < 0.05$) in the intervention versus control group on attitudes to body image, time spent on social media and perceived social support in males, as well as improved social media literacy and reduction in perceived appearance pressure from family in females. The experiences and views of the intervention (including delivery) were very positive. The programme was considered highly acceptable by teachers and students with 91% of students stating, 'it was good for their class' and 88% indicating that they would 'recommend the #MTAS to a friend'.

Conclusion: This study is the first to utilise an iterative process of active and meaningful co-creation (with numerous stakeholder groups) in the development of a body image and social media literacy intervention. The inclusion of adolescent stakeholders across the research life cycle represents an important addition to the very limited literature in this area. The collective findings, despite some study limitations, provide promising initial evidence on the effectiveness and feasibility of the new co-designed, teacher-delivered, #MTAS programme for use in Irish schools as part of the SPHE curriculum. Following careful consideration and detailed discussion (with stakeholders and the research team) a new website was developed to disseminate the programme and support its delivery and translation into practice. Several avenues for future research are indicated.

CHAPTER ONE

Introduction

1.1 Background

The ubiquitous influence and impact of social media in our lives has become a popular topic of discussion and debate in recent years (Gordon et al., 2020; Kardefelt – Winther et al., 2017; Twenge et al., 2018). Arguably therefore, any understanding of modern adolescence would be incomplete without acknowledging and examining the role of social media (Vuorre et al., 2021). Social media has been defined as: “forms of electronic communication (such as websites for social networking and micro-blogging) through which users create online communities to share information, ideas, personal messages, and other content such as videos” (Frith, 2017). In 2019, an estimated 2.95 billion people were using social media worldwide, a figure anticipated to grow as less developed digital markets improve their infrastructure and cheap mobile devices become more widely available (Clement, 2020). For instance, smart phones enable constant access to a steady stream of updated content on social media. Furthermore, 136,000 photos are uploaded every 60 seconds on Facebook, while 510,000 comments are posted, and 293,000 statuses are updated. Likewise, over 95 million photos are uploaded daily on Instagram, another immensely popular and highly visual platform (Aslam, 2020).

Research across Europe indicates that 94% of young people aged 16 to 24 years have a smart-phone and almost 90% use social media (Eurostat, 2022). In the U.S., 95% of adolescents own a smart-phone and 45% report being online “almost constantly” (Pew Research, 2018). Social media use in preteens is also common,

with research in the UK indicating that 59% of children are using social media by the age of 11, increasing to 95% by age 15 (Ofcom, 2019). This is despite the fact that most social media platforms set their minimum user age to thirteen.

This overwhelming penetration of social media into the lives of children and young people, places a significant onus on researchers, mental health professionals and educators to better understand this phenomenon and to examine any potential risks to health and wellbeing (Jung et al., 2017). Evidence suggests that this may be especially pertinent in light of the COVID-19 restrictions over the last three years, which brought significant changes to the ways in which we live, interact, and connect, and which, for many, have led to increased social media use. Although the frequency of social media use may vary across cultural contexts, preliminary data on use during the pandemic has shown an association between increased social media use and mental health issues (Gao et al., 2020; Kantar, 2020; Ni et al., 2020).

Given that social media is now one of the primary ways in which adolescents maintain contact with their peers, it is important to examine its role in adolescent development and wellbeing. While many associate social media with a degradation of young people's social networks and communication skills, some research indicates that it may play a vital and positive role in young people's lives, delivering positive educational outcomes, facilitating supportive relationships, helping with identity formation, and promoting a sense of belonging and self-esteem (Collin et al., 2011). The need to connect with friends and peers is an important aspect of adolescence (Brown & Larson, 2009). Some research suggests that young people may experience both positive and negative psychological outcomes from social media use in terms of, for example, their sense of belonging, psychosocial wellbeing, and identity development (Allen et al., 2015; Dooley et al., 2019).

Perhaps most notably, some psychological research indicates that young people form and maintain friendships online and that such relationships often afford opportunities to interact with a more diverse peer group than offline (American Psychological Association (APA), 2023). Recent literature suggest that adolescents' psychological development may also benefit from online social interaction, particularly during periods of social isolation or stress, or when seeking connection to peers with similar developmental or health conditions; this is perhaps especially so for those who experience adversity or isolation in offline environments (Charamara et al., 2022; Magis-Weinberg et al., 2021; Psychogios et al., 2022; Holtz, & Kanthawala,2020). Such online connections are also of particular importance for adolescents from marginalised groups, including racial, ethnic, sexual and gender minorities (APA, 2023).

Indeed, the APA issued a recent 'Health Advisory on Social Media Use in Adolescence' (2023) which indicated that social media itself "is neither inherently beneficial or harmful to people" and that "in most cases, the effects of social media are dependent on adolescents' own personal and psychological characteristics and circumstances". However, while this Health Advisory (2023a, 2023b) acknowledges some of the benefits of social media use, it also highlights the link between social comparisons on social media and negative body image (Fioravanti et al., 2022) as well as depressive symptoms (Maheux et al, 2022) and disordered eating (Padin et al., 2021; Dane et al., 2023); thus it recommends the need to limit exposure to appearance-related content. It also indicates, in line with the research literature (Gordon et al., 2021; Nesi et al., 2017; Maheux et al., 2022), that substantial investment in research on social media and mental health is needed (APA, 2023).

Indeed, much research, to date, indicates that social media use may contribute to negative body image (Fardouly & Vartanian, 2016, Fioravanti et al., 2022), a key aspect of overall wellbeing and a predictor of mental health (Rodgers et al., 2023). Body image refers to “the multifaceted psychological experience of embodiment that encompasses a person’s body-related self-perceptions and self-attitudes, including thoughts, beliefs, feelings, and behaviours” (Ramos et al., 2019) or “self-perception of the physical self and the feelings and thoughts that result from that perception” (Cash, 2004). Body (image) dissatisfaction may be defined, therefore, as a negative attitude toward our own body arising from a perceived discrepancy between actual body image (i.e., perceptions, thoughts and feelings concerning our actual physical appearance; e.g., Cash, 1990) and what might be considered an ideal body image (i.e., internalised ideals about our physical appearance (e.g., Strauman et al., 1991; Williamson et al., 1993; ; Williamson & Karazsia, 2018).

Research highlights a strong relationship between positive body image and emotional wellbeing in both males and females (Swami, 2017). Indeed, negative body image is recognised to be a public health issue in the Western world, affecting large numbers of adolescents (Bucchianeri & Neumark-Sztainer, 2014; Carlyle et al., 2018; Micali et al., 2014). International research further demonstrates that negative body image can have serious longer-term implications for wellbeing (Patalay & Hardman, 2019), including a negative impact on self-esteem (Choi & Choi, 2016), higher levels of depression (Sharpe et al., 2018), anxiety (Duchesne, 2017) and eating disorders (Espinoza et al., 2016), as well as negatively impacting lifestyle choices (McGaughey, 2018). Existing evidence also suggests that body image issues seem to be increasing in people of all ages and genders and also, worryingly,

starting at an earlier age than ever before (Mitrofan et al., 2019); thus, early intervention and prevention are vital.

One dominant socio-cultural theory of body image and eating disturbance, is the Tripartite Influence Model (TI Model) (Thompson et al., 1999) which proposes that the key influences of body image include direct (peer, parental, and media factors) and mediational factors (internalisation of societal appearance standards, appearance comparison processes). This model, discussed in more detail in the next chapter, posits that social media influences body image perceptions by combining messages that emphasise the importance of appearance and the attainment of unrealistic body ideals. It suggests that these influence body dissatisfaction both directly and indirectly via two mediating mechanisms: internalisation of body ideals; and appearance-based comparisons with body ideals. The first of these involves pursuing body ideals as a personal body standard (Thompson and Stice, 2001), while appearance comparisons involve evaluating our appearance relative to others (Jones, 2001).

Research suggests that the body ideals presented on social media for males and females are considered to be unattainable for the vast majority of people (Kaziga et al., 2021; Rodgers et al., 2023; Thai et al., 2023; Terhoeven et al., 2020). Social media can expose users to hundreds or even thousands of images and photos every day which can lead to internalisation of these ideals, resulting in greater dissatisfaction with body weight and shape (Fioravanti et al., 2022; Thai et al., 2023). The proliferation of appearance-related content on social media which endorses unrealistic appearance ideals alongside picture perfect (often edited) images of peers, celebrities and fashion or fitness models (Thai et al., 2023) may also amplify this effect (Rajanala et al., 2018). Consistent with the Tripartite model, comparisons

with celebrities, sports people, and peers on social media have been reported by adolescents, to give rise to feelings of body dissatisfaction (De Vries et al., 2016; Edcoms & Credos, 2016).

Existing evidence also indicates that body dissatisfaction is a consistent predictor of eating disorders and other mental health problems (Prnjak et al., 2021; Tremblay & Limbos, 2009). Although social media may offer an accessible medium for fostering greater connectivity and creativity, and a useful resource for adolescents, the findings of many studies suggest that those who are heavy or frequent users of social media tend to have more body image concerns (for meta-analysis, see Ryding & Kuss, 2020). For example, a recent systematic review (Bhatia & Dane, 2023), based on 50 studies conducted across 17 countries, indicates that social media usage leads to body image concerns, eating disorders/disordered eating and poor mental health via (as posited in the TI Model) the mediating pathways of social comparison, thin/athletic ideal internalisation, and self-objectification.

However, the above review focused only on body image in young women and indeed this is the case with most body image and social media studies in the literature (Nesi et al, 2017; Nesi & Prinstein, 2015, Padin et al., 2021; Fioravanti et al., 2022). This is a source of some concern because the relatively fewer studies which do include males (and which, therefore, facilitate comparisons by sex), indicate that the negative effects on body image posed by social media are similar for males and females (Maheux et al., 2022). For example, a recent systematic review of 30 studies found a robust association between frequency of social media use and negative body image among both females and males (Revanche et al., 2022) as well as a negative impact on body image of exposure to appearance-related content. Eighteen studies included both males and females ($n=28,081$;

$M_{\text{age}} 14.84$; $SD_{\text{age}} = 1.06$), seven were based exclusively on female samples ($n=2,507$; $M_{\text{age}} 14.87$; $SD_{\text{age}}=1.19$), while one focused only on male adolescents ($n=743$; $M_{\text{age}} 15.90$; $SD_{\text{age}}=0.54$).

Revranché and colleagues suggest that more longitudinal and experimental studies of representative samples are needed to improve the generalisability of findings in this area and to investigate potential bidirectional effects (Revranché et al., 2022). This last point is important as much of the psychological research on social media and body image is correlational in nature and it is still not clear, therefore, whether those with body image and mental health issues spend more time on social media, or if social media use (amongst other factors) leads to greater body image and mental health issues (APA, 2023). Furthermore, while cross-sectional research has shown an association between high social media use and poor body image in adolescents (both male and female), the lack of high-quality experimental evidence limits the ability to make causal inferences (Thai et al., 2023).

Another limitation is the over-reliance on self-report to quantify social media use. For instance, a recent meta-analytic review indicates that self-reported social media use correlates only weakly with device-based measures, suggesting that it does not adequately reflect actual use (Parry et al., 2021). Moreover, experimental studies on social media use and body image tend to focus on promoting social media literacy (Bell et al., 2022; Gordon et al., 2021) to the exclusion of assessing the effects of social media use on body image (or, indeed, other aspects of mental health) (Thai et al., 2023). Social media literacy has been defined as the possession of “skills to analyse, evaluate, produce, and participate in social media, in a way which favours critical thinking” (Polanco-Levicán & Salvo-Garrido, 2022); this will be further discussed in Chapter Two.

A very recent US-based study (Thai et al., 2023) indicates likewise that “most experimental social media research on body image has involved implementing social media literacy programs among adolescent girls” (p. 1). The authors indicate that to their knowledge, their study “is the first experimental study to demonstrate smart phone-based social media use” (p. 6, Thai et al., 2023) and its links to? body image among both male and female adolescents. This study involved a randomised controlled trial (N=220) of 17-25 year-olds (76% female, 23% male, and 1% other) in which participants were assigned to either an intervention (social media use limited to 1 hour per day) or control group (unrestricted daily access to social media) and had their social media use monitored using screen time trackers (submitted daily during the three-week intervention period) rather than self-report measures. The findings indicate that participants who were heavy social media users and who had higher than average levels of anxiety and/or depression, reported statistically significant improvements in both appearance and weight esteem). Interestingly body esteem-related benefits were seen for both males and females in the intervention group versus the controls. The authors suggest, on the basis of their findings, that further research is needed to explore the effect of reducing social media use in the treatment and prevention of body image-related disturbances. These findings are especially relevant in light of recent evidence to show increases in negative body image and related issues (APA, 2023; Fioravanti et al., 2022).

Indeed, recent research suggests, as mentioned earlier, that the negative effects of social media on body image may have been amplified during the COVID-19 pandemic (Swami, 2021) due to increased screen-time during lockdown (Pietrobelli et al., 2020) and, in turn, heightened concerns about weight and/or shape changes that may have arisen due to decreased physical activity during this time (Parsons et

al., 2021). Trends on social media for body image-related content, such as references to weight gain during the restrictions as the 'quarantine 15' (Elizabeth, 2020; Kibble, 2020), as well as lockdown exercise videos and weight loss discussion and recipe sharing, may have increased the focus on weight and therefore, also, body image issues. In fact, international research indicates (at the more severe end of the spectrum of body image disturbance) an increase in eating disorder hospital admissions for children and teens during this period. For example, admission rates increased for children with eating disorders in Australia (Haripersad, 2020), Canada (McCullough, 2021), the U.S. (Sole-Smith, 2021) and France (Gainsford, 2021) during the COVID-19 restrictions, with admissions doubling during this period in New Zealand (Strongman, 2021).

While more time spent online and increased exposure to weight and exercise-related media messaging (Cooper et al., 2020) have been noted as possible explanatory factors in this regard, it is likely that additional situational factors were also at play during this time. For example, research published during the pandemic, identified a number of eating disorder-specific risk factors in males and females including: limited access to healthcare; disruption to treatment outcomes (Castellini et al., 2020); disparity in access to eating disorder services; premature discharge from services (Termorshuizen et al., 2020); reduced contact from clinical teams; and general COVID-19 related anxiety (Swami et al., 2021). Researchers have also hypothesised that the reduction in extracurricular activities and attendant changes in school routine and peer relationships were likely to have intensified eating disorder cognitions amongst young people (Parsons et al., 2021). Overall, given the documented increase in body image concerns and eating disorders during the pandemic and the growth in social media use among adolescents during this time

(Paschke et al., 2021), there is an important need to consider new ways to support young people in developing positive body image and wellbeing (Gordon et al., 2021).

Lastly, despite a growing body of literature to indicate social media as an appearance-based pressure and a possible factor in the development of eating disorders, there are currently only two other school-based interventions worldwide (to our knowledge) that have been designed to promote positive body image and which also include a social media literacy component. These interventions, the 'SoMe' programme in Australia (Gordon et al., 2021) and the 'Digital Bodies' programme in the UK (Bell et al., 2022), are briefly described below, with more detailed information to follow in Chapter Two (in the context of a detailed review of the literature).

The first programme, originally entitled '*Boost Body Confidence & Social Media Savvy*' (McLean et al., 2017) was, in its first iteration, a three-session intervention for adolescent girls in Australia, based on concepts of traditional media literacy interventions designed to promote positive body image. The three 'Boost' sessions were delivered weekly by two postgraduate students in psychology. The revised and updated version of this programme, which was re-named 'SoMe', was subsequently delivered and pilot tested with adolescent males and females (aged 11-15 years) in secondary school settings, also in Australia. On this occasion, the new, now manualised, intervention was delivered by trained facilitators who received 2.5 days training prior to delivery (Gordon et al., 2020, 2021).

An additional brief, social media literacy and body image intervention called *Digital Bodies*, has also been recently piloted in the UK (Bell et al., 2022). This is a single session one-hour intervention devised to challenge unrealistic appearance

ideals and delivered by two trained Research Assistants. The programme was piloted with young male and female adolescents ($N = 290$) aged 12-13 years. As in the case of the *SoMe* programme, this intervention includes cognitive dissonance techniques and critical social media literacy skills (based on traditional media literacy approaches) to foster critical thinking related to appearance ideals and promote the skills to challenge these (Bell et al., 2022).

1.2 The Irish Context

With regard to the Irish context, and in line with international research, over 95% of young people aged 16-29 in Ireland own a smartphone (Gibney & McCarthy, 2020) while 60% of teens spend more than four hours daily on their smartphones, with much of this time on social media (Young Social Innovators [YSI], Gen Z Index, 2019). Further evidence indicates high internet and social media use in pre-teens in Ireland, with 93% of 8- to 12-year-olds having a personal internet-enabled device such as a tablet, smartphone or gaming console, while 68% use social media (Cybersafe Ireland, 2019). This is despite minimum age restrictions of 13 years or older, on all of the popular apps (as mentioned earlier).

Over the last decade in Ireland, research has consistently highlighted body image as a key issue affecting youth mental health (Chambers et al., 2017, Dooley et al., 2013, 2019). A relatively recent study of young people (aged 13-19) in Ireland ($N = 2500$) found that 72% identified body image concerns 'as a source of difficulty in their lives' (Chambers et al., 2017). Likewise, the My World Survey Two (MWS2), the largest study ever carried out in relation to youth mental health in Ireland and which included more than 19,000 young people nationwide, found that 'body-esteem' was a key factor in determining youth mental health outcomes in both

male and female participants (Dooley et al., 2019). The MWS2 also reported a link between negative body image and the development of eating disorders and other mental health issues, including depression, anxiety, alcohol, and substance misuse and to higher levels of self-harm and suicidality. In this study, adolescents who spent more than three hours daily on social media, were more likely to be: in the very severe range for depression; in the very severe category for anxiety; and displayed significantly lower levels of body esteem than adolescents who reported spending less than two hours online daily (Dooley et al., 2019). The MWS2 also found that over two-thirds of adolescents had engaged in appearance-altering strategies. For males, this involved predominantly muscle-building, while for females, this focused on strategies to lose weight or to avoid gaining weight, typically through exercise.

Other research conducted during the same period, indicated that 30% of teens in Ireland blamed 'unrealistic beauty and lifestyle satisfaction' perpetuated by social media, as a factor which they felt made their lives more difficult (YSI, Gen Z Index, 2019). At the same time, however, the findings from these studies also suggest that many adolescents and young adults may be using social media to build on, and extend, their social connections in real life and that, as mentioned earlier, there may be some benefits to spending time online (Dooley et al., 2019). Clearly, there is a need to focus on achieving a balance between social media use and real-life experiences, recognising that this is now firmly part of contemporary youth culture (YSI, Gen Z Index, 2019).

Other research in Ireland, in line with findings from elsewhere, suggests an increase in body image concerns and related issues in both females and males of all ages, and worryingly, a notable rise in related issues at a younger age; these include

an increase in cases of anorexia in pre-teen children, with rates having as much as doubled in 10 years (Petkova et al., 2019). Bodywhys, the National Eating Disorders Association of Ireland, also noted a 90% increase in the use of their online eating disorder support groups during the COVID-19 restrictions (Bodywhys, 2021). Collectively, these findings indicate a need for an innovative approach to promoting positive body image in children and young people (of both sexes), which is engaging and relevant, and one that challenges current pressures on body image and self-esteem.

1.3 The Current Research

The research reported here was funded by the Irish Research Council through its Employment-Based Postgraduate Programme and conducted in collaboration with Bodywhys. Bodywhys promote awareness and understanding of eating disorders and the importance of positive body image in schools, at Third Level and in the wider community, as well as advocating for the rights and healthcare needs of people affected by eating disorders. The researcher works on a part-time basis as a Youth Development Officer with Bodywhys.

1.3.1 Aims and Objectives

The primary objectives of this research were to: (1) explore the narratives and experiences related to body image and its attendant influences/pressures, including social media, in a sample of Irish adolescents (aged 11-14, aged 13 years on average); (2) use this information as a foundation from which to help develop and co-design, in collaboration with young people and teachers, a post-primary school-based intervention to promote positive body image, self-esteem and social media literacy in young school going adolescents; and (3) pilot test the new intervention in a

sample of young male and female adolescents (aged 12-14 years) to assess its initial effectiveness in terms of enhancing social media literacy, improving body image and self-esteem, and helping to promote a supportive peer-to-peer environment. A secondary objective of the study was to increase awareness of the importance of body image as a key issue for youth mental health whilst also disseminating the study findings.

The first two primary objectives were addressed during Stage One of the study while the pilot testing of the intervention was conducted during Stage Two. The final (secondary) objective was addressed during Stage Three. Each stage is described in more detail below.

1.3.1.1 Exploring Narratives and Experiences to Inform Intervention Development (Stage One). The first objective of the study was to explore the narratives and experiences of a sample of Irish adolescents (aged 11-14) related to body image and its attendant influences/pressures, including the nature and extent of social media use and any variation in this regard between males and females. This work was important in informing the initial design of a new short-term school-based intervention to target specific risk factors associated with negative body image and to improve social media literacy. The aim was to co-design the intervention in collaboration with young people and teachers to ensure that it would be relevant and engaging while addressing some of the key factors identified in the research literature as relevant to body image and social media literacy; these include an increased focus on appearance and appearance comparisons (Halliwell et al., 2011; Meier & Gray, 2014; Tiggeman et al., 2017), internalisation of media ideals (Klein, 2013); and the ways in which social media is used (Sundbot-Borgen et al., 2019). Thus, it was considered important to encourage open discussion on body

image and self-esteem in order to challenge current pressures on body image, such as social media and media ideals (e.g. by improving media literacy and fostering healthy online behaviours); and nurture a positive peer supportive environment to promote and maintain positive body image.

1.3.1.2 Pilot Test the Intervention (Stage Two). The second element of the study involved the delivery and pilot testing of the newly developed intervention, the aim of which was to determine its initial effectiveness and feasibility in a 'real world' setting. The central research questions were:

(a) How effective and feasible is a brief intervention delivered by teachers in the classroom setting, in terms of its overall impact on body image, self-esteem and social media literacy?

(b) More specifically, how effective is the intervention in: (i) reducing internalisation of socio-cultural media ideals for males and females; (ii) reducing the perception of external pressures on body image; (iii) improving body image; (iv) enhancing social media literacy; and (v) positively affecting social media engagement?

1.3.1.3 Promote Awareness of Body Image (Stage Three). A final and secondary goal of the current research (Stage Three) was to design and develop a website as part of a wider Knowledge Translation (KT) strategy designed to: increase awareness of the importance of body image and its relationship to social media; promote positive body image; and provide body image information and resources for educators, young people, and parents. Existing research suggests that interventions to promote positive body image in adolescents should, ideally, include a focus on parental involvement and, therefore, should target both parents and education professionals. This is important in terms of promoting a critical awareness

of the idealised images that are presented online and on social media, as well as of the potential impact of exposure to these, on adolescents' body image and, consequently, on their psychological wellbeing (Marengo, 2018; Paschke et al., 2021).

The design and provision of a dedicated body image website would enable schools to take a multi-pronged approach to promoting positive body image and wellbeing in students by: (a) making body image information and lessons easily accessible for teachers; (b) facilitating sharing of information about body image with parents; (c) enabling schools to share relevant and age-appropriate information on body image with students; and (d) promoting awareness of body image and its relationship to eating disorders by highlighting the resources available to young people who may be experiencing problems in this regard.

1.4 Thesis Outline

This thesis comprises a further eight chapters, each of which is summarised below.

Chapter Two: Literature Review.

This chapter provides contextual background to the research and situates it within the relevant psychological literature. This includes a review of the literature on the nature and extent of social media use in young people as well as the benefits and drawbacks of social media use, especially with regard to mental health and wellbeing. The key factors in the relationship between social media and body image will also be identified and discussed. This chapter concludes with an appraisal of research on school-based interventions to promote positive body image and media literacy.

Chapter Three: Overview of Methodological Approaches to Intervention Development, Evaluation and Knowledge Translation

Chapter Three provides a brief overview of the project design and, in particular, the general approach and epistemological framework for the research. A number of overarching ethical considerations which straddle Stages One and Two are also outlined here.

Chapter Four: Method I – Assessing Experiences and Narratives to Inform the Development of the Intervention

This is the first of two method chapters. This chapter details the development of the intervention that is the focus of the present study and the range of approaches and data collection strategies that were used to inform this process. These included focus groups with young people, interviews with teachers, testing of resources with teachers and youth stakeholders, consultation with decision makers and review of national guidelines.

Chapter Five: Findings Related to Intervention Development Phases with Key Stakeholders

Chapter Five describes the new intervention, called “More than a Selfie” (MTAS), focusing on the design of the content and the theoretical frameworks underpinning its development and the various components therein (e.g. psycho-educational, social media literacy and behavioural components). Approaches to delivery are also considered in terms of their relevance to young adolescents and their ability to promote engagement and discussion to facilitate learning, change attitudes and potentially effect behaviour change.

Chapter Six: Method II - Evaluating the Intervention

This next chapter describes the research design and methods pertaining to Stage Two of the study, including an overview of the identification and recruitment of schools and participants, the measures used, procedures employed, ethical considerations and the approach to data management and analysis.

Chapter Seven: Results of the Evaluation

Chapter Seven details the results of the pilot evaluation and comprises four main sections including: (1) baseline analysis; (2) pre-post intervention findings; (3) sub-group analyses; and (4) qualitative and 'semi-qualitative' data collected on key stakeholder experiences and views of the intervention and its delivery.

Chapter Eight: Knowledge Translation, Dissemination and Measurement of KT Goals

The penultimate chapter in the thesis outlines the development of a suite of resources designed to promote positive body image in children and young people, alongside the #MTAS intervention which was developed and piloted as part of the current research. As mentioned earlier, research indicates that interventions to promote positive body image in adolescents should, ideally, include a focus on parental involvement as well as education professionals (Marengo, 2018). Thus, this chapter also outlines the development of additional resources to support schools in sharing information on promoting positive body image and self-esteem, with parents and young people and adopting a more holistic approach in this regard.

Chapter Nine: Discussion

The closing chapter provides an integrated synthesis and critical appraisal of the key findings from each stage of the study. It situates the results within broader

psychological research and body image literature, whilst also addressing the contribution of the research to relevant policy and practice. The key findings are discussed within the context of the design, implementation, and evaluation of school-based approaches to promoting positive body image and social media literacy in young adolescents. The strengths and limitations of the study are also discussed along with some future directions for research and attendant recommendations around the promotion of positive mental health and wellbeing in schools.

CHAPTER TWO

Literature Review

2.1. Introduction

This chapter provides contextual background to the current research and situates it within the relevant psychological literature. Firstly, the literature related to social media use and overall wellbeing will be explored, followed by a more specific focus on social media use in relation to several separate, but related constructs such as social connectedness (and peer relationships), mental health problems and body image. The last of these is particularly important due to the wealth of literature to show a relationship between body image and social media use and the approaches that have been used to promote positive body image in adolescent populations. The chapter concludes with an appraisal of the research on school-based interventions to promote positive body image, social media literacy and media literacy.

2.2. Search Strategy

A number of databases were searched for purposes of this literature review, including Psychology, Social Sciences, Education and Humanities. Other grey literature databases/search engines were also utilised including government documents, Department of Education reports; Health Service Executive Documents; research reports, dissertations, and theses. Initially the search terms 'body image' and 'social media' were used, after which the search was extended to include additional terms (as presented Table 2.1) to be more comprehensive.

Table 2.1

Search Terms Utilised

Social media literacy; media literacy; intervention; schools-based; programme; body dissatisfaction; adolescence; eating disorders; mixed methods; youth mental health; wellbeing; Instagram; Facebook; cognitive dissonance; psychoeducation; disordered eating behaviours, internalisation, socio-cultural ideals, 'thinspiration', 'fitspiration' and body positivity.

The search terms were used alone and in combinations using the Boolean operators "AND" and "OR" database specific conventions were followed to 'explode' or 'truncate' key terms as appropriate. Bibliographies from included and some excluded studies (e.g. literature reviews) were used to guide forward citation searching. Conference proceedings, manual browsing of key journals, books, relevant reports, and other online materials were used to guide hand-searching.

2.3. Understanding Social Media Use

Recent years have seen an increase in research to explore how contextual factors of online environments may lead to different outcomes for youth (e.g. Reich, 2017). Adolescents' interpersonal interactions increasingly take place via technology and specifically social media. Research suggests that almost two-thirds (64%) of all users in the US are teenagers and young adults (Statista, 2020) and that 71% check their phones within the first 10 minutes of waking up (Reviews.org, 2022). This sharing of information in real time and the potential for constant updates on areas of interest, photos or new information, is compelling and results in engaged and active users (Eurostat, 2019).

Social media is unique in terms of the pressure it creates to be always available and to respond immediately to added content. Unlike mass media, social media is interactive, and this interactivity may have implications for body image (Bell et al., 2022), wellbeing and mental health. Appearance-related commentary from peers (Burnette, 2017) and upward comparison with peers (Fardouly et al., 2017) alongside appearance-related idealised content online may heighten the tendency for negative self-evaluation (Fardouly et al., 2017). Social media is also highly visual, and many people document their lives online in photographs and videos which they share with 'friends' or those with whom they are connected, 'follow' or are 'followed by' online. The presentation and viewing of shared content online has for many people become an increasingly important part of daily life (Frith, 2017; Hall et al., 2019).

Social media provides us with a 'window' into the lives of others, their interests and their daily lives and activities in an unprecedented way. The photos shared can be 'liked', rated, or commented on immediately by other users which can provide a way of connecting with and communicating with people (Vannucci & Ohannessian, 2019). We may have a greater number of friends and acquaintances online than in real life, so shared content reaches far more people than we would typically encounter in our daily life. A post or photo shared may result in immediate engagement with people 'liking' or responding to content immediately. As people increasingly go online using a mobile device or phone, they have become more immediately accessible in a wide range of public and private 'spaces', thereby leading to social media becoming a ubiquitous part of everyday life (Allen, 2019; Hall et al., 2019). Some research suggests however that this is no substitute for in-person

social interaction and that adolescents low in in-person social interaction and high in social media use reported the most loneliness (Twenge et al., 2019).

2.4 Relationship between Social Media and Aspects of Overall Wellbeing

Research indicates that 86% of adolescents usually sleep with their phone in their bedroom (Cleland-Woods & Scott, 2016). The increasing amount of time adolescents spend using social media, has raised concerns about its potential negative influence on health and wellbeing, including sleep (van den Eijnden et al., 2021). For example, the Programme for International Student Assessment (PISA) Wellbeing Report (2016) found that 95% of 15-year-olds in the UK use social media before or after school and girls were more likely than boys to use social media before school (83% and 77% respectively) which is likely to increase their overall daily time online and on social media. Other UK-based research (Office for National Statistics [ONS], 2015) has found a clear relationship between excessive internet use and young people's wellbeing. Each additional hour spent online was associated with a negative impact on life satisfaction (ONS, 2015). Likewise, a recent study of young people in Ireland (aged 16 to 21 years), indicates that while 60% felt that social media contributed positively to their lives, more than one in four (28%) felt constant peer pressure and scrutiny from social media whilst almost one third (31%), according to the authors, referred to "unrealistic beauty and life satisfaction perpetuated by social media" (YSI, 2019).

Another interesting recent study by Vuorre and colleagues (2021) suggests that current concerns about the impact of digital technologies, social media and smart phones on mental health, are similar to patterns of societal anxiety seen in previous generations arising from the, then novel, forms of entertainment (Orben,

2020) such as television, comic books (Wertham, 1954) or radio dramas (Preston, 1941); this suggests, therefore, that we should not be overly concerned. Thus, while many associate social media with a degradation of young people's social networks and communication skills, some research indicates that social media may play a vital and positive role in young people's lives by: promoting educational outcomes; building on real life connections (Dooley et al., 2019); facilitating supportive relationships; helping to build identity; and, promoting a sense of belonging and self-esteem (Cybersafe Ireland, 2022).

Furthermore, some studies have found no meaningful association between digital-media use and overall wellbeing (Przybylski & Weinstein, 2017), concluding that "the possible deleterious relation between media use and wellbeing may not be as practically significant as some researchers have argued" (p. 213). Indeed, Twenge and colleagues (2019) report that the associations between digital-media use and low wellbeing are not entirely linear, with nonusers of digital media slightly more likely to have lower levels of wellbeing than light users. However, once a minimal level of use (i.e. 0.5 to 2 hours) is exceeded, wellbeing has been shown to steadily decline, with the heaviest users of digital media (6–7+ hr) reporting the lowest levels of wellbeing overall. Thus, the happiest and most well-adjusted individuals tend to be less frequent users. This finding is supported by most longitudinal and experimental studies which suggest a positive correlation between levels of engagement with social media and mental health problems, as discussed later in this chapter (e.g. Appel et al., 2020; Kelly et al., 2019; Kim, 2017).

Therefore, it would seem likely that prolonged social media use may draw time and energy away from important social interactions and real-life relationships

and outdoor activities (Larson et al., 2019), thereby impacting general wellbeing. However, social media use, for some, may also act as a substitute for real-life relationships (where these may be lacking) or to fill a void in life, so there may be a reciprocal causative link between wellbeing and social media use. It is also important to note, on a related point, that several factors or mechanisms may mediate the possibly two-way relationship between both constructs including, for example, sleep disruption (Twenge et al., 2018), displacement or disruption of face-to-face social interaction and/or physical activity, social comparison, and cyberbullying (Hunt et al., 2018; Orben & Przybylski, 2019). Furthermore, it is difficult to disentangle the relative impact of these factors in terms of their role in mediating or moderating what would appear to be a complex relationship. Most studies are also limited by the use of self-report of social media use, which may not reflect actual engagement, leading to inaccurate estimates which preclude a more precise examination of the relationship between social media use and overall wellbeing (Johannes et al., 2020; Parry et al., 2020; Scharnow, 2016; Shaw et al., 2020).

The way in which people engage with social media may also be important. For example, many studies suggest a distinction between the passive or active use of social media. 'Active' social media use refers to online behaviors that facilitate 'direct exchanges' among users, such as liking, commenting, sending messages, and otherwise engaging with other users. Conversely, 'passive' use is defined as the monitoring of others without direct engagement (Verduyn et al., 2017). Research suggests that the latter can lead to social comparisons and envy, whereas active usage appears to have a positive effect, stimulating feelings of social connectedness (Burke, 2016). The relationship between social media use and social connectedness

(and peer relationships) – an important contributory factor to overall wellbeing - is discussed in the following section.

2.4.1 Social Media, Social Connectedness and Peer Relationships

Existing evidence suggests that young people may have both positive and negative experiences in terms of how social media use relates to their sense of belonging and social connectedness, both of which are also important to overall wellbeing and identity development (e.g. Kelly et al., 2014). A relatively recent review by Ryan and colleagues (2017) ($N = 12$ studies) found that while the precise relationship between social media use and social connectedness is unclear, it would appear to be bi-directional. This review examined specifically three domains of social connectedness including social capital, sense of community, and loneliness. In each domain, they reported that social media use had both positive and negative potentiality. The authors concluded that the extent to which social media use enhances or diminishes social connectedness, depends on who is engaging with it and how they choose to use it.

Several other studies not included in the above review, report mixed findings. For example, social media use has been found to lead to feelings of social or emotional loneliness in adolescents, creating problems in their social relationships (Cookingham & Ryan, 2015; Pitmann & Reich, 2016; Savci et al., 2022). Conversely, other research has found that the use of social media *increases* social connectedness and feelings of belonging (Twenge et al., 2019) with some research indicating that socially anxious or isolated adolescents may be more frequent users of online communications as means of sharing confidences, experiences, and interests, thereby increasing their sense of belonging to a group and preserving or

protecting wellbeing (Fabris et al., 2023; Yin et al., 2021). Other authors, however, have argued that although social media can contribute to the enhancement of belongingness and social connectedness, it may paradoxically increase the risk of ostracisation and isolation from peers, by more time spent “in seemingly shallow, less fulfilling online relationships at the expense of more meaningful face-to-face contact” (Smith et al., 2021, p.15).

All of this research highlights the challenges involved in ascertaining the nature and extent of any causal relationship between social media use and feelings of social connectedness or loneliness. Indeed, a meta-analysis by Song et al. (2014) explored potential causal pathways between loneliness and Facebook use and found that shyness and a lack of social support predicted loneliness which, in turn, predicted Facebook use. Thus, it is likely that lonely individuals seek out social support on social media (Käll et al., 2020; Masi et al., 2011) due to a complex interplay of factors, including individual differences, social dynamics, and the multifaceted nature of the relevant dimensions/constructs (i.e., loneliness, social connectedness, and social media use). For instance, loneliness itself may drive individuals to seek connection and affirmation on social media platforms. Individuals may turn to social media as a means of alleviating feelings of isolation, hoping to connect with others and to receive positive affirmation (Smith et al., 2021; Liu et al., 2021). However, if these interactions are not fulfilling or if there is a lack of genuine connection, they may not effectively address, or indeed may exacerbate, any underlying loneliness (Smith et al., 2021). Individuals who seek out, but who do not receive affirmation on social media, may also experience feelings of loneliness (Käll et al., 2020). Likewise, the constant exposure to curated, seemingly perfect lives of

others on social media platforms might create unrealistic expectations which contribute, in turn, to a sense of social isolation if someone perceives their own life by comparison, as less fulfilling or satisfying (Primack et al., 2017). Moreover, individual motivations for using social media can vary considerably. For example, some individuals may turn to social media for positive interactions and support, while others may use it as a means of escape or avoidance due to pre-existing loneliness or mental health issues (Song et al., 2014).

Overall, research examining loneliness, sense of belonging, and social media involvement among adolescents and young adults suggests that the relationships between these variables are multifaceted and complex (Smith et al., 2021). Longitudinal studies that monitor participants over time and consider a range of factors (e.g., aspects of mental health, personality characteristics and life events) may help to shed light on causation (Masi et al., 2011). Moreover, interventions aimed at promoting positive social media use should consider insofar as possible, the complex and reciprocal nature of the relationship between social media and social disconnectedness or loneliness (Käll et al., 2020).

Peer relationships are also important and for decades, these have been identified by scholars to be one of the key features of adolescence (e.g. Delgado et al., 2022; Ryan & Gest, 2011; Selman 1980; Smetana et al., 2006; Smollar & Youniss, 1985), providing a crucial context (positive or negative) for the acquisition of appropriate developmental or social skills and competencies (e.g. Nesi et al., 2018). Indeed, managing peer relationships, is one of the most challenging and important developmental tasks during the adolescent years (Allen & Loeb, 2015). Strong peer relationships can help teens to become increasingly less dependent on

their parents and develop their own personal identities (Brown & Larson, 2009). Adolescents also report feeling happiest when interacting with their peers, and the peer world is a central context in which they develop their social skills.

Furthermore, perception of peer acceptance is frequently cited in the literature as a key predictor of social and emotional wellbeing (Oberle et al., 2009) and it is likely that some of the perceptions of peer acceptance and/or rejection are now derived from interactions on social media. Problems associated with adolescent peer relations, such as perceived peer rejection (Ha et al., 2019), have been found to be associated with poor mental health outcomes (Rasalingam et al., 2017), disengagement (Juvonen & Knifsend, 2016) as well as issues with peer pressure, substance and alcohol abuse (Gallegos et al., 2021); all of these are an important source of concern for parents and policymakers alike (Allen & Loeb, 2015).

Within the available research literature, patterns have emerged to suggest that social media is used by adolescents to complement offline contexts within which to fulfil the developmental tasks of adolescence (Uhles et al., 2017; Yau & Reich 2017). Social media is increasingly a place where adolescent interactions and 'statuses' are on public display. For example, some research demonstrates that '*likes*' on social media posts by peers are quantifiable public signs of status (Nesi & Prinstein, 2018) which elicit feelings of validation, conferring positive status and regard, and thus lead to positive emotions (Davey et al., 2009; Gunther Moor et al., 2010). By the same token, the receipt of fewer '*likes*' than others can lead to feelings of peer rejection. Indeed, a national survey of US youth found that 56% of respondents said it was a negative experience to post content on social media and not receive the expected number of likes (Rideout & Fox, 2018). Similarly, some

studies have suggested that positive evaluative feedback (e.g., likes) on social media has made unhealthy social comparisons salient (Appel et al., 2016; Nesi & Prinstein, 2015), especially among emotionally vulnerable individuals (Appel et al., 2015; Bleas, 2015; Burrow & Rainone, 2017; Forest & Wood, 2012).

Research has increasingly focused on determining the impact of '*likes*' on those receiving them. On one hand, accumulating evidence suggests a positive influence: receiving affirmation on content posted on social media corresponds positively with self-esteem and subjective wellbeing and negatively with loneliness (Bazarova et al., 2015, Burke et al., 2010, Oh et al., 2014, Valkenburg et al., 2006). On the other hand, relying on affirmation from others to feel good about oneself may signal contingent self-worth, which can undermine wellbeing over time (Kernis et al., 2000). In addition, seeking attention and acknowledgement from others are reported as primary drivers of Facebook use (Stefanone et al., 2011; Sung et al., 2016). Vulnerable teens may turn to social media, posting self-disclosing content, with the hope of receiving validation from peers to satisfy their unmet needs for status and acceptance from peers. However, their *likes* may not measure up to those garnered by others (especially their well-accepted, popular peers), leading some to feel rejected and inadequate (Rideout & Fox, 2018).

Several studies suggest that forming close friendships in middle adolescence significantly influences mental health in early adulthood (Narr et al., 2019) and that friendship support is an important protective factor for adolescent wellbeing (Burke et al., 2017). However, when adolescents focus more on status and short-term rewards in relationships, this does not necessarily lead to positive longer term emotional health in the same way as reciprocal positive dyadic friendships (Narr et al., 2019).

This is worth considering in terms of the status-seeking 'likes' and accumulation of friendships which young people describe in relation to social media. Vannucci & Ohannessian, (2019) argue that social media has now become a pervasive and salient part of the developmental context in the lives of young adolescents which is neither inherently detrimental nor beneficial. They suggest that "developmental harms and benefits stemming from social media use are contingent on how youth are using social media platforms" and that more nuanced research is required to increase understanding of these factors.

Increasingly, research suggests that social network sites benefit their users when they are already accustomed to making meaningful social connections, but the opposite is true if they lack such experience, leading to isolation and social comparison (Clark et al., 2018). This suggests that it is important to consider the diverse needs and vulnerabilities of young people when designing and implementing interventions aimed at promoting positive body image and social media literacy. Thus, interventions might include components which focus on developing social and coping skills, both in-person and online (Frith et al., 2017). More specifically, these may incorporate: a discussion of coping styles; consideration of the impact of social media on mood; the provision of information relating to support services and/or clear advice on how to access support within schools; and the use of tools and strategies to promote self-awareness and empathy, and to help young people cultivate mindful social media use through positive and constructive engagement on social media platforms (McMahon et al, 2017; Galli et al., 2021).

In summary, existing evidence suggests that adolescents (and particularly those who may be considered more vulnerable) need help and support to navigate

social media in more constructive ways to, for example, better manage and positively appraise the meaning of online social media feedback. Research also highlights the importance of educating parents about the potential risks and benefits of social media and providing guidance on how to support their child in navigating online spaces (APA, 2023). Notably, the compulsory health education curriculum for UK-based secondary schools requires education on social media and online environments and their potential influence on mental health, including body image (Bell et al., 2022; Department for Education, UK, 2020). The relationship between social media use and mental health is discussed in the next section, followed by a more detailed discussion of body image.

2.5 Social Media Use and Mental Health

A growing number of studies suggest a link between social media use and aspects of adolescent mental health, including self-esteem, anxiety and depression and body image issues (Choukas-Bradley et al., 2019; Cleland Woods & Scott, 2016; Dooley et al., 2019; Keles et al., 2020). Evidence from a range of cross-sectional, longitudinal and empirical studies, have also linked smart phone and social media use to self-harm behaviour and suicidality amongst young people (Abi-Jaoude et al., 2020; Fortson, 2022).

However, the time spent on social media appears to be a crucial factor. For example, research in the UK (Office for National Statistics [ONS], 2015) has found a “clear association” between longer time spent on social media and mental health problems in young people. Another US report argues that young people who spend more time with friends and family, exercising and sleeping, are happier than peers who spend hours every day using social media and smart phones (Twenge, 2019).

Adolescents and young adults who spend more time using social media have been found to report lower overall psychological wellbeing, including anxiety and depression (Lin et al., 2016; Shakya & Christakis, 2017; Twenge & Campbell, 2018), lower life satisfaction (Booker et al., 2015) and lower levels of happiness (Twenge et al., 2018a). Collectively, the above authors argue that the association between social media use and aspects of mental health is quite robust; for example, adolescents who spend five hours or more per day on electronic devices were 66% more likely to report at least one risk factor for suicide when compared to those who report use for only one hour a day (Twenge et al., 2018b).

It is important to note, however, that the causal relationship between mental health and social media use may be bidirectional. For example, some longitudinal studies have found that pre-existing mental health problems predict smartphone use (which is positively correlated with social media use) (Bado et al., 2020; Orben et al., 2019). However, longitudinal studies which have investigated the relationship between different types of problematic internet use (e.g., smartphone use, gaming, and social media use) and mental health risks and/or wellbeing, have obtained mixed results (Chang et al., 2022; Wang et al., 2022; Brand et al., 2019). For instance, an interesting systematic review of cross-sectional studies (Lopes et al., 2022) based on 1,747 papers, identified a strong bi-directional relationship between problematic social media use and anxiety or depression. By contrast, a large sample of 1740 students (Mean age 19 years) from seven colleges in China (Wang et al., 2022) to investigate the relationships between different types of social media use and social anxiety among college students found that while passive social media use was positively correlated with social anxiety, active social media use was negatively

correlated with social anxiety thus the authors conclude that promoting active rather than passive social media use via interventions may yield benefits for improving students' psychological wellbeing. On balance, do the positive or the negative effects prevail? "The literature implies that the relationship between technology use and adolescent wellbeing is more complicated than an overall negative linear effect" (Dienlin et al., 2020, p.139). Many researchers indicate a need for further research which adopts longitudinal designs, differentiates different types of technology use, or measures technology use objectively (Coyne et al., 2019; Orben et al., 2018; Thorisdottir et al., 2019; Whitlock et al., 2019).

2.5.1 Body Image and its Relationship to Social Media Use

One aspect of wellbeing which research consistently highlights is affected by social media use is body image (APA, 2023). Recent research acknowledges social media use as an appearance-based pressure (APA, 2023; Bell et al., 2022; Fioravanti et al., 2022; Gordon et al., 2022; Padin et al., 2021), widely indicating that social media use may contribute to negative body image and, specifically, body dissatisfaction and objectification (e.g. Dooley et al., 2019; Fardouly & Vartanian, 2016; Holland & Tiggemann, 2016; Tiggeman & Slater, 2013, 2014). Available evidence suggests that our body image (i.e. our thoughts and feelings about our bodies) can impact us throughout our lives, including our overall mental health and wellbeing (Cooley & Toray, 2001). Perhaps unsurprisingly, therefore, considerable evidence exists to show that poor/negative body image can have a serious longer-term negative impact on wellbeing, including self-esteem (Choi & Choi, 2016) and mental health problems such as depression (Sharpe et al., 2018; Tremblay & Lariviere, 2009), anxiety (Duchesne, 2017) and eating disorders (Espinoza et al.,

2016), as well as lifestyle choices such as reduced exercise behaviour (Grogan, 2009) and unhealthy eating behaviours (Tremblay & Lariviere, 2009).

The causes of body dissatisfaction are multifaceted and may include a number of biological (e.g. genetic factors), evolutionary, or psychological elements/influences, such as the important role of peers, family and the wider media (Rogers et al., 2014; Thompson et al., 1999). However, social media use is increasingly highlighted as an important socio-cultural contributory factor (Griffiths et al., 2018; Tiggeman & Slater, 2014). For instance, an important review of cross-cultural adolescent-focused studies conducted in 2016, linked social media use in girls to body image concerns, dieting, body surveillance, a drive for thinness and self-objectification (Holland & Tiggeman, 2016). Interestingly, while girls report more body image disturbance and disordered eating than boys, research indicates that social media use plays an adverse role in the body image of both adolescent boys and girls alike (de Vries et al., 2016). Body image has also been highlighted by young people in the UK as a key issue affecting their mental health and has, therefore, been identified by researchers as an issue of growing concern (Young Men's Christian Association (YMCA), 2016) and one which is affecting both men and women.

The findings in an Irish context are consistent with those reported in the international literature. Over the last decade, a small pool of research conducted in Ireland has consistently highlighted body image as a key issue affecting youth mental health, with links to higher levels of depression, anxiety, self-harm, suicidality and eating disorders (Chambers et al., 2017, Dooley et al., 2013, 2019). For example, one study of 2500 young people in Ireland indicated that almost three-

quarters (72%) identified body image as a source of difficulty in their lives (Chambers et al., 2017).

Worryingly, body image concerns are also beginning to emerge at an earlier age than ever before (Smolak, 2011). This may be due, at least in part, to the ways in which we all are increasingly engaging via social media; for instance, as described in Chapter One, 68% of 8-12 year olds in Ireland use social media (Cybersafe Kids, 2022). In general, potential risks are likely to be greater in early adolescence, a period of significant biological, social, and psychological transitions than in late adolescence and early adulthood (Magis-Weinberg et al., 2021). For example, a number of studies have found that children aged three to six years, already display negative attitudes towards fat and a preference for a thin body (Harriger et al., 2010; Spiel et al., 2012, Tremblay et al., 2011). Furthermore, Spiel et al. (2012) found that boys and girls aged three to five years chose larger figures to represent negative attributes when compared to positive attributes. A recent Australian survey of children aged 5–13 years, found that the prevalence of eating disorders in children has nearly doubled in the last 10 years, with a higher rate in younger boys than girls (Morris et al., 2022). A longitudinal study showed that the onset of symptoms of eating disorders was most common between the ages of 12 and 15 years (Breton et al., 2022) with body image dissatisfaction acknowledged as a major risk factor for eating disorders in this age group (Chen et al., 2021; Hornberger et al., 2021; Stice et al., 2017).

According to Gordon (2020), social media use can foster self-critical processes that increase the risk of body dissatisfaction, disordered eating, and depressed mood. Findings in this area indicate that the nature of social media

encourages reflections on appearance. For example, images of bodies which conform to socio-cultural appearance ideals can be found across social media platforms (Bell et al., 2022; Talbot et al., 2017). A recent review of 12 studies undertaken in Spain found that the use of social media was significantly associated with body dissatisfaction ($p \leq 0,01$), drive for thinness ($p \leq 0,001$), and low self-esteem ($p \leq 0,05$) in both adolescents and young adults (Bajada Marí & García, 2023). Research in adult samples has revealed that both men and women are prone to comparing themselves to peer and celebrity images seen on social media, and that this can lead to increases in body dissatisfaction and negative mood (Brown & Tiggemann, 2016; Modica, 2020). Further studies involving adolescents demonstrate that engaging with this content has been linked to negative body image (Bell et al., 2022; Huang et al., 2020). Adolescents also describe pressure to present similar ideals in their own social media feeds and to invest time in curating and editing photos and posts for social media (Bell et al., 2022; Chua & Chang, 2016).

A robust body of longitudinal and cross-sectional evidence supports a direct effect from social media use to body dissatisfaction in males and females (Ryding and Kuss, 2020; Padin et al., 2021; Fioravanti et al., 2022). In fact, the recent health advisory on social media in adolescence (APA, 2023) indicates that while social media use is not inherently harmful or beneficial, caution is advised in particular around beauty or appearance related content. This report indicates that social media and especially “behaviours related to one’s own photos and feedback on those photos, are related to poorer body image, disordered eating and depressive symptoms particularly among girls” (p. 8, APA, 2023). This is a source of some

concern as numerous longitudinal studies have found that negative body image during adolescence is a significant predictor of the development of eating disorders later in life (e.g. Evans et al., 2017, Herle et al., 2020, Kotler et al., 2001). This is discussed in more detail below.

2.5.2 Body Image and Eating Disorders

A number of meta-analyses conducted over the last 20 years (approximately) have consistently demonstrated a significant and strong association between negative body image and increased risk of developing an eating disorder (Groesz et al., 2002; Walker et al., 2017). These kinds of studies typically involve assessments of body dissatisfaction (Yiu et al., 2017), weight concerns (Micali et al., 2015), and drive for thinness (Pryor et al., 2016), all of which are key components of negative body image. Further clinical, observational and case studies conducted in eating disorder treatment settings have also highlighted body image concerns as a central feature in the manifestation and maintenance of various eating disorders, such as anorexia nervosa, bulimia nervosa, and binge-eating disorder (Mehak & Racine, 2021) with recent studies in males with an eating disorder also highlighting body image, media pressure (Argyrides et al., 2020) and 'muscularity oriented' eating (Murray et al., 2017). Likewise, the findings of a number of qualitative studies further indicate that many individuals with eating disorders report negative body image to have been a key contributory factor in their disordered eating behaviours (e.g. Fogelkvist et al., 2016).

This relationship between body image and eating disorders would also appear to be bidirectional; thus, while negative body image is a key risk factor both for the development of an eating disorder, (Stice, 2002; McLean & Paxton, 2019) and for

relapse after remission (Fogelkvist et al., 2016; Keel et al., 2005), the presence of an eating disorder can also exacerbate existing body dissatisfaction (Keel et al., 2005). In addition, it is important to note that, while these findings suggest a robust relationship between eating disorders and negative body image, many other factors are involved. For example, a recent rapid review ($N = 284$ studies) identified a number of such risk factors, including: genetic predisposition; personality factors; co-morbid health conditions; gender; body image and social influences; elite sporting; socio-economic status; and trauma (Barakat et al., 2023). Furthermore, there is considerable variability in outcomes, in that not all individuals with negative body image develop eating disorders.

Recent studies have also reported an increase in the prevalence of eating disorders and an earlier age. For instance, there has been a marked increase in cases of anorexia in preteen children both in Ireland and the UK, with rates having almost doubled in a 10-year period (Petkova et al., 2019). This study (based on mental health service reports) estimates that 3.2 children per 100,000 aged 8-12 years met the criteria for anorexia in 2015, compared to 1.5-2.1 per 100,000 in 2006. While not solely indicative of body image concerns, the early emergence of disordered eating patterns suggests a heightened vulnerability to societal pressures related to appearance (Mitrofan et al., 2019). Likewise, more recent figures in Ireland (Barrett & Richardson, 2021) indicate that the number of hospital admissions related to eating disorders among children and adolescents in Ireland continues to rise and has more than trebled from 33 in 2018 to 116 in 2021. These figures highlight a need for a detailed examination of body image influences in order to identify causal risk

factors which can be addressed, at least in part, through, for example, educational programmes or school-based interventions.

With regard to social media use, several studies have established a link between frequency of exposure to social media and disturbances in eating (Slater & Tiggemann, 2015; Tiggemann & Slater, 2013; Vandebosch & Eggermont, 2016). Some of this research has narrowed the focus to investigate the specific tendencies of social media users and have found that 'selfie-sharing' attitudes and behaviours, such as investment in photo selection and editing, are significantly and positively correlated with eating disturbances in both men and women (Cohen et al., 2018). For example, an interesting study conducted in Australia, which categorised social media as 'image-centric' (e.g. Instagram) or 'non image-centric' (e.g. LinkedIn), found that social media associations with muscularity dissatisfaction and eating disorder symptoms, were stronger for the former than the latter (e.g. LinkedIn) (Griffiths et al., 2018). The specific links between social media use and body image are discussed below, with particular reference to sex differences.

2.5.3 Social Media Use, Body Image and Sex

It is important when examining the role of body image issues in relation to social media use, to consider potentially influential factors such as culture and sex, in order to effectively target and prevent body image issues from arising in the first place. Existing evidence suggests that approximately half of all pre-adolescent girls and 30% of boys dislike their bodies. Around 60% of adult women and 40% of adult men also have a negative body image (Quittcat et al., 2019). According to work undertaken by Marengo et al., (2018), highly visual social media is associated with

body image concerns and the internalising of socio-cultural ideals in both male and female adolescents. However, some authors suggest that young women are more likely to use highly visual social media and, as with traditional media, the appearance standards presented to women are more rigid when compared to the more flexible appearance ideals presented to men (Zimmer-Gembeck et al., 2020). Furthermore, it has been argued that, in Western culture, the psychological consequences of such media use are likely to be intensified for women due to their more pervasive perceptions to be judged according to their appearance, and the self-surveillance that ensues (Calogero, 2012).

Indeed, the relationship between social media use and body image appears to be much more marked in adolescent and young adult females than in their male counterparts. For example, Eckler and colleagues (2017) reported that increased time spent by young adult females on Facebook, is positively correlated both with attention to physical appearance and comparison with others, and negative body attitudes; time spent on Facebook has also been found to be positively correlated with disordered eating behaviour aimed at losing weight (Eckler et al., 2017). Other studies indicate, likewise, that female college students who are exposed to pictures of attractive females on social media, are less satisfied with their own appearance (Kim et al., 2016), a finding that has been replicated in a number of other studies (Fardouly & Vartanian 2016).

Specific types of social media use, such as engaging in photo activities on Facebook and following appearance-focused accounts on Instagram, have also been found to be associated with thin-ideal internalisation and body surveillance among young women (Cohen et al., 2017). Similarly, exposure to thin-ideal

Instagram images has been linked to increased body dissatisfaction among young adult women (Tiggemann et al. 2018) whilst a significant negative impact on mood following time spent on Facebook, was also noted in young women in several studies (Brown et al., 2016, Fardouly et al., 2015).

Furthermore, studies on pre-teenage girls (Tiggeman & Slater, 2014) and female high school students (Meier & Gray, 2014) have found that Facebook users when compared to non-users, report more drive for thinness, internalisation of the thin ideal, body surveillance, self-objectification and appearance comparisons. Spending more time on Facebook and other social media platforms, such as Instagram, has also been found to be associated with higher levels of body dissatisfaction and dieting among pre-teenage girls (Tiggeman & Slater, 2014) as well as disordered eating in young women (Turner et al., 2017). In general, adolescent girls report higher social media use (Instagram) than boys (Gordon et al., 2021), although both boys and girls report appearance pressures from social media use as well as negative body image concerns (Verrastro et al., 2020).

More specifically, higher frequency and longer duration of social media use have been associated with increased body image concerns and disordered eating behaviours (Holland & Tiggemann, 2016; Saiphoo & Vahedi, 2019; Turner & Lefevre, 2017); however, not all social media exposure is equally detrimental to wellbeing. Recent research has found that associations between social media and negative body image are driven by exposure to appearance-focused social media, rather than general social media use (Meier & Gray, 2014; Cohen et al., 2017; Saiphoo & Vahedi, 2019). Exposure to content, such as “thinspiration” or “fitspiration” is particularly linked to body dissatisfaction in women. “Thinspiration” images

typically feature very thin bodies, glorify thinness, and promote weight loss and dietary restraint (Alberga et al., 2018; Boepple & Thompson, 2016). Although “fitspiration” images would appear to promote healthy living, evidence suggests that they reinforce the thin-ideal by featuring toned and low-fat bodies, promoting excessive, or extreme attitudes toward exercise, and inducing guilt through messaging about extreme attitudes to food, exercise and body shapes (Alberga et al., 2018; Boepple & Thompson, 2016; Talbot et al., 2017; Tiggemann & Zaccardo, 2018). Worryingly, research on this kind of content demonstrates that it is heavily imbued with pro-anorexia and pro-bulimia messaging to promote thinness and low body weight as ideals, while also providing tips and advice to achieve unhealthily low body weight (Tiggeman et al., 2018).

Conversely, a limited body of research suggests that social media may positively impact female body image in a number of ways through health or body positive content (Cwynar-Horta, 2016). In recent years, the ‘body positivity’ movement (#BoPo) has grown on social media; this seeks to challenge narrow and restrictive female beauty ideals through positive portrayals of diverse body shapes and sizes, with the overarching aim of promoting body appreciation and acceptance (Cohen et al., 2020; Davies et al., 2020; Rodgers et al., 2020; Tiggemann et al., 2020).

‘BoPo’ encourages individuals to broaden their focus beyond the aesthetic qualities of the body to focus instead on its functional capabilities and strengths (i.e., what a body can *do* rather than what a body looks like) (Cohen et al., 2019). The limited available evidence in this regard, shows that even brief exposure to body positive posts, is associated with improvements in young women’s mood, body

satisfaction and body appreciation, when compared to thin-ideal and appearance-neutral posts (Cohen et al., 2020). However, both thin-ideal and body-positive posts were associated with increased self-objectification relative to appearance-neutral posts. In other words, it seems that while body positivity posts can briefly boost women's self-esteem, the content may also encourage more thoughts about physical appearance. In summary, although some research suggests positive effects of social media on body image, the available evidence, for the most part, illustrates negative impacts on body image with regard to how women and girls perceive their body image (Fardouly & Vartanian, 2016; Tiggemann et al., 2018).

With regard to body image in men, several authors have found a consistent relationship between social media use and body dissatisfaction, as well as drive for muscularity and internalisation of the muscular ideal (Edwards et al., 2014). Interestingly, despite a lack of such research at the time of commencing the current study, a number of studies in this area have emerged in recent years. More visual social media platforms have been highlighted as a key factor in the contribution of social media to male body image. For instance, one study found a relationship between increased Instagram use and body dissatisfaction, which according to the author, was due to upward appearance comparisons (Modica, 2020).

This has also been identified in other studies. For example, work by Flynn et al. (2020) shows that upward social comparisons with an online, highly muscular, male body ideal negatively influenced male body image, but also, the discrepancy between men's body perceptions and their perceptions regarding the male body ideal of their close female friends, was the most significant predictor of male body muscularity dissatisfaction (Flynn et al., 2020). A correlation was also noted, in this

study, between viewing 'fitspiration' images on Instagram and body dissatisfaction in young men. In addition, more frequent viewing of 'fitspiration' content was positively correlated with muscular-ideal internalisation and appearance comparison tendencies which, in turn, were and linked to lower body satisfaction. Frequent viewing of fitspiration content also affected motivation to exercise, leading to more appearance-based exercise motivation (Fatt, 2019). The findings of other studies indicate that health-based reasons underpinning exercise motivation, have a positive effect whereas appearance-based motivation was linked to negative body image (Stevens & Griffiths, 2020). A corresponding rise in the use of apps such as MyFitnessPal, to track food intake, exercise, sleep and more has also been linked to greater concern about weight and shape, increased dietary restriction and a higher prevalence of eating disorder symptoms in male users (Linardon and Messer, 2019).

Other work on personality traits has shown that men with higher levels of 'socially prescribed perfectionism' (i.e. the perception that others require oneself to be perfect) (Robinson et al., 2022) are more likely to interpret socio-cultural messages about appearance as standards that need to be met in order to be accepted by family and peers, thereby motivating them to try to achieve the "perfect body." However, such attempts to achieve a lean but muscular body make men vulnerable to developing both muscular dysmorphia and eating disorders' (Dryer et al., 2016). In the UK, figures from the NHS indicate that the number of adult men admitted to hospital in the UK with an eating disorder rose by 70% in six years from 2010 to 2016 (NHS, 2017). Prof Helen Stokes-Lampard, Chair of the Royal College of GPs, said that the rise in male eating disorders was not surprising "when you

consider the unrelenting pressures placed on people by popular culture and social media” (Marsh, 2017). The same rate of increase was noted for eating disorders among women in the UK during the same time period.

In Ireland, there have been similar reports of increasing rates of eating disorders. For instance, Bodywhys noted a 67% increase in the number of men using their services over a five-year period from 2009 to 2014. Thus, male body image issues are an increasing source of concern, suggesting a need for interventions that reflect the needs of young men (as well as women) and which focus on how social media activities can impact body image in both sexes whilst also increasing media literacy (Griffiths et al., 2018).

2.5.4 COVID-19, Social Media and Body Image

As mentioned in Chapter One, the restrictions imposed during the COVID-19 pandemic had significant negative impacts on population wellbeing, mental health, body image and related issues, including a surge in presentations of eating disorders and subsequent psychiatric inpatient admissions for eating disorders during this time (Gainsford, 2021; Haripersad, 2020; McCullough, 2021; Sole-Smith, 2021; Strongman, 2021). In Ireland, during the period March-September 2020, the number of hospitalisations for eating disorders increased by 66% when compared to 2019, with males representing 40% of eating disorder admissions (notably higher than any previous year). Bodywhys provided evidence to suggest that the increased time spent online during the COVID-19 pandemic led to more exposure to food and exercise messaging in public discourse, as well as more frequent social comparisons, both of which have been shown to exacerbate eating disorder thoughts (Parsons et al., 2021). In addition, general messaging about the importance of

exercise for psychological wellbeing and physical fitness, led to increased feelings of anxiety in study respondents, to the extent that they felt 'not good enough'. In some cases, these messages were taken to the extreme and set as excessive goals.

Other similar international research on social media trends referencing the 'quarantine 15' (i.e. A gain in 15 pounds of body weight during the pandemic and stemming from the phenomenon of "freshman-15"), reports an increase in body image concerns and disordered eating behaviours during this time (Elizabeth, 2020; Kibble, 2020). Moreover, in the year following the emergence of COVID-19, over 60,000 posts with the 'quarantine15' hashtag were uploaded on Instagram alone (Elizabeth, 2020) Quarantine15 is rooted in a fear of the putative weight gain due to changes in eating, physical activity, and sedentary behaviour caused by self-isolation (Pearl, 2020). Given the centrality of weight in the hashtag, it was proposed that the impact on weight stigma and body image perspectives was important to consider (Lucibello et al., 2021).

2.5.5 The Role of Different Types of Social Media Platform

Some interesting findings have emerged over the last five years or so, in relation to the relative influence of various social media platforms on body image concerns. For example, the Royal Society for Public Health (RSPH) #Status of Mind report, 2017 investigated their views of 1,479 adolescents (age 14-24) across the UK on the health and wellbeing effects of using different social media platforms, including YouTube, Facebook, Instagram, Twitter and Snapchat. The youth participants reported that every single one of these had a negative impact on their body image, with Instagram considered to be the most harmful (Royal Society for Public Health, 2017). Indeed, recent headlines in both the Wall Street Journal and

The Guardian suggest that Facebook is aware that its Instagram app exacerbates body image issues for teenage girls, according to a leak from the tech firm (Milmo, 2021).The whistleblower report states that since 2019 (approximately), staff at the company have been studying the impact of their product on its younger users 'state of mind'. Their research has repeatedly found that it is harmful for a considerable proportion of users and particularly teenage girls. A slide from one presentation in 2019 intended for internal use by Facebook only, and seen by the Wall Street Journal stated, "We make body image issues worse for one in three teen girls". A subsequent presentation reported in March 2020, stated: "Thirty-two per cent of teen girls said that when they felt bad about their bodies, Instagram made them feel worse".

One of the findings of most concern, was that 13% and 6% of users in the UK and the US respectively who had reported suicidal thoughts, linked these to their use of Instagram (Milmo, 2021).Another transatlantic study found more than 40% of Instagram users who reported feeling "unattractive", stated that these feelings materialised for the first time when they started using the app; furthermore, approximately one quarter of teenagers who reported feeling "not good enough" indicated that they only began to feel this way when first using Instagram. Moreover, the findings from studies focusing on the use of social media by teens to enable them to share photos online (e.g. Facebook, Instagram and Snapchat), indicates that the highest frequency users are more likely to link their self-worth to their appearance (Stefanone et al., 2011). Additional evidence suggests that taking and posting selfies online can result in low mood, anxiety, reduced self-confidence, and poorer body image (Mills et al., 2018).

Facebook's internal conclusions echo the findings of a number of studies that implicate social media in an 'epidemic' of youth mental health issues, including the RSPH report mentioned earlier. At the time of publication, Emma Thomas, the charity's Chief Executive, said that while social media can be beneficial, it also brought increased pressure: "Being surrounded by constant images of the 'perfect' life and seemingly perfect bodies can also have a big impact on how you feel about your own life and appearance, and it can be really hard not to compare yourself to others," (Gayle, 2021).

The above comments are supported by evidence from a wide range of international studies which, collectively, show that several key factors influence body image, including: (i) increased exposure to socio-cultural beauty ideals in the media; (ii) internalisation of socio-cultural ideals of beauty; (iii) increased focus on appearance; and (iv) upward appearance comparisons. Each of these will be discussed next in terms of how they might be affected by social media use. The influence of peers and family on body image is also explored later in this chapter.

2.6 Key Factors Influencing Body Image

2.6.1. Increased Exposure to Socio-cultural Ideals

The beauty ideals presented in the media, and especially the traditional media, are widely recognised as a negative influence on body image. For example, previous research has indicated that exposure to more traditional types of media such as magazines or television, can increase body image concerns in young women (Halliwell et al., 2011; Knobloch-Westerwick & Crane, 2012; Tiggeman & Polivy, 2010) whilst traditional advertising can also affect how both women and men perceive themselves (Kilbourne, 2010). Given that young people are now accessing

more information online, it is likely that they will be more exposed to the media ideals presented therein.

Social media is also highly visual in nature. Instagram, one of the most popular social media platforms (We Are Social, 2021) is predominantly image based. Research indicates that two of the most popular hashtags applied to Instagram posts are #Fashion and #Beautiful (Aslam, 2021). Statistically, it has been shown that posting a photo on a social media platform guarantees a larger number of 'likes' (Social Media Today, 2019). The fact that teenagers and young adults are the most loyal Instagram users, has also attracted fashion brands to this network and it is estimated that 96 per cent of US fashion companies have an Instagram profile, making the fashion industry the leading business niche on this network (Statista, 2020).

Research widely acknowledges the role of exposure to idealised images in traditional media, such as fashion magazines and television, in increased body dissatisfaction in women (e.g. Grabe et al., 2008; Groesz et al., 2002; Want, 2009). A smaller body of research has demonstrated similar effects for men (Barlett et al., 2008; Blond, 2008). However, while traditional media formats like fashion magazines were largely the province of women and girls (Levine & Smolak, 1996), social media, by contrast, is widely used by both males and females (Statista, 2020).

Stefanone et al. (2011) suggest that the most frequent users of social media are more likely to link their self-worth to their looks. The narrow beauty ideals in the media for males and females are described as significant pressures on body image. Current socio-cultural beauty ideals differ for men and women. The female ideal is thin and increasingly visibly toned (Watson & Murnen, 2019), while the male ideal is

V-shaped, characterised by a well-developed and muscular upper body, with well-defined abdominal muscles ('six-pack') and narrow hips (Pope et al., 2001). This ideal can be seen in the increasingly objectified presentation of male bare chests in advertising (Hancock & Karaminas, 2014; Pope et al., 2001; Rohlinger, 2002). As a result, many men strive to be both leaner and more muscular (Frederick & Essayli, 2016; Tiggemann et al., 2007). As is the case for its female equivalent, male body dissatisfaction has been linked to a range of negative consequences, including compulsive exercise, anabolic steroid use, eating disturbances, eating disorders, and poor mental health (Griffiths et al., 2016; Olivardia et al., 2004).

Popular social media platforms used by adolescents such as Instagram, Tiktok and Snapchat (Pew Research Center, 2018), are awash with idealised body-related content. Arguably, the narrow ideals which are presented for males and females in both traditional and social media are unrealistic and unattainable for most people. The muscular male ideal and thin ideal for women/girls are widely endorsed on social media (Betz & Ramsey, 2017). Young people are bombarded with images that attempt to convey edited images as the norm. Some evidence suggests that this practice is contributing to a generation of young people with poor body image and body confidence (RSPH, 2017). These negative effects on body image and emotional symptoms appear to be more marked when social media use is more frequent (i.e. more than two hours per day) (Dooley et al., 2019; Marengo et al., 2018).

2.6.2. Internalisation of Socio-cultural Ideals

Previous studies have reported that the socio-cultural pressure from images of unrealistic body ideals fosters body dissatisfaction (Paxton et al., 2006; Rodgers

et al., 2011) and the internalisation of these ideals (Rodgers et al., 2015). The TI Model of body image and disordered eating (Thompson et al., 1999) mentioned earlier, proposes that social media may influence body image by combining messaging which emphasises the importance of appearance coupled with pressure to achieve these ideals. This messaging influences body image via two mechanisms - appearance comparisons and internalization of these body ideals; appearance-ideal internalisation refers to the extent to which an individual cognitively “buys into” socially defined ideals of attractiveness and engages in behaviours designed to achieve an approximation of these (Thompson, 1999). Appearance ideals are associated with positive outcomes in life such as popularity and positive judgements from others (Langlois et al., 2020). The media appear to reinforce this association by portraying those who meet appearance ideals, with various benefits such as popularity, success or involvement in romantic relationships (Northrup & Liebler, 2010). Media messaging and frequent exposure to the same body shapes can convey the notion that such body shapes are common, easily achievable and that attainment of a similar body shape is desirable and a prerequisite for positive life outcomes. Research identifies such dysfunctional appearance beliefs as risk factors in the development of body dissatisfaction among early adolescents (Mills et al., 2018).

Social media seems to combine media pressure and peer pressure in a unique way which may amplify the potential impact on body image. Images of picture-perfect celebrities appear amidst photos and posts from peers, often emulating media ideals. The inclusion of images from peers alongside celebrities and mainstream media posts may create some confusion for users as to what is real

and what is constructed which may further compound the idea that people “should look like the images they are seeing” (Klein, 2013). Thus, young people today are growing up at a time when much of their information about life is gained from a stream of often “perfect” or flawless images online. It is not unusual for young people to edit their own photos and the use of filters and photo-shopping apps can make it very difficult for them to attune to their ‘real world’ selves, leading to feelings of inadequacy. These filters and edits have become the norm, altering people’s perception of beauty worldwide (Rajanala et al., 2018) and blurring the lines between what is real and what is constructed, whilst also possibly increasing the pressure to look like the unrealistic and unattainable ideals presented. For this reason, greater social media usage in adolescent boys and girls has been found to positively predict body dissatisfaction and, even more worryingly, a desire to undergo cosmetic surgery (De Vries et al., 2016).

2.6.3 Increased Focus on Appearance

As mentioned earlier, social media is highly visual in nature and so it is perhaps not surprising that a third factor related to body image and social media use, relates to the ways in which it can lead to an increased focus on appearance. Ten million new photos are uploaded to Facebook every hour (Mayer-Schonberger and Cukier, 2013). This provides users with a constant opportunity to make appearance-related social comparisons which may contribute to negative body image. Meier & Gray (2014) found that appearance exposure (e.g. viewing, posting and commenting on images), but not overall Facebook usage, was positively correlated with weight dissatisfaction, a drive for thinness, thin ideal internalisation and self-objectification among female high school students in the US (N=103). This increased exposure to

online images , posting of photos and dependence on 'likes' and positive comments to feel good, may skew our perspective lead to a high emotional charge around our physical bodies, causing other, related issues (Holland & Tiggemann, 2017).Ironically, this may lead to social and emotionally vulnerable adolescents turning to social media *even more* to avidly seek supportive social feedback, causing the initial cycle to repeat and intensify (Rideout & Fox, 2018).

Social media use may have stronger associations with body dissatisfaction than other internet-related activities because it is more interactive and self-exposing, with public comments on posts, from others (Jarman et al., 2021; Niu et al., 2019).Posting self-images also generates greater peer scrutiny of appearance and competition which, from an evolutionary perspective, has been proposed to increase body dissatisfaction and body concerns (McLean et al., 2015; Mills et al., 2018).Frequent posting of images and the garnering of likes and comments online may also affect the way we think, perhaps always considering what we do in terms of its potential for posting online and whether it will be likely to achieve 'likes' and positive comments.

2.6.4 Upward Appearance Comparisons

Social-media posts tend to be about showing our best selves and the very best of our lives. Users often carefully manage their presentations online and create ideal images, which differ from their real selves (Gonzales and Hancock, 2011; Goodings and Tucker 2014). Studies which have involved analysing profile pictures, indicate that users purposefully select images to 'highlight their looks and appear attractive' (Kapidzic and Martins, 2015). Evidence suggests that greater use of highly visual social media platforms increases our opportunity for making

comparisons between ourselves and the images we view online. When individuals perceive a gap between their appearance and that of others (e.g. via images they view online), body dissatisfaction can develop which if protracted and heightened can lead, in turn, to the development of internalising symptoms such as depression and anxiety (Marengo et al., 2018). Other work has found that viewing 'fitspiration' images can have a negative effect on body image as a result of appearance-based social comparisons (Tiggemann & Zaccardo, 2015), with attendant links to increased disordered eating behaviours and compulsive exercise (Holland & Tiggemann, 2017). Social comparisons are discussed later in this chapter, in the context of Festinger's well-known Social Comparison theory (1954).

2.7 Impact of Social Media on Body Image: Theoretical Context

Theoretical frameworks of body image provide a useful means of understanding and studying the complex and multidimensional nature of how individuals perceive, experience, and relate to, their own bodies (Grogan, 2022). A number of theoretical perspectives have dominated the literature in this field and have made important contributions to our understanding of the psychological, social, and cultural factors that contribute to the formation of body image and which, therefore, might help to explain the impact of social media on body image and the causal mechanisms involved. Several key theoretical perspectives are described below in terms of how they can inform our understanding of the early development of body image in childhood and into adolescence and adulthood.

2.7.1 Developmental Theories of Body Image

Firstly, developmental theories focus on how body image develops and evolves over the course of an individual's life, considering the influence of various

psychological, social, and cognitive factors at distinct stages of development (Knafo, 2016). Developmental approaches are particularly relevant in early childhood when foundational perceptions of the self and body are established (Grogan, 2022). Developmental theorists indicate that parents represent the most important early models for children's development (Maccoby, 1994), and influence their children's attitudes toward body image both directly e.g., via comments and/or criticism (McCabe & Ricciardelli, 2005) and indirectly e.g., through the expression of their own negative body image, or comments or criticism related to others (Czepczor-Bernat et al., 2022; Domoff et al., 2021)

Cognitive development theory, based on the work of Jean Piaget (1971), suggests that cognitive processes and the way individuals perceive and interpret information, play a crucial role in the development of body image. Cognitive development theory posits that as children progress through different cognitive stages, their understanding of body image evolves accordingly. Young children may have a more concrete and less nuanced perception of their bodies while adolescents may develop a more abstract and self-reflective view. Piaget's theory suggests that children and teenagers think about their bodies in different ways as they grow up (Smolak et al., 2012; Tatangelo et al., 2016). In the early stages, younger children tend to see things in a more straightforward and concrete manner, such as their height or what their bodies can do physically (Leon et al., 2021). As they get older, especially during adolescence, they start thinking more abstractly which means that they reflect on, for example, how they feel about their bodies, their self-image, and how they compare themselves to others. Thus, the way in which children and teens see and think about their bodies becomes more complex and nuanced as they grow and develop (Helfert & Warschberger, 2011). Factors which affect early childhood

experiences can also impact the early development of body image. Attachment theory, developed by John Bowlby (1958), focuses on the emotional bonds formed between children and their caregivers and provides some interesting insights into body image development. This theory posits that the quality of early attachment experiences can influence an individual's sense of security, self-worth, and body image; thus, positive attachment experiences may contribute to a more positive body image later in life (Bowlby, 1958).

The increase in technology, smart phone and social media use in recent years across the lifespan has been shown, in some cases, to have had an impact on attachment. For example, recent studies indicate that social media use in parents and particularly 'phubbing', which refers to parents' use of their mobile phones while ignoring their children during parent-child communication (Liu et al., 2020), can act as a digital intrusion and, ultimately, trigger psychological and behavioural problems in adolescents (Xie & Xie, 2020; Xie et al., 2019). Evidence suggests that parental 'phubbing' may also increase the risk of both depression (Bai et al., 2020; Xie & Xie, 2020) and mobile phone addiction in adolescents (Fu et al., 2020; Xie et al., 2019). Indeed, recent studies indicate that parental phubbing is correlated with adolescents' digital use (Jahng, 2019; Niu et al., 2020; Nunez et al., 2020) and that 'phubbed' individuals experience a sense of social exclusion, leading to a heightened need for attention and over-use of social media in the hope of regaining an attachment that was missing from their earlier lives (David & Roberts, 2017).

Social learning theory, rooted in the work of Albert Bandura (1977), can also inform our understanding of early body image development. This emphasises the importance of observational learning and modelling behavior and, therefore, children and adolescents learn about body image (amongst many other things) through

observation, particularly from significant others, peers, and media figures. Positive role models can contribute to healthier body image development. In early childhood, parental influence is key (Hickey & McGilloway, 2023); thus parental, caregiver or family attitudes to weight or body shape can inform the attitudes of the child. For example, according to Michael and colleagues (2014), if family members place a value on physical appearance, the child may learn that appearance is valued and thus may be more susceptible to negative body image if they perceive a discrepancy between their body and perceived appearance ideals.

Erik Erikson's (1980) psychosocial development theory may also be relevant here to some extent, in that it proposes that individuals go through a series of stages, each with their own developmental challenges. The 'identity versus role confusion' stage which occurs during adolescence is particularly relevant here because individuals explore their identity during this stage and may grapple with body image concerns (amongst other things) as part of the formation of a self-concept.

More recently, Smolak and Levine (2001) propose a detailed model of the development of body image in children whereby peer and parental comments are proposed to interact with sex and Body Mass Index (BMI) to lead, on occasion, to an unhealthy focus on weight and shape. Thus, some children may hear comments about weight and shape in their environment and are more likely, therefore, to see these as important. Such a focus on weight and shape is then proposed to have a reciprocal relationship with peer and media factors which are, in turn, related to body dissatisfaction (Smolak & Levine, 2001).

In summary, the development of early attitudes to body image described in each of the above theories, may shape the way in which children and adolescents perceive later influences (e.g. the media, peer influences and social media) on body image. Before adolescence, children are in the process of forming basic body image concepts (Grogan, 2022) and developmental approaches emphasise how early experiences might contribute to the development and formation of body image. These theories further posit that body image disturbance may be a result of interactions between physical development milestones such as puberty and maturational timing, and negative verbal commentary or teasing. For example, pubertal development is associated with multiple physical and psychological changes and suggest that very early or late maturation may place an adolescent at higher risk of being teased about their body shape, resulting in body image dissatisfaction (Graber, 2013). Thus, teasing at developmentally sensitive periods may have lasting effects. Furthermore, in females, the timing of menstruation may be synchronised with the onset of stressful events, such as romantic relationships and, as such, be related to further dissatisfaction and anxiety over body image (Thompson, 1992). Although adolescence is most highlighted as the time at which body image concerns are at their most acute, it is likely that the foundations for poor body image have been laid much earlier (Smolak, 2004; Tiggemann, 2006). Further information on socio-cultural theories is provided below.

2.7.2 Socio-cultural Theories of Body Image

While developmental approaches highlight the cumulative effects of early experiences on later body image perceptions, socio-cultural influences build upon, and interact with, the foundation established in childhood, shaping the trajectory of

body image development. From early adolescence onwards socio-cultural theories are the most widely used framework, for understanding body image (Kraymer et al., 2008; Bucchanieri et al., 2013; Ricciardelli et al., 2003; Smolak & Levine, 2001). This is due to the increasing influence of external factors, such as peers, mass media (Thompson, 1999) and social media (Gordon et al., 2020) during this period. A recent APA (2023) report defines early adolescence as typically 10-14 years. At this time adolescents start to encounter new influences on body image, are more exposed to media ideals relating to body shape, while peer relationships also become important. Adolescence is a period marked by heightened social comparison where individuals become more aware of societal beauty standards and norms and socio-cultural theorists argue that such comparisons can lead to anxiety around body image (Hsien-Jin, 2000). In general, “potential risks are likely to be greater in early adolescence – a period of greater biological, social and psychological transitions”, (APA, 2023, p3) than in later adolescence.

Therefore, socio-cultural theories, such as Social Comparison Theory (Festinger, 1954) and Objectification Theory (Fredrickson and Roberts, 1997), each of which is briefly described below, align well with the increased relevance of external influences on body image during this critical developmental period. These theories are also highly applicable in terms of explaining how media representations contribute to body dissatisfaction and the internalisation of societal beauty ideals. The desire for social acceptance and the influence of peer relationships become more salient during adolescence. Thus, socio-cultural theories consider the impact of interpersonal relationships and cultural norms on shaping body image perceptions at

a time when adolescents are actively engaged in identity formation, including the development of the self-concept and body image (Grogan et al., 2022).

These theories provide a useful framework for understanding how societal expectations and cultural values shape our evolving self-perception (Ricciardelli et al., 2003). They also highlight the causal role of social discourse in glorifying thinness and vilifying overweight (Levine & Murnen, 2009). A number of authors and commentators have argued that this discourse places pressure upon individuals to attain an unrealistically thin ideal for females and a muscular ideal for males, which can result in body image dissatisfaction and disordered eating (Rodgers et al., 2012; Thompson et al., 1999).

The first of these theories, Objectification theory (Fredrickson & Roberts, 1997) suggests that individuals may internalise societal objectification, leading to a focus on external appearance rather than internal attributes. According to this theory, witnessing and experiencing sexual objectification encourages girls and women to objectify their own bodies, which could include habitually monitoring their appearance due to the internalised belief that their worth is contingent upon how closely their body approximates socio-cultural appearance ideals (Fredrickson & Roberts, 1997). This theory is particularly relevant during adolescence and young adulthood when individuals may experience increased societal pressure related to appearance (Smolak et al, 2005). It was originally grounded in women's experiences and investigated with predominantly Caucasian college women (Moradi & Huang, 2008), but it has since been extended to examine the experience of heterosexual men and minority groups (Buchanan et al., 2008; Hebl et al., 2004; Kozee & Tylka, 2006; Martins et al., 2007; Wiseman and Moradi, 2010). The theory is particularly useful in helping us to understand the body image-related experiences of men

because as outlined earlier, men are at an increased risk of developing body image concerns due to socio-cultural messages regarding appearance of the male body (Davids et al., 2018).

Objectification theory further posits that societal appearance ideals reflect rigid cultural, gender and gender identity roles and when internalised, these gendered appearance ideals become a standard for self-evaluation. According to the theory, if a person approximates the appearance ideals consistent with their identified gender, the person's gender identity may be legitimised and self-worth elevated (Tiggemann, 2011). Such experiences are considered to socialise males and females to internalise cultural standards of attractiveness as their own and to self-objectify or take on an observer's perspective upon their own body (i.e. also referred to as body surveillance or monitoring). This habitual monitoring of appearance is linked to many indicators of poor psychological wellbeing, such as body shame, appearance anxiety, disordered eating, and depressed mood (Roberts et al., 2022).

Some research suggests that social media has the potential to serve as a particularly effective tool for the body surveillance behaviours detailed by objectification theory. As described earlier, platforms such as Instagram, Facebook, and Tiktok uniquely afford users the opportunity to share their self-representations with mass audiences and to receive feedback in return through likes and comments. Some studies suggest that self-objectification might be elicited and encouraged by the style of interactions that social media networks promote, and by the exposure of an individual's own photos to viewing and commenting by their peers (Manago et al., 2015; Vandenberg & Eggermont, 2012). Research also indicates that certain

social media behaviours such as objectifying social media use and posting 'selfies' predict greater body shame among youth, mediated by an associated increase in body surveillance (McLean et al., 2015). This mediating role of body surveillance has been shown to be stronger among adolescents who are particularly focused on others for approval (i.e., high in self-monitoring (Ilyssa & Brown, 2019)).

Arguably, another important socio-cultural theory which has a now widely documented application to the study of body image (Borges, 2011; Carlson & Jones, 2004) Social Comparison theory (Festinger, 1954). This theory proposes that individuals determine their own social and personal worth based on how they compare to others; that is, they evaluate their abilities and attitudes in relation to those of others, and their perception of how they compare plays a significant role in self-image and subjective wellbeing. Three types of social comparison are proposed in this theory including: (a) upward social comparison, or comparing ourselves with someone judged to be better than us (e.g., by having more wealth or material goods, higher social standing, greater physical attractiveness); (b) downward social comparison, or comparing ourselves with someone judged to be not as good as us; and (c) lateral social comparison, involving comparisons between ourselves and others who are considered to be more or less equal.

Psychologists have found that children begin comparing themselves to their peers on task-related activities as early as age 7 or 8 (Ruble et al., 1980) and that appearance-based comparisons typically begin to occur in early adolescence for both boys and girls (Chen & Jackson, 2009; Mueller et al., 2010). Traditionally, social comparison theory has held that upward comparisons promote a sense of inferiority and are associated, therefore, with negative changes in self-concept. Some studies

indicate that self-enhancement resulting from upward comparison may produce positive outcomes, although researchers have found that they contribute to negative effects to wellbeing longitudinally (Tiggemann et al., 2009). In terms of body image and, as described earlier, upward appearance-based comparisons have been demonstrated to have a negative impact on body image (APA, 2023; Fioravanti et al., 2022; Gordon et al., 2020; Grogan et al., 2022)

Both qualitative and quantitative research has consistently demonstrated that both media and peer influences are particularly salient to social comparison among adolescents (Reaves, 2011). Researchers have also begun to explore these concepts in social media contexts (Fardouly et al., 2015; Tiggemann & Slater, 2013; Vogel et al., 2014). For instance, Perloff (2014) has theorised that the effects of socio-cultural body ideal representations on social media may be as, if not more, powerful than those of traditional media given its greater accessibility. Socio-cultural theorists further propose that social comparison leads to anxiety around personal body image when individuals compare their perceived appearance with some other imagined or idealised person (Thompson, 1990). This theory, known as the Self-Ideal Discrepancy hypothesis, proposes that the greater the discrepancy between our perceived and ideal selves, the greater our levels of dissatisfaction which, in turn, leads to higher levels of body dissatisfaction and eating disturbance. It is suggested that this continuous process of social comparison, especially if it involves someone else who is considered to be superior to us, can lead to increased emotional distress (Festinger, 1954). While social comparison can contribute to body dissatisfaction, it may not fully capture the complexity of body image formation because it tends to

focus on external comparisons without delving deeply into internal factors or the role of media and cultural influences (Grogan, 2022).

It is also important to note, at this juncture, the dynamic and bidirectional interplay between socio-cultural and developmental factors (de Vries et al., 2019). While socio-cultural influences become more prominent in adolescence, earlier developmental experiences continue to shape individuals' responses to societal pressures. There are also transitional points, such as the onset of adolescence (Voelker et al., 2015) where developmental and socio-cultural influences converge (Grogan et al., 2022). This interplay becomes particularly marked during these transitional periods, and individuals may also respond differently to socio-cultural influences based on their unique developmental trajectories, temperament, and early experiences.

For instance, Choukas-Bradley and colleagues (2019) propose that aspects of social media (e.g., idealised images of peers, quantifiable feedback) intersect with adolescent developmental factors (e.g., salience of peer relationships) and socio-cultural gender socialisation processes (e.g., societal over-emphasis on girls' and women's physical appearance) to create the "perfect storm" for exacerbating body image concerns in girls. This interplay between socio-cultural and developmental factors also recognises the dynamic and bidirectional nature of how body image evolves across the lifespan. Although research indicates that the association between SM use and appearance concerns may be similar for boys and girls (Fardouly & Vartanian, 2016; Holland & Tiggemann, 2016; Jarman et al., 2021) much of the research relating to theoretical frameworks of body image, to date, has

focused on females, highlighting a need for more research on males and gender minority groups (de Vries et al., 2022; Romito et al., 2021).

In summary, these theories are useful in helping us to better understand the mechanisms that influence the development of body image from childhood into adolescence and the various psychological, social, and cognitive factors involved, in promoting and maintaining socio-cultural body ideals over time (Bordo, 2003). However, as mentioned earlier in Chapter One, one socio-cultural theory, the 'Tripartite Influence Model (TI Model) of Body Image' (Thompson et al., 1999) enjoys considerable support in the field (Rodgers et al., 2015; Shagar et al., 2019; Shahyad et al., 2018). This is described in more detail below.

2.7.2.1 The Tripartite Influence Model of Body Image. The TI Model of Body Image (Thompson et al., 1999) is currently the dominant (socio-cultural) theory in the social media and body image literature mainly because it effectively incorporates into a single model, several key factors identified as important in body image research. For example, the model acknowledges the interconnectedness of perceptual, affective, and cognitive aspects of body image. It also allows for the socio-cultural context and external influences on body image formation. For that reason, it offers several advantages over other frameworks and provides the main theoretical basis for the research reported here.

Specifically, the TI Model proposes that three formative influences –parents, peers and the media–affect body image and eating problems through two mediational mechanisms: internalisation of the thin-ideal and appearance comparison processes (see also Diagram of TI Model, Appendix 2a). The theory posits that body image is formed through information received about body image

from the above three sources. This discourse may include their idea of what a body is for, how it 'should' look, what the ideal body shapes are, the value that is placed on appearance and what this means for how they act and interact in the world. Each of these three influential factors is discussed separately below.

Firstly, regarding parental influence, research suggests that body image and social norms around size and appearance are learned very young, around preschool age (Cooley & Toray, 2001). For example, families provide the primary context for self-concept formation among young children, including how they perceive their bodies and those of their peers (Hart et al., 2014) while early signs of body size preference are also influenced by family socialisation processes that begin as early as preschool (Ruffman et al., 2016). The importance of body image to overall self-worth will determine how information messages related to bodies are interpreted. Body self-assessment that is based more on physical capability, and less on external appearance, has been linked with better psychosocial outcomes among youth (Armitage, 2012). Some of these patterns will have been established in the early years and based on observed attitudes and behaviours from, for example, parents and significant others.

A burgeoning literature demonstrates that parents are important sources of influence and role models for their children (McDaniel & Radesky, 2017; Taraban & Shaw, 2018) as well as strong communicators of socio-cultural pressures on body image (e.g. Rodgers & Chabrol, 2009). For example, parents have been shown to be influential in shaping children's body image via verbal messaging or modelling of appearance-related attitudes and behaviours (Helfert & Warschberger, 2011; Phares et al., 2004; Stice et al., 2017; This information may be conveyed by parents in a

number of ways including: through the language they use to describe physical appearance; their attitudes toward their own and others' appearance; their attitudes to food and/or weight; and conversations they may have about their own or other people's bodies (e.g. positive comments related to ideal body shapes in the media and/or negative comments related to certain body shapes, both of which may inadvertently promote ideals as to what is, or is not, desirable, acceptable or important about body shape). If appearance is important or valued by parents and family, then a person learns to place value on appearance and may link appearance to self-worth (Duchin et al., 2019; Webb et al., 2017). If, however, the messaging from parents or the family of origin, places less emphasis on appearance and more on personal qualities, traits or achievements which facilitate the development of a complex self-concept and identity, then the individual is likely to perceive subsequent messages related to bodies or body image through a different lens, thereby lessening the power of society's emphasis on appearance (Littleton and Ollendick, 2003). If body image is valued by parents and or the family of origin, it is likely that any discrepancy between body shape and socio-cultural ideals is likely to cause more distress than if appearance and body shape is less important (Webb et al., 2017).

A small but interesting qualitative study of girls aged 12-14 in a private secondary school in Virginia, U.S.A. found that the students displayed high media literacy, appreciation of differences, and strategies that appeared helpful in mitigating the potential negative association between social media exposure and body image (Burnette et al., 2017). The authors conclude that the participating school adopted an ecological approach to the prevention of body dissatisfaction and eating problems

which, importantly, involve teachers, school staff and parents. This study nicely illustrates the importance of parental involvement as recommended by many experts in the field (e.g., Levine & Smolak, 2006, Marengo et al., 2018). This kind of ecological approach helps students to develop protective ‘filtering’ strategies such as media literacy while developing a broader conceptualisation of beauty that is not limited to narrow societal ideals (Tylka & Wood-Barcalow, 2015). Arguably, however, the involvement of parents in school-based programmes to promote positive body image is challenging (Kovacs et al., 2022) and not least because it can vary considerably from one social background to another (Gaderman et al., 2016) while time and availability are additional factors which may preclude meaningful parent-school collaboration. Despite these challenges, available evidence strongly suggests that providing relevant information to parents on promoting positive body image in young people, alongside appropriate and effective interventions in the school setting, is likely to be beneficial (Marengo et al., 2018; Koulanova et al., 2021). Thus, as mentioned earlier in Chapter One, a secondary goal of the current study was to support schools in disseminating information on body image to parents (see Chapter Eight).

Relationships with peers, the second element in the TI Model, also play an important role in providing information about body image. Reflection on the body typically begins before the teenage years. For example, Quinion (2001) refers to the ‘tweenager’ category which includes children aged 7-11 who, according to the author, are more street wise, fashion conscious and media-informed than in previous generations. Peers also play a key role in making sense of the social information received and also as comparison targets (Krayner et al., 2007). Peer influences on

body image are multifaceted and may include appearance-related teasing, peer conversations regarding appearance and peer attributions about the importance of weight and shape with regard to popularity (Matera et al., 2013). Several studies have reported that teasing from peers, which includes messages directly targeted toward a person's body weight and shape is common during adolescence (Eisenberg et al., 2011; Slater & Tiggemann, 2011) and that this has a significant influence on both body dissatisfaction (Donovan et al., 2006; Mousa et al., 2010; Slater & Tiggemann, 2011) and dietary restraint (Paxton et al., 1999).

Existing evidence also demonstrates that peer attributions and appearance-related conversations with friends affect body dissatisfaction and dieting through internalisation and social comparison. For example, Thompson and colleagues (2007) reported that peer attributions about the importance of weight and shape with regard to popularity, may play a significant role in body image development. These attributions include feelings of being accepted by peers, which become particularly salient during adolescence, thereby influencing body dissatisfaction and dieting. As mentioned earlier, many of these peer connections now take place on social media on image centric platforms such as Instagram. It is imperative, therefore, in promoting the healthy use of social media with young people in school settings (as in the present study), that we are also mindful of their need for connection, and that discussions are broached in a way that promotes positive peer relationships and learning as well as healthy online behaviours 'to build on their connections in real life' (Dooley et al., 2019).

Lastly, the influence of social media on body image is widely documented in the literature (Cohen et al., 2018; Huang et al., 2020; Modica, 2020). As mentioned,

the socio-cultural ideals presented for males and females are narrow, and consistent exposure to these ideal body types can convey the message that they are common. Inherent messaging also suggests that achievement of these body shapes is possible through dieting or fitness behaviours and that ascribing to and attaining this ideal, will yield success, happiness, romance, and friendship. However, one factor that may help to mitigate the negative influence of exposure to socio-cultural appearance ideals is media literacy (McLean et al., 2016). Media literacy describes the practice of learning to understand and critically evaluate the media messages we encounter daily, empowering us to make better choices about what we read, watch or listen to. Media literacy supports us to become smarter, more discerning users of the media and social media (Centre for Media Literacy, 2022). An intervention that raises awareness of the selective and unrealistic presentations on social media and personal or professional motivations for posting messages (Gordon et al., 2020; McLean et al., 2019) whilst also encouraging critical analysis of images and messaging, may challenge some of these causal risk factors.

An interesting qualitative study in an Irish context, albeit undertaken more than 10 years ago, explored adolescent attitudes toward body image using in-depth interviews and focus groups in order to better understand the mechanisms that shape adolescent expectations in relation to body image (McSharry, 2009). The author concluded in her book, that adolescents were schooled to view validation 'quantitatively'. In other words, the young people learn that the source of body validation lies in, for example, receiving the most compliments or being invited on the most dates. In this age of social media, it follows that quantitative validation may be measured by the number of likes, number of comments on posts, number of friends

on social media and that arguably discussion, reflection and 'speaking out' in the peer group classroom setting may be an effective way to address these attitudes and beliefs. In summary, there is considerable empirical support for the application of the TI Model to illuminate understanding of the way in which social media influences body image (Roberts et al., 2022).

Social media is highly visual. Popular social media platforms used by adolescents such as Instagram, Tiktok and Snapchat (Pew Research Centre, 2018) are awash with idealized body related content (Hahn, 2020; Kaufman, 2020; Statista, 2021). Consistent with the TI Model, comparisons with celebrities, sports stars, and peers who embody these ideals on social media have been reported by adolescent boys and girls to give rise to feelings of body dissatisfaction (Amara I& Ferreira, 2017; Burnette et al., 2017; Edcoms & Credos,2016; Papp et al., 2013).

While the TI Model provides a useful framework for understanding body image development and the interplay of external influences such as media and social media, family, and peers, it is also important to note its limitations. For example, some research has found that negative self-evaluation does not always result from appearance comparisons with idealised body images, unlike what is predicted by the TI Model. In fact, some males and females experience inspiration or motivational drive to emulate the ideal (Mills et al., 2022; Tiggemann and Polivy, 2010) without negative effects on body image. For instance, little progress has been made in understanding why people choose to view images which make them feel bad about their body especially in light of social media use which enables some degree of control over whether people are exposed to idealised body images and how they engage with these (Vandenbosch et al., 2022). Mills and colleagues (2022)

suggest that failure to explain the motives behind self-selected exposure to idealised body norms is a limitation of the TI Model.

The TI Model is also limited in terms of applicability to diverse and minority populations. For example, Hazzard and colleagues (2019) propose that it focuses primarily on the experiences of cisgender, heterosexual, and predominantly white populations and that additional work is required to ensure it considers factors such as gender identity, sexual orientation, race, and ethnicity. Similarly, research on idealised body norms has largely excluded midlife and older adults and little is known about whether older adults compare themselves to the body norms characterised by youth (Mills et al., 2022). Thus, “it is imperative for research findings to build an accurate and nuanced framework for understanding body image in all genders across the lifespan” (p. 13, Mills et al., 2022) and not least because eating disorder prevention campaigns and body image treatments are informed by the TI Model.

While these theoretical frameworks provide valuable lenses through which researchers and practitioners can understand the complexities of body image and its relationship with social media use, it is important to acknowledge individual differences in the experience of body image. Arguably, ongoing critical reflection and refinement are also crucial to ensure that these frameworks remain relevant, inclusive, and capable of addressing the diverse and dynamic experiences of individuals across various social and cultural contexts.

2.9. Promoting Positive Body Image

Collectively, the findings from the research literature, to date, highlight an important knowledge and intervention gap with regard to promoting positive body image in appropriate, effective, and timely ways to better inform and support young

people. Pressures to conform to appearance ideals from both peers and media have been a particular focus of interventions/programmes as these are more easily addressed in universal and selective prevention settings (Stice et al., 2013). Addressing family pressures, by comparison, may necessitate parental involvement and a greater level of sensitivity so that different parenting styles are respected (Gerards et al., 2012; Gordon et al., 2020). It is also more difficult to address family or parental pressures on body image with a school-based intervention but nonetheless, incorporating relevant information for schools on promoting positive body image which could be easily shared with parents, is arguably a worthwhile consideration given the scale of body image issues and their potential to negatively impact youth mental health (Dooley et al., 2019; McMahon et al., 2017).

A recurring finding in the literature is that, although social media as an appearance pressure is a significant concern for mental health professionals and educators, limiting access to social media may not necessarily be the solution (Frith, 2017; Cybersafe Ireland, 2021). While restricting access to the internet may reduce the likelihood of young people experiencing online risk, it also limits the opportunities for young people to develop digital skills and to build resilience, and especially when they are increasingly conducting their online lives in private, through instant messaging and smart phones and against a backdrop of rapid technological innovation. Arguably therefore, it may be futile to attempt to protect children and young people from *all* online risks. For example, Frith (2017) proposes that we should focus, instead, on how to develop resilience in young people to maintain their emotional and psychological wellbeing and to live safe digital lives. The solution may lie, therefore, in extending traditional approaches to promoting media literacy and

body image such as: enhancing critical thinking and scepticism about media; and peer approaches to targeting risk factors in the peer environment, to promoting social media literacy and positive body image by including, a social media literacy component (McLean et al., 2017; Perloff, 2014; Rodgers; 2016).

2.9.1 Media Literacy Interventions

Traditional media literacy approaches have been utilised in several countries across the world (e.g. Australia, United Kingdom) to mitigate the negative exposure to media ideals and to promote positive body image (Bird et al., 2013; McLean et al., 2017; Rohde et al., 2014). These interventions have involved a diverse range of approaches, including psychoeducation, dissonance-based activities and other media literacy activities including discussion of images of models prior to, and following, airbrushing manipulation, while some also include video materials to illustrate media manipulation techniques (e.g. Bird et al., 2013). For example, one interesting intervention (Happy Being Me) used in Australia with girls (Richardson and Paxton, 201) and subsequently tailored for use in the UK with both male and female pre-adolescent children aged 10-11 years (Bird et al., 2013), showed significant improvements for girls in body satisfaction, reduction in appearance conversations and appearance comparisons at post-intervention with body satisfaction maintained at three month follow up. Significant improvements in boys in the intervention group were also noted post-intervention on internalisation, and appearance comparisons however these were not maintained at follow up.

There are multiple existing school-based interventions to reduce the negative impact of the media and other socio-cultural influences on body image (Bell et al., 2022). Many of these have utilised media literacy components and/or cognitive

dissonance approaches to challenge socio-cultural pressures to body image (Lewis-Smith et al 2019) and demonstrated some promising findings. At the time of commencing the current research however (2016), although there was growing evidence to suggest that social media was a source of appearance pressure, the researcher was unable to find published research of any intervention to promote positive body image and social media literacy. Qualitative research undertaken in Ireland by Bodywhys (2016) supported the idea of a school-based intervention to promote positive body image and media literacy. The young people (aged 16 to 22) who took part in the study, indicated that social media was a primary source of body image pressure for them and suggested that school-based programmes to promote social media literacy and to promote open discussion on body image, would be an effective way to promote more healthy online behaviours and to promote positive body image. This qualitative research, in conjunction with findings from relevant literature, was important in informing Stage One of the current study.

Later international studies suggest likewise. For example, a very large study undertaken by Tiggemann & Slater (2017) in the U.S. found that time spent on social media in a large sample of 13-15 year-old girls ($N = 1087$), was positively correlated with levels of internalisation of the thin ideal, body surveillance, and drive for thinness. The authors suggested at the time, that new body image and media literacy interventions were needed and that these should include specific consideration of social media, whilst also increasing awareness and education on the impact of viewing idealised online images.

At around the same time as the publication of the above study, the RSPH (2017) report (mentioned earlier), indicated that 84% of its large sample of

adolescent respondents ($N = 1479$) supported the idea of safe social media use being taught in schools and, importantly, with the inclusion of a component on body image (and its relationship to social media). Indeed, since then, and as indicated earlier, the UK has mandated education to promote awareness of the impact of social media on body image in schools (Department for Education, UK, 2020).

Likewise, Marengo et al., following their study of adolescents in Italy, emphasised the need for school-based interventions to promote positive body image which focus on social media use (Marengo et al., 2018). Specifically Marengo and colleagues (2018) highlight the importance of promoting critical awareness of the unrealistic images and socio-cultural ideals presented on social media, as well as of the potential impact that such exposure may have on adolescents' body image and psychological wellbeing.

2.9.2. School-based Interventions

The school environment provides an ideal setting within which to implement health promotion activities, due to the ability to reach large numbers of young people with differing backgrounds and experiences, and to access young people in their peer support group, thereby potentially facilitating peer group change and increased support (Kilgour et al., 2015; Kolbe, 2019; Pulimeno et al., 2020). Thus, a school-based intervention can potentially impact a significant number of students, allowing for a wide-scale potentially positive impact (Warschburger & Zitzmann, 2018). Schools also offer structured environments and existing curricula within which programmes or interventions may be integrated. This can ensure that a programme is delivered consistently and reaches all students (Kurz et al., 2022). Interventions delivered in a school setting can also be tailored to the developmental stage and

needs of the students in terms of their age, maturity level and comprehension abilities (Watson et al., 2016). Given the peer-nature of social media use, and the influence of peers on body image, the school environment is also likely to enable open communication, discussion of body image influences and social media-related pressures with peers to encourage rejection of negative influences and also to encourage students to follow their personal interests and inclination (Frein et, 1990; Elias et al., 1994). The school setting also offers space for ongoing interactions with other adolescents of the same age through the sharing of experiences, opinions, and attitudes (Effeney et al., 2013; Agam-Bitton et al., 2018)

However, it is also important to note the potential constraints associated with school-based settings, especially when dealing with potentially sensitive content. The implementation of a school-based intervention to promote positive body image and social media by teachers imposes “high demands on the didactical skills of the teachers” (Warschburger & Zitzmann, 2018; p. 1328). Teachers are often not trained on the delivery of sensitive content and may experience “a role conflict” between their usual role as a teacher and their role as an educator (Warschburger & Zitzmann, 2018; p. 1328). In addition, schools often have tight schedules and limited resources and delivering interventions may, therefore, be challenging due to the need to balance this with academic priorities (Kurz et al., 2022). School administrators or teachers may resist the introduction of interventions which they may see as adding to their workload or conflicting with their ‘core’ academic priorities. Thus, close collaboration, training and provision of appropriate facilitator manuals are all required “to assist in implementing the intervention effectively and efficiently” (p. 19, Kurz et al., 2022).

Ensuring the wellbeing, privacy and confidentiality of students while addressing sensitive topics is also crucial to building trust and maintaining ethical standards (Campano et al., 2015). Cultural differences may further influence how certain topics are perceived and interventions need to be culturally sensitive to avoid unintentional stigmatisation or misunderstandings (Andrews et al., 2019). Parents may have concerns about the introduction of sensitive topics in schools, fearing that it may not align with their values or beliefs (Tribukait, 2021, p. 558). Clear communication of information relating to new school programmes (including sensitive content) using standard school methods to notify parents in advance and giving them the option to 'opt out' - may help to alleviate these concerns.

An interesting report which strongly recommends school-based programmes is the Saving and Empowering Young Lives in Europe (SEYLE) Report. The SEYLE Study in Ireland which involved 1096 male and female adolescents (approximate average age of 14 years) suggested that promoting awareness of mental health issues, discussing coping styles and increasing awareness among young people of the supports available to them, should form a key aspect of wellbeing initiatives in the school environment (McMahon et al., 2017). The SEYLE Ireland study is part of a mental health promoting programme for adolescents in 11 European countries: Austria, Estonia, France, Germany, Hungary, Ireland, Israel, Italy, Romania, Slovenia and Spain, with Sweden serving as the coordinating centre. This brief programme aimed to improve the mental health literacy and coping skills of young people through a combination of role-play sessions, interactive lectures, and workshops. The programme was successful in cultivating peer understanding and

support and was found to be both educational and enjoyable by most students who participated (McMahon, et al., 2017).

Although not a body image intervention, the effective delivery of this programme in schools illustrates the potential for success in discussing sensitive topics in the school setting. In concluding their report, the authors strongly recommend the roll-out of evidence-based mental health awareness programmes, indicating that ‘adolescence is a stage of life at which many mental disorders first arise, yet young people are often slow to seek help. For this reason, they are a priority group at whom to target approaches to improve mental health’ (McMahon, et al., 2017).

A recent report by the World Health Organisation emphasises the need to listen to and understand the perspectives, experiences and needs of young people when making policies or decisions affecting their health (2022). Likewise, it is vital to consider the views of young people and to collaborate with teachers and decision makers in developing new school-based interventions designed to tackle body image and social media concerns. Due to the unique way in which young people engage with social media and the attendant challenges therein to body image, youth involvement is important in considering and addressing some or all of the causal risk factors to body image and other relevant topics if so required. This is particularly relevant in promoting positive body image and social media literacy as the peer environment is acknowledged to be a key influence on body image (Bell 2019, Chua & Chang, 2016). Social media is also a peer-related activity and its discussion, therefore, within the peer environment, may prove useful in terms of potentially changing attitudes and behaviour (Gordon et al., 2020).

School-based interventions to promote positive body image and to challenge problematic socio-cultural messages relating to appearance have been shown to be broadly effective (Chua et al., 2020; Bird et al., 2013) particularly among young adolescents, aged 12-13 years (Gordon et al., 2022; Pulimeno et al., 2020). For example, a systematic review (of 34 articles) of classroom-based interventions targeting body image in adolescents (Kusina & Excline, 2019) indicated promising results, overall demonstrating that interactive universal prevention programs can improve adolescents' body image, the authors indicated that there were no consistent gender differences in program effectiveness. Girls-only programs were both effective and ineffective, as were male-only programs indicating more broadly that, "both adolescent boys and girls can benefit from universal programming focused on body image" (Kusina & Excline, 2019, p.297) with authors indicating that such programmes seem "particularly well suited to younger adolescents" (p. 307).

Media literacy interventions in the school environment have also shown some promising results in improving body image (Zuair & Soppory, 2020), reducing body shape and weight concerns (Wade et al., 2017) and reducing internalisation of socio-cultural appearance ideals (Wilksch et al.,2017; McLean et al., 2016). According to Pulimeno et al (2020), schools offer appropriate settings for such efforts. In fact, the World Health Organization (WHO) suggests that wellbeing should be incorporated into the core curriculum and supported by a health-promoting school environment (WHO, 2008; Paakkari & Paakkari, 2012).

Social media is widely described in recent literature as a unique peer and media environment which amplifies appearance pressure (Gordon et al., 2021; Fardouly et al., 2017; Vannucci & Ohannessian, 2019). However, as mentioned

previously, only two interventions to build social media literacy and promote positive body image have been evaluated to date (Gordon et al., 2021; McLean et al., 2017). A review (Yager et al., 2013) of school-based body image interventions found that programmes were particularly effective among young adolescents (12-13 years). This finding has been replicated in other more recent studies (Kurz et al., 2022; Warschburger & Zitzmann, 2018). Research also indicates that the onset of anorexia nervosa is as early as 12–15 years (Steinhausen & Jensen, 2015). Thus, primary preventive interventions, at the latest, should begin at this age. To date, most ED-related interventions have been classroom-based, in an attempt to reach all youth (Watson et al., 2016).

In conclusion, while schools offer significant advantages in terms of reach, educational context and developmental appropriateness, it is essential to address potential constraints or barriers to successful implementation related to, for example, sensitive content, cultural considerations and resource limitations, to ensure the success and ethical implementation of interventions. Indeed, “effective school-based preventive approaches are those that raise students’ motivation towards healthy habits and foster their critical thinking about harmful consequences of the most common risky behaviours” (Pulimeno et al., 2020, p. 316).

2.9.3 Body Image Interventions

There are multiple school-based interventions to promote positive body image which aim to highlight the impact of traditional media (e.g. advertising, television, magazines) on adolescents’ body image (Bird et al., 2013; Chua et al., 2020). Many earlier school-based interventions, however, achieved limited success and were criticised for their failure to consider etiologic theory (Bird et al., 2013; Neumark-

Sztainer et al., 2006; Stice et al., 2004). From an etiologic perspective, a reduction in causal risk factors for any particular issue is likely reduce its frequency and intensity because it breaks the developmental sequence (Richardson & Paxton, 2010).

Notably, more recent body image school-based interventions (i.e. which do not incorporate a social media element), have achieved some level of success in promoting positive body image, reducing appearance-based comparisons and/or reducing internalisation of socio-cultural media ideals. These share several key components including: a media literacy component (Richardson and Paxton, 2010; Wilksch et al., 2006); cognitive dissonance-based activities (Richardson and Paxton, 2010; Stice et al., 2001) such as discussion and ‘speaking out’ against narrow socio-cultural ideals, and psycho-education approaches to highlight negative effects of peer comparisons (Richardson & Paxton, 2010).

The ‘Happy Being Me’ programme (Bird et al., 2013) as described earlier is one example. The Body Project, first developed in 1995 (Stice, 2001) as a dissonance-based eating disorder prevention intervention is another. It was designed as a multi-session intervention to reduce internalisation of socio-cultural ideals and challenge body dissatisfaction in women. Studies have found that it significantly outperforms other intervention programs and is successful in preventing the onset of eating disorders (Stice & Presnell, 2007) with effects maintained up to three years post-intervention (Stice et al., 2011). Due to its easy-to-use facilitator guides it has been effectively delivered by real-world providers, such as school counselors, nurses, and teachers and has also thus been adapted and piloted with male and females worldwide (Chua et al., 2020; Diedrichs et al., 2015).

Arguably, a critical objective of the interventions described above, is to challenge existing pressures by engaging participants in counter-attitudinal activities which encourage them to 'speak out against' appearance ideals (Stice & Presnell, 2007). This creates dissonance because individuals who may internalise the thin or muscular socio-cultural appearance ideals for males and females in the media, are acting in a manner inconsistent with their beliefs. The discomfort which this produces, encourages individuals to change their beliefs to correspond with their behaviours (Halliwell & Diedrichs, 2013). Thus, the discussion and subsequent rejection of these ideals within the peer environment (and as suggested by the TI Model) may be a potent factor for change (Yager & O'Dea, 2015).

A systematic review of 16 classroom-based body image programmes (Yager et al., 2013) conducted with 12-18 year old pupils, found that seven of the interventions had led to improvements in participants' body image on at least one outcome measure and that the most effective programmes tended to: (a) target younger adolescents aged 12–13 years; (b) include some media literacy, self-esteem and peer-focused content; and (c) were multi-session and an average of five hours in duration (Yager et al., 2013). However, none of the programmes was effective in improving body image in *both* boys and girls. The findings further indicate that many secondary school teachers report a lack of confidence in delivering body image content and expressed a need for more effective resources and training (Ricciardelli et al., 2010).

The above findings underscore the importance of tailoring interventions to meet the needs and experiences of both males and females, whilst also highlighting a need for further research to identify strategies that can be equally effective by sex

(Gordon et al., 2021). For instance, a recent study by Day and colleagues (2021) found that boys may benefit from interventions that address body image concerns related to muscularity, leanness, and societal expectations of masculinity. Programmes that incorporate positive masculinity, healthy body image discussions, and media literacy tailored to male-specific pressures, may also be effective (Gordon et al., 2021). Likewise, interventions for girls should address pressures relating to thinness, beauty ideals, and societal expectations. The objective (and challenge), therefore, is to incorporate active components that address body image pressures for *both* males and females within an intervention, whilst also enhancing critical media literacy skills to enable the recipients to navigate and challenge unrealistic beauty standards (Fardouly et al., 2017; Tiggemann et al., 2018).

The setting in which school-based interventions are delivered is also an important factor. For example, some studies (Agam-Bitton et al., 2018; Dunstan et al., 2017) highlight “the superiority of a mixed-sex setting” (p.1) for the delivery of prevention programmes aimed at enhancing media literacy, positive self-esteem, and body image in early teens (13- to 14-year-olds) (p.1). Indeed, in the real world, individuals interact with peers of all genders and so a mixed-sex intervention and setting reflect the diversity of social interactions and allow participants to develop skills in a more realistic context, preparing them for a diverse ‘real world’ social environment (Pulimeno et al., 2020). Body image and social media experiences also intersect with various aspects of identity, including sex, gender, race, and socio-economic status. Thus, a mixed-sex intervention allows for a more nuanced exploration of how these intersecting factors contribute to diverse experiences, leading to potentially more positive outcomes.

In the contemporary age of social media, boys and girls often share online spaces and according to Frith (2017), a mixed-sex intervention aligns well with the reality of these online interactions, helping participants to navigate and understand the diverse social dynamics in digital spaces. Furthermore, as described earlier, the school setting facilitates ongoing interactions with peers (Effeney et al., 2013; Agam-Bitton et al., 2018). Separate interventions for boys and girls (or interventions designed to be delivered in single-sex settings) may unintentionally reinforce gender stereotypes and as argued recently by Kurz et al. (2022), a mixed-sex approach challenges stereotypical assumptions about body image concerns and encourages a more inclusive perspective. Some authors also advocate for the requirement to include stakeholders in the development and evaluation of body image interventions due to their multifaceted and complex nature (Bailey and Gammage, 2020).

2.9.4 Social Media Literacy & Body Image Interventions

As stated earlier, at the time of commencing research for the present study (2016), there was no evidence of a school-based intervention to promote positive body image which included a social media literacy component. However, as described in Chapter One, two school-based social media literacy and body image interventions have since emerged. The first programme, based on concepts of traditional media literacy interventions designed to promote positive body image, was *Boost Body Confidence & Social Media Savvy* (McLean et al., 2017), a three-session intervention for adolescent girls in Australia. The revised and updated version of this programme renamed 'SoMe', was subsequently delivered (by trained facilitators who received 2.5 days training prior to delivery and pilot tested with adolescent males and females (aged 11-15 years) in secondary school settings, also in Australia (Gordon et al., 2020, 2021).

The findings from the SoMe longitudinal pilot study ($N = 892$), demonstrated some improvements especially amongst girls, and including a reduction in depressive symptoms and dietary restraint at six-month follow-up relative to controls; however, these effects were not maintained at the 12-month follow-up stage (Gordon et al., 2021). Improvements to self-esteem were noted in the male intervention participants although contrary to expectations, the authors also noted an increase in drive for muscularity in boys in the intervention group. Both effects were demonstrated at the 6- and 12-month follow-up stages (Gordon et al., 2021). While the self-esteem finding is positive, the increased drive for muscularity was unexpected and the authors commented that they may have inadvertently promoted the muscular ideal in male participants through the use of muscular images in the intervention.

Likewise, the Digital Bodies programme in the UK (a single session intervention) described in Chapter One, was successful in improving body image satisfaction in intervention participants. Girls reported statistically significant reductions in internalisation of the thin ideal at follow-up, although no intervention effects were observed on the internalisation of the muscular ideal in boys. These findings are promising in terms of the potential for a brief intervention to promote positive body image and social media as a pragmatic approach in the school setting, although further research is needed.

2.10 Conclusion

This chapter outlined the, now considerable, evidence for the impact of social media use on body image and the, often negative, impact on mental health and wellbeing (Abi-Jaoude et al., 2020; Dooley et al., 2019). The causal mechanisms

underlying the relationship between social media and body image have been outlined and explored and the clear need for a new approach to promoting positive body image and media literacy in young people has been identified.

Collectively, the findings from the literature suggest that both the positive and negative impacts of social media are highly contextual and that it is important to consider a range of factors which may influence children and young people's social media use (e.g. where they are, access they have to the internet and whether this is supervised, what device they are using, the activity in which they are engaged, and who they are with) (Cybersafe, 2022). Furthermore, if we are to work with young people to reduce any potential risks to wellbeing associated with social media use (or vice versa), we need to do so with an open mind and a willingness to listen to their experience of social media, what it means to them and how we can build on positive aspects of this experience and reduce any potential negative effects (Lenhart et al., 2015; Sundbot-Borgen et al., 2019). Arguably therefore, good practice in research should focus on all of the multiple aspects or dimensions (technical, material, social and motivational) of social media use amongst children and young people in order to provide a more holistic and nuanced perspective (Collin, 2015). For example, the 'technical' aspect includes access to devices to enable social media practices while 'material' relates to the content, text or images accessed via social media. The social aspect, on the other hand, relates to how and with whom young people interact via social media while the motivational dimension describes the values and drivers of social media use and the different ways in which social media use is approached and utilised.

A small number of recent studies have provided interesting preliminary results to show that interventions to promote positive body image and social media literacy, may be effective in the school setting (Bell et al., 2022; Gordon et al., 2021). The high prevalence of body image concerns and their relationship to health and wellbeing highlights an important need to investigate the potential of interventions which could be easily delivered by teachers to promote positive body image and social media literacy at post-primary level. Indeed, according to Gordon et al. (2021), there is a growing demand for school-based interventions to promote positive body image and media literacy (Gordon et al., 2021). This review of the literature provided important contextual background to the current research and a useful evidence base to help inform the initial development of the new #MTAS intervention that was the focus of this research, and which is described later in Chapter Five.

CHAPTER THREE

Overview of Methodological Approaches to Intervention Development, Evaluation and Knowledge Translation

3.1 Introduction

As outlined in Chapter One, this research involved two key stages: Stage One which involved the development of the intervention; and Stage Two which relates to the pilot testing/evaluation. The methodological details for each are described in detail in Chapters Four and Six respectively. This chapter provides a brief overarching methodological overview of both of these stages, with a particular focus on the epistemological framework and general approach underpinning the research, as well as some ethical considerations that straddle both stages. A brief overview of the methodological approach used for Stage Three (the KT phase of the research) is also outlined in this chapter and described later in Chapter Eight.

3.2 Epistemological and Ontological Approach

The current study is rooted in the Pragmatic research paradigm (Tashakkori & Teddlie, 2010). A research paradigm can be described as a basic set of beliefs or worldview that guides research action or an investigation (Guba & Lincoln, 1994). Broadly speaking, the three most common paradigms are positivism, constructivism or interpretivism, and pragmatism, each with its own ontology, epistemology and axiology. The Pragmatic paradigm is oriented towards 'real world' problems and based on the premise that it is not possible to access the 'truth' about the real world solely by virtue of a single scientific method. Pragmatic theorists argue that what is needed is a worldview which is reflected in the methods of research considered to be appropriate for studying the phenomenon under investigation (Alise & Teddlie, 2010;

Biesta, 2010; Tashakkori & Teddlie, 2003). These theorists look for approaches to research that are practical, and which allow for a combination of methods that, collectively, shed light on the behaviour of participants and the beliefs behind, and likely consequences of, those behaviours.

This paradigm advocates for the use of mixed methods as a pragmatic way to understand human behaviour and incorporating a relational epistemology (i.e. relationships in research are best determined by what the researcher deems appropriate to that particular study), a non-singular reality ontology (that there is no single reality and all individuals have their own unique interpretations of reality), a mixed methods methodology (a combination of quantitative and qualitative methods), and a value-laden axiology (conducting research that benefits people). Thus, the overall emphasis is on using a practical approach with a focus on 'what works' to enable the researcher to address the questions being investigated and to utilise the best approaches to gaining knowledge using every method that helps in that regard (Creswell, 2007; Mertens, 2005; Teddlie & Tashakkori, 2003).

As indicated above, mixed method approaches are strongly associated with the Pragmatic paradigm. For some time now, mixed methods approaches have been widely recognised as a 'third model' of research in the social and behavioural sciences (e.g. Caruth, 2013; Ellis, 2005; Ponce & Pagan Maldonado, 2015). These approaches can be used at different stages in the research process (Creswell, 2011; Greene, 2007; Teddlie & Tashakkori, 2009) to address research questions relating to, for example, the nature and extent of a particular problem/phenomenon (e.g. homelessness) and how this might be experienced by specific groups in the general population. In fact, some researchers suggest that reliance on a single methodological stance is no longer tenable in an increasingly complex multicultural

and interdisciplinary context (Farquhar et al., 2011) and indeed, mixed methods appear to be particularly useful when developing new and better interventions including those of a socio-cultural nature (Landsverk et al., 2012), whilst also helping us to better understand, not just whether an intervention works, but how, why, and for whom (Curran et al., 2012).

More specifically, mixed method approaches have gained popularity in relatively recent years, in the development and evaluation of interventions, especially in 'real world' settings (e.g. Fàbregues et al., 2023; Furlong et al. 2021a, 2021b; Hickey et al., 2020). For example, the work of Furlong and colleagues involved a mixed methods evaluation of a (complex) intervention called 'Family Talk' which was delivered in Ireland for the first time to support families where one or more parents have a mental health illness. The Medical Research Council guidelines for developing and evaluating complex interventions (i.e. which involve many interacting components) recommend that researchers "design and conduct research with a diversity of perspectives and appropriate choice of methods" (Skivington et al., 2021, p.1). Skivington and colleagues further suggest that intervention research can be considered in terms of "phases" and advocate for the inclusion of diverse stakeholder perspectives in each phase.

Several researchers in both the UK and the US have recommended the use of mixed method approaches for the development, evaluation and adaptation of health psychology interventions in school settings (Christian et al., 2020; De Visser et al., 2015; Rosenfeld et al., 2022). For example, in the UK, a mixed-methods study was conducted to evaluate the role of head-teachers in the adoption, implementation and maintenance of a school-based health intervention; the overall effectiveness of the intervention was also assessed (Christian et al., 2020). Likewise, an interesting

study in the U.S involved a mixed methods approach in order to evaluate the effectiveness of a child obesity programme called the 'Coordinated Approach to Child Health (CATCH) 2023). Specifically, the study involved an impact evaluation based on quantitative assessments of 272 racially and ethnically diverse students at baseline and follow-up, as well as the collection of focus group and interview data which were used to illuminate the experiences and perspectives of students, parents and staff.

As mentioned earlier in Chapter Two, regarding body image interventions specifically, a recent study by Bailey and Gammage (2020) involved the three-phase development and evaluation of a six-week programme called BIAS (Body Image Awareness Seminars) which was delivered (weekly) in the form of 60-minute seminars with psychoeducation, reflection activities, videos, and readings. During Phase 1, a total of 19 participants assisted in developing the programme and it was then tested with five stakeholders in phase 2 who provided feedback throughout. The final phase involved programme delivery/implementation and a mixed methods assessment of its effectiveness. The authors argue convincingly for the use of multiple methods in the development and evaluation of interventions designed to promote positive body image due in large part to its multifaceted and complex nature (Bailey and Gammage, 2020).

All of these school-based studies illustrate how different types of quantitative and qualitative methods may be integrated and combined to assess the effectiveness/impact, engagement with, and mechanisms of change underpinning, intervention development and evaluation, including school-based interventions (Christian et al., 2020; De Visser et al., 2015; Skarin et al., 2021).

For all of the above reasons, a mixed methods design was utilised in the current research in order to provide a nuanced understanding of the narratives, views and perceptions of key stakeholders in relation to informing the development of, and evaluating, the new intervention, thereby combining both breadth (quantitative data) and depth (qualitative data). This approach was also employed to give 'a voice' to study participants and ensure that the study findings accurately reflect their experience and views (Tashakkori & Teddlie, 2010). The involvement of end-users in decisions about planning and conducting research is gaining increasing momentum and, as such, Public and Patient Involvement (PPI) is now required by many health research funders, journals, and research ethics committees (Greenhalgh et al, 2019; Racine et al., 2023). Overall, the application of a mixed methods approach in the current research, was considered to be entirely appropriate to the research questions which are the focus of this project. This mixed methods design also allowed for a more complete understanding of the impact of the #MTAS intervention on participants, whilst also informing any future programme changes/developments.


3.3 Study Design: Overview

Stage One of this multi-stage project involved the development of the #MTAS intervention incorporating a strong co-creation element and the use of engaged research approaches throughout. Co-creation/co-production aims to address the exclusion of service users and their lived experience (as passive recipients) by involving them in decision-making through consultation and meaningful collaboration (Slay and Stevens, 2013). It was considered that the youth voice, and input from other key stakeholders, would be vital in ensuring that the intervention would be

relevant and engaging for young people, and practical and easy to use within the school setting. The co-creation approaches used here were guided by Slay and Stevens (2013) six co-creation principles, including, for example, using assets and strength-based approaches, and evaluating outcomes. Table 3.1 outlines their principles of co-creation and links each of these to approaches used in the the current study.

Table 3.1:

Linking Slay and Stevens (2013) Co-creation Principles (left) to Current Study (right)

	<p>Assets Transforming the perception of people from passive recipients to equal partners.</p>	<p>How? Involving youth participants 'the end users' in the development process at all stages.</p>
	<p>Capabilities Building on what people can do and supporting them to put this to work.</p>	<p>How? Consulting key stakeholders throughout intervention development.</p>
	<p>Mutuality Reciprocal Relationships with mutual responsibilities and expectations.</p>	<p>How? Youth input to intervention development as 'expert' contributors.</p>
	<p>Networks Engaging a range of networks, inside and outside 'services' including peer support to transfer knowledge.</p>	<p>How? Inviting participation from wider school community, parents and students to support knowledge transfer.</p>
	<p>Blur Roles Removing tightly defined boundaries between professionals and recipients to enable shared responsibility and control.</p>	<p>How? Evaluate the outcomes. Consider 'end user' youth participant feedback on the intervention.</p>
	<p>Catalysts Shifting from 'delivering' services to supporting things to happen and catalyzing other action.</p>	<p>How? Emphasis on empowering schools, teachers, parents and young people to promote positive change.</p>

Several qualitative approaches were used during this first stage of the research including: (1) focus groups with youth experts designed to contextualise the research at the outset by exploring the narratives of youth participants with regard to the main pressures both on body image and the role of social media therein and to consider how these might be challenged using appropriate and relevant intervention materials and approaches (2) one-to-one interviews with decision makers to identify requirements and preferred formats for wellbeing lessons; (3) one-to-one interviews with teacher stakeholders to better understand the classroom context in which the

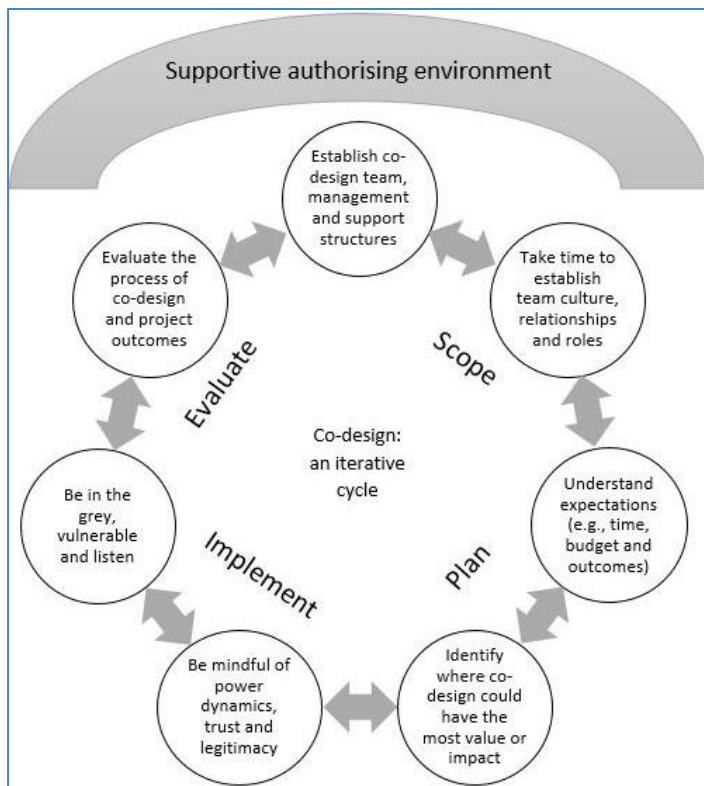
intervention would be delivered; (4) consultation workshops with youth stakeholders to explore their preferences for lesson content; and finally (5) co-creation workshops in an iterative cycle with youth stakeholders, to test and refine the proposed content (i.e. for lesson plans) to ensure that all aspects were relevant, engaging and suitable for the target age group in the school setting.

The last of these – the co-creation workshops and iterative cycle of design– adhered to the Tindall et al., (2021) co-design model which proposes 7 key elements to inform the co-design process within a ‘Scope, Plan, Implement and Evaluate’ framework (see Figure 3.2). All of these elements were attended to in the present research. For example, Tindall and colleagues suggest that sufficient time should be taken to establish relationship and roles, being mindful of power dynamics and trust issues, as well as listening openly and without judgement. This model has also been used successfully in previous work with young people and other populations (Prapaveissis et al., 2021; Verbiest et al., 2019).

Stage Two of the research involved a non-randomised pilot trial/evaluation of the intervention which comprised the following three elements: (1) a pre-post assessment of outcomes involving 139 young people aged 11 to 14 from three schools; (2) the exploration of participants’ experiences and views of the intervention; and (3) a post-intervention focus group with a small number of youth participants (aged 12 to 14) to elicit more detailed and nuanced insights into their experiences of the intervention. Further information is provided in Chapter Six.

Figure 3.1

Tindall's Model of Co-design (2021)



Stage Three of the research involved (as a secondary goal of the research) the development of a comprehensive website dedicated to promoting positive body image and to include a focus on parents and education professionals as well as young people themselves. This was developed during the COVID-19 lockdowns in a collaborative process involving online meetings with youth advisors and mental health professionals and educators. This process adhered to some of the principles of co-design recommended by Slay and Stevens (2013) as mentioned earlier, although these were constrained somewhat due to COVID-19 and social distancing restrictions. This process is described in detail in Chapter Eight.

3.4. Ethical Considerations

All stages of the research were conducted in line with the Psychological Society of Ireland's Code of Ethics. Ethical approval was obtained from the Maynooth University Social Research Ethics Sub Committee (Reference: SRESC-2017-100; Reference: SRESC-2018-048). Written informed consent was obtained from all participants (aged over 18) including the principals of participating schools (see Appendix 3a).

Youth participants (aged 11 to 19) were also informed that they could withdraw from the research at any stage with no adverse effects on their schoolwork or any other aspects of their school life. Written informed parental consent was obtained for all youth participants aged under 18 prior to commencement of the research (see Appendix 3b). Each participant was also provided with an information sheet outlining the background to the study, the rationale and the objectives and a consent/assent form. The researcher talked through all documents (see Appendix 3c) to ensure they were properly understood by the participants prior to signing. Those aged under 18 signed an Assent Form, those over 18 signed a Consent Form and were given a copy for their own records. Each participant was also allocated a unique identifier at the point of consent. A document (encrypted and password protected) containing the coding key was only accessible by the researcher and was located (separate from the data) on a removable storage device in a locked filing cabinet in the researcher's office. Participants were also informed that all data would be held securely in a locked cabinet for 10 years after completion of the study, after which the data would be destroyed by the researcher.

All coded data were stored on the researcher's computer, protected by encryption software (McAfee Endpoint Encryption) and backed up every week on a

separate removable storage device (also encrypted) which was stored safely in the researcher's office. Participants were also made aware of the limits of confidentiality (e.g. where a participant's safety or wellbeing, or indeed the safety of others was at risk) and that in such instances the school principal would be informed, and the correct procedure followed to protect the person. No such disclosures occurred.

Additional ethical processes and procedures specific to each stage will be described later in Chapters Four, Six and Eight. This chapter concludes with a brief reflection on the part of the researcher.

3.5 Researcher Reflexivity and Experience

As a researcher, I strongly believe in the importance of working closely with young people on matters which affect them and of listening to the youth voice. I have been working in the area of youth mental health for almost two decades and I have seen the value of youth involvement in the development, relevance and uptake of youth resources. I am keenly aware of the disservice that can occur if youth collaboration is not genuine and the importance of ensuring that youth input is valued and accurately reflected. My own position is that young people are the experts on matters which affect them and that failure to consult with young people in a meaningful way would be far from ideal.

In the interests of a balanced research approach, I worked closely with four independent groups of young people in considering body image influences and in the development of the new #MTAS resources. Two of these youth groups comprised young people from Comhairle na n'Og (CnÓg). CnÓg are child and youth councils in the 31 local authorities of the country, which give children and young people the opportunity to be involved in the development of local services and policies. CnÓg is

designed to enable young people to have a voice on the services, policies and issues that affect them in their local area. The researcher had previous experience of working with CnÓg and was aware that the youth involved tended to be well informed on youth-related issues and interested and experienced in discussing them. The Bodywhys Youth Panel (BYP) was also included as a separate group. By contrast, the BYP would have a more specialist knowledge of body image and eating disorders. The involvement of both the BYP and CnÓg groups was crucial, but I was keenly aware that their experience may not be representative. Therefore, it was decided to include an additional group of young people (aged 13-15) from the general school population.

I prioritised the development of rapport, establishing trust and acknowledging the youth expertise as key to the success of the intervention with each of these groups. Enjoyment of the process was also vital. My own position from my extensive work with young people in schools and youth groups was likely to have positively influenced the co-creation process and the interpretations made during the qualitative research process. However, it is also possible that my experience of the negative impact of social media may have biased interpretation of the findings. Media and social media pressure on body image was an issue often highlighted by students and teachers in the school setting as impacting on body image, aspects of wellbeing and causing increasing distress, so this may have influenced a more negative interpretation of some of the findings. Acknowledging this bias as a researcher was imperative to remaining objective. I was also keenly aware of the pivotal role of social media in peer connection which is vital to adolescent development, and the importance of objectivity to ensuring that the youth views were accurately reflected and properly valued here and in future research.

CHAPTER FOUR

Method I: Assessing Experiences and Narratives to Inform Intervention

Development

4.1 Introduction

This is the first of two Method chapters related to the research; the overarching epistemological and ethical frameworks were described briefly in the previous chapter. As outlined earlier in Chapter One, this chapter describes the design, processes and attendant methodological considerations pertaining to the first stage of the study which involved the development of the #MoreThanASelfie (#MTAS) intervention. The methodological details pertaining to Stage Two of the study, relating to the pilot evaluation of the intervention, will be described later in Chapter Six.

The overarching aim of this stage of the research was to co-design and develop a new, relatively brief, school-based intervention for First Year students which would incorporate different materials and approaches to: (1) promote positive body image; and (2) enhance social media literacy. It was considered vital that the intervention would be relevant, accessible, useful and engaging for students and easy for teachers to use and deliver.

More specifically, the objectives of this stage of the research were to: (i) assess the experiences and narratives of youth participants with regard to the main pressures both on body image and the role of social media therein; (ii) to consider how these might be challenged using appropriate and relevant intervention materials and approaches; (iii) develop, test and re-test intervention content/materials and approaches prior to piloting the programme in the school setting; and (iv) reflect on,

and document, the collaborative co-design process involved in order to identify useful generalisable lessons for intervention developers and researchers elsewhere.

In planning and developing the intervention for the current study, it was imperative to consider practical approaches to developing interventions and to decide on a strategy at the outset which would provide a clear framework. Research indicates that there is increasing demand for new interventions as clinicians and decision makers grapple with complex challenges (O’Cathain et al., 2019). Furthermore, according to O’Cathain and colleagues (2019), careful development is necessary to help ensure that new interventions are more likely to be effective and adopted more widely in ‘real-world’ settings.

For the purposes of Stage One of the research, three frameworks were identified to guide the development of the new intervention. The first of these, the UK Medical Research Council (MRC) guidelines (Craig et al., 2008), presents a four-phase framework for developing and evaluating complex interventions (i.e. development, feasibility/piloting, evaluation and implementation). The first two phases of this framework were used to help guide and inform the overall process reported in this chapter. Secondly, the guidance provided by O’Cathain and colleagues (2019) on the ‘how’ of developing complex interventions, provided a useful framework to guide aspects of the development process. Thirdly, the practices and principles of engaged research as outlined in Campus Engage (2019) and supplemented by principles of co-creation as described in Chapter Three, were followed in engaging with key stakeholders throughout the process. The co-creation approach also followed Slay and Steven’s (2013) six co-creation principles described earlier (e.g. using assets and strength-based approaches and evaluating outcomes)

and involved an iterative cycle of co-design (Tindall et al., 2021) in working collaboratively with young people in Co-Creation Workshops (CCWs).

This stage was also informed by the review of the literature presented in Chapter Two and the evidence on existing school-based interventions which highlights the need to adopt an aetiological approach and to consider causal factors affecting body image (Gordon et al., 2020). As outlined earlier in the thesis, the TI Model (Thompson & Stice, 2001) was also used as a broad framework to consider peer, parental, and media influences, as well as mediating factors on body image (e.g. internalisation of societal appearance standards, appearance comparison processes).

It was considered paramount during this stage of intervention design and development, to engage young people as key stakeholders at all stages to help co-create an intervention which would be relevant, useful and engaging. A recent report by the World Health Organisation (2022) called on governments and decision-makers to listen to, and understand, the perspectives, experiences and needs of young people when making policies or decisions affecting their health. Dr Natasha Azzopardi Muscat, Director of Country Health Policies and Systems at WHO/Europe indicated that “Engaging young people has the potential to provide important and sometimes unexpected insights into the challenges young people face and it is clear that we have room for improvement.” Youth input was considered imperative throughout the development process due to the novel aspects of the #MTAS intervention and the particular way in which young people interact with, and experience, social media and attendant pressures on wellbeing and body image.

Other stakeholders were also important, including teachers who would be tasked with delivering the intervention, and key decision makers, to ensure that their requirements were considered in terms of the school wellbeing and curriculum guidelines in Ireland. Co-creation was considered crucial to this stage of the project; this has been defined as ‘collaborative knowledge generation by academics working alongside stakeholders’ (Greenhalgh et al., 2016) and is an approach to service development and design that values all voices (Tritter & McCallum, 2006). Co-creation also embraces the practical benefits and increased legitimacy that working in partnership with service users provides, whilst accepting that there are benefits in the involvement of other stakeholders due to the knowledge and authority they hold (Tindall et al., 2021).

As described earlier in Chapters One and Two, the current research was conducted in collaboration with Bodywhys, The Eating Disorders Association of Ireland, with whom the researcher was working part-time as a Youth Development Officer. This role involves the development and delivery of psycho-educational talks in schools to promote awareness of eating disorders and to promote positive body image and self-esteem. This work, and the ongoing collaboration with Bodywhys, helped to facilitate access to youth participants, schools and other key stakeholders for purposes of this research.

4.2 Planning the Intervention Development Process

The research literature suggests that the intervention development process should be dynamic, repetitive, creative, open to change and forward looking in terms of future evaluation and implementation (Bleijenberg et al., 2018). Thus, intervention developers are likely to move backwards and forwards dynamically and iteratively between overlapping actions, such as reviewing evidence, drawing on existing

theory and working with stakeholders. This iterative cycle is also highlighted by O’Cathain and colleagues in the MRC recommendations for intervention development (Craig et al., 2013) and identified as a key feature in co-design (Tindall et al., 2021) and co-creation (Slay and Stevens, 2013) research, as described in Chapter Three. These numerous cycles of development include; obtaining feedback from key stakeholders; implementing potential solutions to problematic issues and assessing their acceptability and; re-starting the cycle until a final version is produced.

It was considered that a creative, open-to-change approach of this type would be helpful in developing the intervention for the present study and especially when working with youth stakeholders. In addition, “the way in which research is approached and conducted is arguably equally important to ensure relevant outcomes” (Campus Engage, 2019). Thus, it has become increasingly important to engage participants at various stages of research, recognising the value of their contribution in, for example, shaping research questions and methods and ultimately in increasing “the richness and applicability of findings” (Innovation 2020, 2015). This focus on engagement in research has really only become popular in Ireland in the last four to five years due, in large part, to the efforts of Campus Engage (the Irish Universities Association-funded unit which promotes engaged research (and engaged teaching and learning) across all Higher Education Institutions in Ireland) and the Health Research Board-funded PPI (Public and Patient Involvement) Ignite Network initiative (2021). Therefore, it was considered crucial to involve young people, teachers and relevant decision makers from the outset of this research, to ensure that the new intervention would be appropriately engaging, useful and

relevant to young people, easy to deliver/use for teachers and that it would fit with the criteria for school-based wellbeing initiatives.

4.3 Intervention Design Overview

As outlined in Chapter Three, the development of the intervention involved a sequential three-phase process utilised to enable a collaborative approach throughout intervention development. The findings from each phase of the development process informed the next stage of development.

4.3.1 Phase One: Identifying and Exploring the Problem

Phase One involved an initial qualitative study with the youth participants, the purpose of which was threefold: (i) to gain insight into their narratives around body image and how they experienced and negotiated images from the media, social media and peers; (ii) to determine if body image was experienced by them as an issue in need of an intervention in schools; and, if so, (iii) to solicit feedback from them on how body image concerns could be addressed in a way that was meaningful and relevant. Working with key stakeholders was identified as vital to considering “whether the problem is really a priority, which aspects of the problem are amenable to change and whether a new intervention is really needed” (O’Cathain et al., 2019).

4.3.2 Phase Two: Ongoing Intervention Design and Development

Phase Two adhered to the co-creation principles in consulting with key stakeholders, as described earlier in Chapter Three. This phase involved qualitative interviews and informal consultation with key stakeholders to inform and guide the development of the intervention and in particular to: (i) explore the negative influences on body image experienced by young people and to identify which aspects were amenable to

change; (ii) identify any national wellbeing guidelines relevant to implementing school-based interventions and the requirements of decision makers in this regard; and (iii) to devise a protocol detailing the processes to be undertaken to develop the intervention. Finally, Phase Two involved an initial information consultation with youth stakeholders to review draft materials to provide an initial framework to guide the development of draft materials for review in Phase Three.

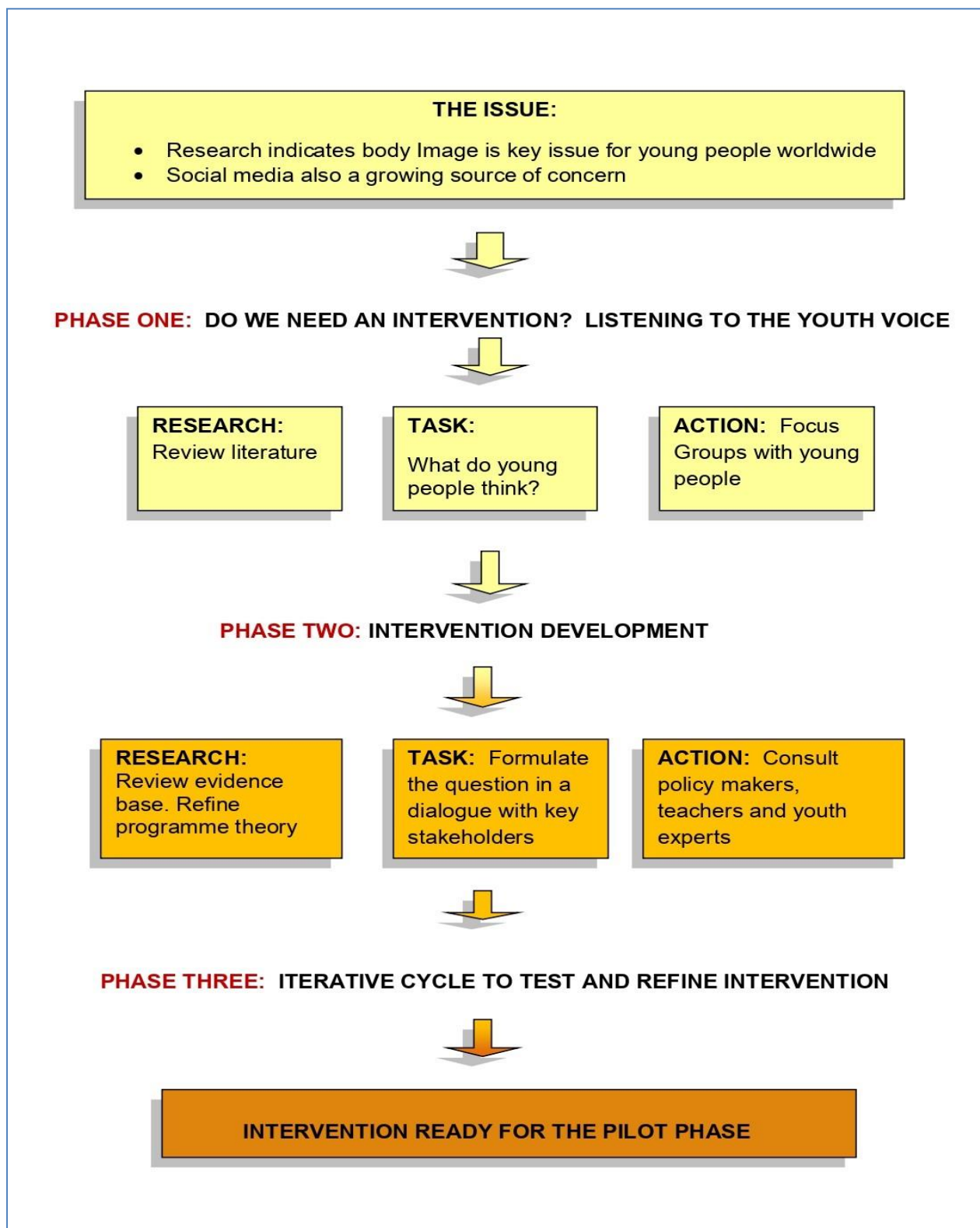
4.3.3 Phase Three: Intervention Review and Refinement

Phase Three involved a collaborative decision-making process (using principles of co-creation) to test and retest materials/resources with key stakeholders to assess their suitability for the school setting. The co-creation workshops (CCWs) and iterative cycle of design were implemented in line with Tindall et al., (2021) co-design model as described in Chapter Three. This sequential three-phase process is outlined in Figure 4.1

A summary of key aspects of all the qualitative research conducted during this first multi-phase stage of the research (i.e. relating to ‘researcher and reflexivity’ and ‘study design’) is provided in the completed COREQ (COnsolidated criteria for REporting Qualitative research) checklist (Tong et al., 2007) in Appendix 4a. (This also includes information related to the analysis and findings reported in Chapters Five, and Seven.).

Figure 4.1

Flow Chart of Phases of Intervention Development and Stakeholder Involvement

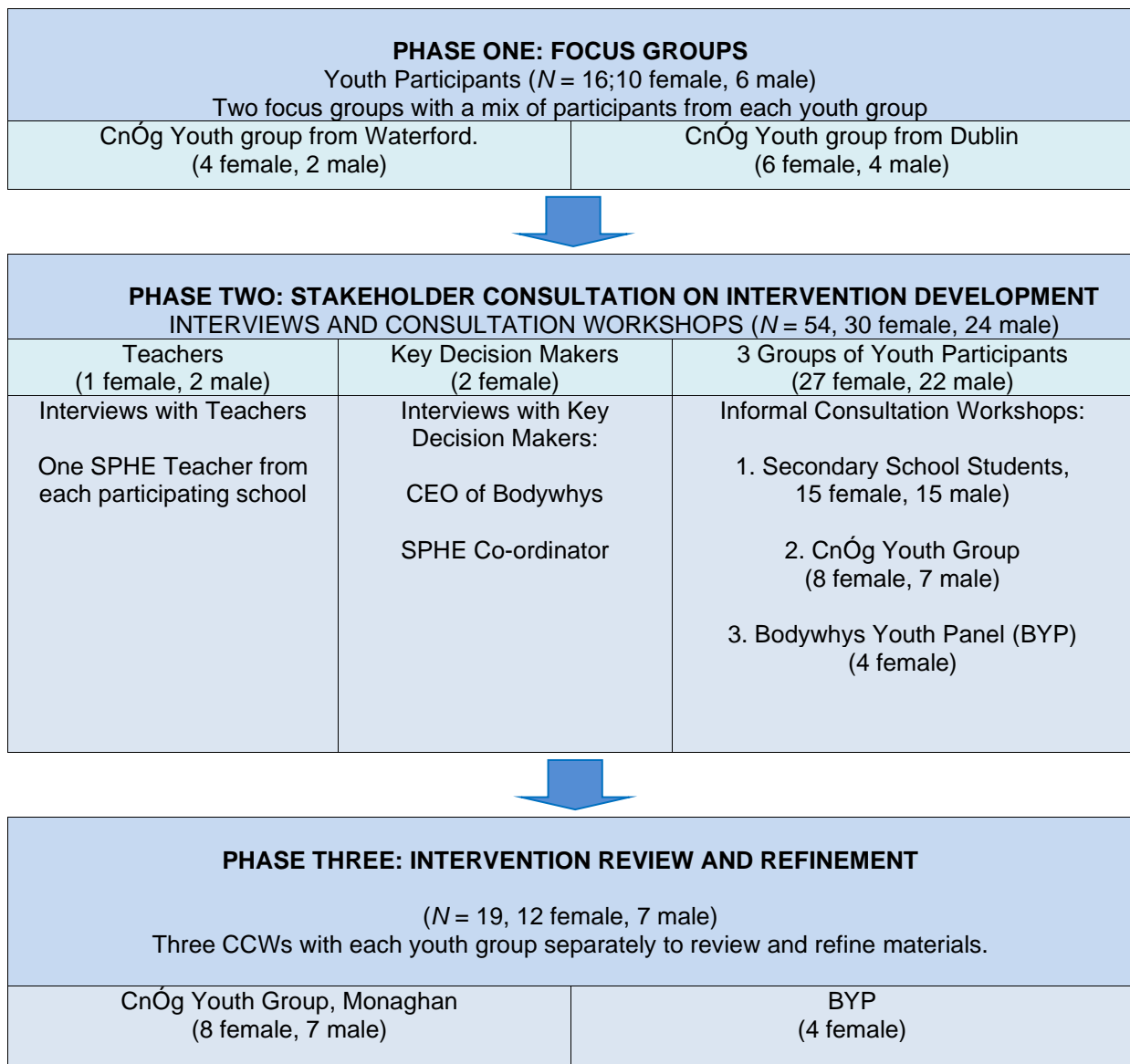


4.4. Overview of Participant Groups

As described in Chapter Three, there were multiple participant groups involved in the development and co-design of the intervention. A breakdown of the various groups, processes and participants at each stage is provided in Figure 4.2.

Figure 4.2

Overview of Participant Groups in Each Phase of Intervention Development



4.5 Phase One: Identifying and Exploring the Problem

The first step was to identify and refine our understanding of the problem to be targeted. It was considered that focus groups would be an appropriate way to draw upon youth narratives and experiences related to body image. Focus groups capitalise on the dynamic interaction between participants to offer powerful insights into interviewees' feelings and thoughts and, therefore, a more detailed, nuanced, and richer understanding of their perspectives (Lavrakas, 2008). This phase of the research comprised a small qualitative study designed to contextualise the research at the outset.

4.5.1 Participants & Settings

The sample was recruited by approaching two local youth organisations which were known to the researcher through her previous work with Bodywhys. One CnÓg youth group was located in Waterford City in the south-east of Ireland serving a heterogenous mix of young people from a substantial catchment area including both urban and rural areas. The second youth group was a city centre CnÓg youth group in Dublin comprising an equally heterogenous mix of young people from both inner city and suburban Dublin. A total of 16 young people, (whose parents provided written informed consent) agreed to take part in the focus groups, and a mix of the Dublin ($n= 10$) and Waterford-based ($n = 6$) participants were included in the two focus groups. The total sample comprised six male and ten female participants ranging in age from 16 to 18 years old. The youth participants were allocated to two separate groups by the researcher on the day. Each group comprised an equal number of males and females of a similar age (i.e. comprising both younger (age 16) and older (17-18) participants). While the Waterford youth group were all known to each other and had travelled together that day, only two (female) members of the

Dublin group had met previously, each of whom was allocated to a different focus group.

4.5.2 The Topic Guide

A Topic Guide (see Appendix 4b) was developed based on a review of the literature and the researcher's extensive experience of working in the field. This was used to assess participants' views and experiences on: body image in young people; influences on body image both positive and negative; and how to effectively promote positive body image in young people. The questions included prompts such as: 'Do you think there is body image pressure on young people?' and; 'Do you think it's possible to support young people to feel happier with how they look?'

4.5.3 Procedure

The researcher met with the co-facilitator (a Communications student from Dublin aged 22 and a volunteer with Bodywhys) to discuss the process of conducting the focus groups. The youth group leaders for each youth group were provided, in advance, with information on the focus groups to circulate to their youth group to determine if they were interested. This included an information letter about the research and why it was being conducted as well as practical information on the location of the focus groups, date and other details (e.g. the provision of lunch and reimbursement of travel expenses). The researcher also provided youth group leaders with an information letter and consent form for parents of all those youth participants who were aged under 18 ($n = 13$). The information packs were sent by email. The names of the youth participants and the printed, signed parental consent forms were returned by the youth leader to the researcher (by post) prior to the focus groups.

Both focus groups took place on the same day in a university building in Dublin City Centre which was convenient to major bus and rail routes. The researcher and co-facilitator arranged the seating in a semicircle and checked sound for audio recordings prior to the group. When the participants arrived, they were greeted and welcomed by the researcher and their name noted against the list of consent forms received. When all participants were present, the researcher discussed the format for the focus groups. All participants were given the opportunity to ask any questions and were also provided with assurances of confidentiality and of the option to withdraw at any time up to the point of data analysis. All of this was explained in clear, accessible language and the researcher provided consent forms for all participants aged over 18 and assent forms for all under 18s. All participants were asked to sign the forms to indicate that they understood the information provided, agreed to participating and that they were aware that the findings of the research would be reported, but that their names and/or any other identifying information would be removed. The researcher also explained that the researcher would ask questions and the co-facilitator would take notes, and that the focus group would be recorded (audio only). All participants signed the consent forms which were then collected by the researcher.

The participants were reminded of the importance of their participation in the group and that their feedback may be used to guide the development of resources which would be used in other schools nationwide. The researcher guided each focus group discussion using the Topic Guide, but allowing sufficient flexibility to follow the flow of the conversation to other relevant areas which were of interest to the participants. All participants were encouraged to convey their opinions, and all contributed actively to the discussion. While there were participants in each group

who were more vocal, both groups followed a turn-taking approach whereby they asked quieter participants for their thoughts also. The interviewees received no payment for participating in the focus groups, but they were reimbursed for travel expenses and a light lunch was also provided following completion of the focus groups.

As part of the procedure, it was also important to address any potential power dynamics between the researcher (as an adult) and the young participants. As indicated by Reilly & Hyett (2018), adults often have more knowledge, authority, and control over the research process, which can influence a young person's level of comfort and willingness to freely express their opinions. Thus, the researcher was careful to emphasise from the outset and at several junctures thereafter, that the young people were 'experts' in this area and that while she was there to pose questions and to listen, the emphasis was on ensuring that the groups were youth-led. Therefore, conversations between the youth participants themselves were encouraged (e.g. in line with Krueger & Casey, 2015) to facilitate more authentic peer-to-peer interactions and deeper and more nuanced discussions.

The Alon Dictaphone Audio Recorder Application for Android was used on two phones to record the focus group discussions (with informed consent and assent). Each focus group lasted approximately 60 minutes. Recordings were uploaded immediately thereafter to a secure Dropbox file and downloaded to an encrypted laptop. The interview was transcribed verbatim and in full by the researcher. Once transcribed, the audio file was saved to an encrypted USB device and stored in a locked filing cabinet. Detailed written notes were taken by the co-facilitator during the focus group and additional notes and observations were added

by the researcher after the focus group. These notes were also stored in the locked filing cabinet.

4.5.4 Analysis

All data from the transcribed focus groups was analysed using reflexive thematic analysis (Braun & Clarke, 2019). “Reflexive TA procedures reflect the values of a qualitative paradigm, centring researcher subjectivity, organic and recursive coding processes, and the importance of deep reflection on, and engagement with, data” (Braun & Clarke, 2019. p.6). The focus group transcripts were initially labelled using an open coding method which helped to break down the data into concepts. This was achieved by using line-to-line coding, whereby segments of the data were categorised with a short name which summarised the meaning of that piece of data. Initial themes were generated, based on their prevalence in the dataset, or whether they captured something important in relation to the overall research question (Braun & Clarke, 2019). These included, for example, ‘body image influences’, ‘male body image’, ‘female body image’, ‘peer influences’, ‘socio-cultural ideals’, ‘media influence’, ‘social media’ and ‘suggestions for promoting positive body image in young people’. In addition, notes which were written during and immediately after the focus groups which reflected the researchers’ impressions and thoughts, were used for purposes of contextualising the data. The initial themes and subthemes generated from the data illustrated the narratives related to body image, experience of body image pressures and related influences from a range of perspectives. Key findings are described in Chapter Five.

4.6 Phase Two: Intervention Development

4.6.1 Rationale and design

As outlined earlier in this chapter, Phase Two involved qualitative interviews and informal consultation with key stakeholders to build on the findings from Phase One. From the outset, it was important to consider the real-world context for intervention delivery; it was thought that an intervention of this kind could dovetail well with school wellbeing initiatives and the existing SPHE curriculum and, therefore, that stakeholders should include, not only young people, but also teachers (who are widely acknowledged to be important in the development of school-based interventions (Dooley et al., 2020)) and decision-makers. This was important in order to better understand curriculum requirements and parameters at a strategic level (O’Cathain et al., 2019).

A range of qualitative research methods was used during this phase, including semi-structured one-to-one interviews with policy makers, structured one-to-one interviews with teachers and informal consultation workshops with youth participants. A review of relevant policy documents was also undertaken to inform the development of interview schedules and notes to guide the co-creation workshops.

4.6.2 Participants and Settings

A total of 54 stakeholders (30 females and 24 males) comprising mainly young people and a small number of key informant teachers and policy makers were identified and recruited using a mix of purposive and theoretical sampling. Further information is provided below.

4.6.2.1 Decision Maker Participants. Two key informant decision-maker participants were identified and recruited through Bodywhys, including the CEO of Bodywhys and a senior representative from the Department of Education who was responsible for reviewing, approving and developing SPHE content. Both individuals were considered to have considerable collective knowledge of processes and requirements which would be pivotal to optimising intervention content and delivery. Each had been working in their respective roles for more than ten years and in related areas for an additional ten years (e.g. in mental health in the community and voluntary sector, and in general education respectively).

4.6.2.2 Key Informant Teacher Participants. A total of three teachers (2 male; 1 female) agreed to take part in the study, all of whom were involved in delivering the SPHE curriculum in each of the three participating schools and who were considered, therefore, to be best placed to speak to the issue of intervention delivery. The two male teachers had each been teaching in the secondary school setting for more than 15 years and had each been delivering the SPHE curriculum for more than five years. The female teacher had been in the secondary school setting for five years, three of which had involved teaching SPHE.

The three schools selected were known to the researcher through her work in a previous role with the National Suicide Research Foundation (2005-2007) which involved conducting research in all schools located in Cavan, Monaghan, Meath and Louth (Gaffney et al., 2007). However, while the schools were known to the researcher, the teachers and school principals were not. These schools were chosen to avoid potential bias as none of the schools had previously received a talk from Bodywhys. In addition, the researcher was aware, from her previous experience, that

these schools represented a diverse demographic, including young people from urban and rural populations and from differing socioeconomic backgrounds.

The only mixed school of the three is categorised as 'educationally disadvantaged' under the Delivering Equal Opportunity in Schools (DEIS) programme (Department of Education & Skills, 2016). This is a national programme/action plan aimed at addressing the educational needs of children and young people from disadvantaged communities. Schools are identified for inclusion in this programme based on their standardised disadvantage score on the Pobal HP Index which is Ireland's most widely used social gradient metric. The index uses information from Ireland's census, such as employment, age profile and educational attainment, to calculate a HP score. Schools with the highest levels of students from disadvantaged areas are included in the DEIS programme, which means that they typically receive additional support and resources (Department of Education, 2022). DEIS schools are also provided with a list of targets and actions that are designed to support children who are at the greatest risk of educational disadvantage. These targets are subdivided into 8 categories, known as 'DEIS Themes' relating to: retention, attendance, literacy, numeracy, attainment, transitions, partnership with parents and partnership with others.

Due to time and other resource constraints, only three teacher participants were invited to participate. The pilot phase was essentially to test the feasibility of the intervention and identify potential issues or challenges; thus, it was expected that a small group of teachers would facilitate more in-depth interactions to gather valuable feedback and insights to assist in fine-tuning the intervention. The use of only a small sample of teacher participants for purposes of the present study, may

however have limited the feedback on intervention delivery in terms of, for example, a failure to represent the diversity of teaching styles, personalities and experiences that might exist within a larger group of educators. Nonetheless, given the exploratory nature of the study and the limited resources, it was thought that this would be sufficient to yield several useful in-depth insights and perspectives during this early stage of the research.

4.6.2.3 Youth Participants. A total of 49 youth stakeholders aged 13 to 22 were invited to participate in informal consultation workshops designed to review the draft lesson content and materials and provide feedback on all aspects including the design, suitability of content, preferences for format and any other factors which may increase the acceptability of the intervention in the school setting. These young people were not involved in the focus groups in Phase One and were identified and recruited from three sources using purposive sampling based on age and gender.

The first and largest sub-group comprised 30 participants aged 13-16 (equally divided by gender) from a co-educational secondary school located in a suburban area of Dublin and serving a large urban population. This school was chosen as it is co-educational and serves a heterogenous mix of young people from a substantial catchment area including both Dublin city centre and suburbs. This school was known to the researcher from her previous work with Bodywhys. This was considered an advantage as the researcher had observed on previous visits to this school and in conducting workshops with youth participants there, that the school had a proactive approach to promoting positive mental health and awareness of youth mental health issues. On previous occasions, the students had also appeared well-informed and confident in speaking out. This purposive sampling approach is widely used in qualitative research for the identification and selection of information-

rich cases related to the phenomenon of interest (Palinkas et al., 2015) and 'to select respondents that are most likely to yield appropriate and useful information' (Kelly, 2010. p. 317) and especially when resources are limited (Palinkas et al., 2015).

All of the youth participants were in their second year and comprised students from two class groups who were all known to each other. The Second Year students were chosen rather than a First Year group because it was likely they would have had established relationships with each other at this stage, having had time to adjust to the transition from primary to secondary school; it was also thought, that they would feel more comfortable in their school environment at this stage and may be more willing to engage in discussion during the consultation workshops.

The second cohort of 15 youth participants (8 females, 7 males) were from a CnÓg youth group located in Monaghan (in the north east of Ireland) serving again, a heterogenous mix of young people from a substantial catchment area, including both urban and rural areas. This group was included as they had initiated contact with Bodywhys during the preceding few weeks to express interest in developing materials to promote positive body image amongst young people. As described earlier, some of the CnÓg youth group participants already knew each other and were comfortable with speaking in relation to youth issues which was considered advantageous as the objective was to discuss, and obtain clear feedback on, intervention materials and content. The third and final sub-group included four young people (aged 18-22) from the BYP. Again, this group was known to the researcher. The BYP comprises young people aged 16-25 who collaborate with the Bodywhys Youth Development Team on a regular basis to represent the views of young people. Their input is utilised to guide and inform Bodywhys youth- related developments and activities. Bodywhys also work closely with the Youth Panel in the development of any programmes which are

used with young people in schools or youth groups. In addition, they are involved in the design of youth leaflets, posters and any material for schools, youth groups or youth events. Young people typically find out about the Youth Panel through information provided by Bodywhys in school talks, at youth events or by perusing the Bodywhys website and they can volunteer to join by completing an application form available on the website. This is normally followed by a brief telephone interview to confirm age and reasons for joining the panel and to ensure that the young person is clear about the panel objectives (e.g. to inform youth development activities).

Youth Panel members typically have a keen interest in body image and the area of eating disorders in general, sometimes from (resolved) personal experience (e.g. themselves, a friend, or family member). New panel members receive three hours induction training by Bodywhys on eating disorders, body image and related issues. The panel usually meets in-person 6-8 times per year with additional meetings conducted online. New Bodywhys youth-related plans and materials are also circulated via email to youth participants for review and comment. The number of young people on the BYP varies; typically, there are 20-30 youth panel members who engage via email and the online meetings, but in-person meetings tend to have smaller groups of 6-8 attendees as the meetings are held either on evenings or weekends when many of the group have part-time work. Only regular attendees at in-person meetings are known to each other. Youth panel members receive no payment for participation, but travel expenses are reimbursed for attending in-person meetings and teas/coffees/water, soft drinks and sometimes snacks are also provided at in-person meetings.

All four Youth Panel participants had an established rapport and were keenly interested in, and well-informed on, developments related to body image and youth

mental health. The researcher also circulated the newer iterations of the intervention to the Youth Panel in advance of the Phase Three CCWs so they had time to review the materials thoroughly and to send questions and thoughts in advance which could then be addressed as a group at the next workshop to ensure all aspects were addressed.

The established relationships between youth participants within each of these participant groups were considered beneficial in terms of encouraging honest discussion in relation to the materials. Research indicates that group rapport is vital to the co-design process (Chisholm et al., 2018; McKercher, 2020; Palmer et al., 2019). However, there is also a possibility that these pre-existing relationships could have negatively impacted the discussion or the group dynamic in terms of, for example, social desirability bias, a tendency to conformity or groupthink, pre-existing group norms and privacy concerns. This is discussed further in Chapter Nine.

4.7 Method

A number of interview schedules and discussion guides were designed for use in the interviews (see Appendix 4c) and consultation workshops (see Appendix 4d) conducted with the various stakeholder groups described above. Further information is provided in the following sections.

4.7.1 Measures

The interview schedules for the key informant interviews with the SPHE Department of Education Representative and the Bodywhys CEO were designed to provide a framework for the interview while allowing flexibility for the conversation to flow to explore topics in more detail. Separate interview schedules were designed to elicit decision-maker and teacher participants' views and experiences respectively; these were developed based on a comprehensive literature review and the researcher's own experience of working in an applied setting. They sought to elicit rich detail on: (a) participants' requirements for the development of a school-based intervention; (b) attendant policies and curriculum requirements for consideration; and (c) preferences on presentation style, formatting and possible templates to inform and guide intervention delivery.

The step-by-step process utilised in developing all of the interview schedules involved: (i) defining research objectives and considering what information was required from each of the key informants in relation to these objectives; (ii) identifying core topics to explore in the interviews; (iii) creating a draft interview guide; (iv) developing additional probes and follow-up questions for each question to encourage elaboration or provide examples; (v) organise questions in a logical sequence; (vi) consider time allocated for the interview and include a guide time for each question; and (vii) write an introductory script to explain the purpose of each interview at the outset. The researcher also took time to rehearse the introductory script prior to the interview and to prepare relevant documentation including sample school materials, information on body image and mental health in Ireland and elsewhere and sample intervention materials.

The findings from the interviews with decision makers and teachers, alongside the findings from the Phase One focus groups, were used to support the development of draft materials which would be used to guide the co-creation process with the youth stakeholders. The materials used in the consultation workshops included video materials to promote positive body image, media literacy and to promote awareness of eating disorders, images and sample lesson plans. Discussion guides for the consultation workshops included questions relating to the videos, lesson content and the youth participants' views and experiences of the draft materials and framework, the relevance of these materials and their suitability for the school setting.

4.7.2 Procedure

4.7.2.1 Key Informant Interviews. The teachers were invited to participate via their school principal and were subsequently contacted by the researcher to explain what was involved and to arrange a suitable time. The interviews were scheduled to suit the teacher participants and were held in their respective schools. Likewise, the decision-maker interviews took place at a time and place that was convenient for them (e.g. in their respective office spaces). The interviews lasted approximately 30 minutes on average and, as before were recorded using the Alon Dictaphone Audio Recorder Application for Android, uploaded immediately post-interview to a secure Dropbox file and downloaded to an encrypted laptop. All interviews were transcribed verbatim by the researcher and once transcription was complete, the audio files were saved to an encrypted USB device and stored in a locked filing cabinet (accessible only to the researcher). Detailed notes were recorded by the researcher during and after each interview. These notes were also transcribed post-interview.

4.7.2.2 Review of Relevant Policy Documents. A review of related policy documents was also undertaken to supplement the findings from the workshops and interviews, with a particular focus on critically appraising the most recent guidelines in Ireland for the development of school-based wellbeing programmes and gaining insights into the broader context within which these are implemented. These documents included: (a) the SPHE Curriculum Guidelines; (b) the SPHE Curriculum for Post-Primary Schools; (c) the Health Service Executive (HSE) *Eating Disorders Model of Care* document (which provides guidelines for the development of eating disorder prevention programmes for adolescents); (d) the National Council for Curriculum and Assessment (NCCA) Guidelines for Wellbeing in Post-Primary Schools; and (e) eating disorder prevention guidelines in the international literature. The first two of these were particularly important; for example, a review of all SPHE lesson plans was undertaken to identify the current frameworks and language used therein, and how the intervention may relate to, or overlap with, current SPHE content. All relevant aspects were highlighted and reviewed to establish the most used approaches and information which would support the development of easy-to-use resources for SPHE teachers in the school setting.

4.7.2.3 Theoretical Underpinnings of the Intervention Materials. In developing initial draft materials for the Phase Two consultations with the youth participant groups, the researcher was mindful to consider the importance of utilising a well-rounded approach to suit different learning styles, including videos (Perloff, 2019, Veldhuis, 2020), group discussion and interactive activities. In accordance with the programme objectives, the draft materials included video content to promote positive body image, media and social media literacy and information to promote awareness of body image issues and eating disorders.

A number of key psychological theories were used to inform the development of each of these approaches and materials and to understand the mechanisms or processes by which specific outcomes may be achieved. For example, Bandura's Social Learning Theory (1977) was used to inform the development of both the youth videos and the psychoeducational content; thus, an active component here is observational learning or modelling to enable students to increase their knowledge and awareness of positive body image, possibly leading to changes in attitudes and behaviours.

Festinger's Cognitive Dissonance theory (1954) also helped to guide the content on both body image and social media literacy. For instance, this was employed by including content (images and videos) which highlighted the contrast between online personas and the authentic lives of social media users. It was expected that highlighting this discrepancy and encouraging discussion within the peer classroom environment, may (through promoting cognitive dissonance) motivate users to adopt more realistic and positive perspectives, think more critically, and reflect on the impact of comparing their life to idealised representations on social media. Likewise, for positive body image, creating awareness of the inconsistency between societal beauty ideals perpetuated by media and the reality of diverse, natural body shapes was also intended to leverage cognitive dissonance. Video content of young people talking about the discrepancy between unrealistic beauty standards and the genuine diversity of human bodies (followed by discussion of this content) was an active component intended to prompt individuals to re-evaluate and challenge societal norms that contribute to negative body image.

Other key theories (e.g. social comparison theory) provided the basis for intervention components such as video content of young people discussing body image influences/ pressures and realistic ways to challenge these (e.g. how to reduce exposure to negative influences). The main theories and their relevance to the development of active intervention components (i.e. as they relate to body image, media literacy and psychoeducation in general) and the processes by which these are intended to impact outcomes, are described briefly in Tables 4.1 and 4.2 below.

Table 4.1

Theories Underpinning Youth Video Content to Promote Positive Body Image and Social Media Literacy

Theory	Active Component of the intervention	Process/ Mechanism and outcomes
Social Learning Theory (Bandura, 1977) emphasises the role of observational learning and modelling in shaping behavior.	Youth Videos – discussion of body image pressure, and related challenges generated reflection on the main influences on body image and how these might be challenged. Socio-cultural perspectives on body image emphasise the role of media in shaping beauty ideals and body image dissatisfaction.	Videos of peers discussing body image experiences and challenges can serve as observational learning opportunities for students to acquire knowledge, attitudes, and behaviours related to positive body image (Ansari & Rizvi, 2023) Further discussion of unrealistic media ideals within the potent peer environment – expected to reduce perceived peer pressure related to appearance and media pressure (Gordon et al., 2022).
Social Comparison Theory , Festinger (1957) posits that individuals self-evaluate by comparing personal attributes to those of others.	Youth videos which include discussion of unrealistic media ideals and how these are ‘never far from their minds’. Also, discussion of futility of comparison to media	Video content of young people discussing social media pressure, discrepancy between media ideals and real life, and illusions perpetuated by social media and in mainstream media and

	images or peers	advertising.
Dissonance Theory , (Festinger, 1957), explains that individuals experience discomfort when their beliefs or attitudes conflict with their actions or observations.	Deconstruct images and advertisements – spot the differences. Discussion of media techniques to produce ‘perfect images, differences between media ideals and real life and negative impact of seeking to emulate unrealistic ideals – intended to reduce internalisation of socio-cultural ideals and/or reduce social comparisons (Festinger, 1954).	Videos featuring peers challenging societal beauty standards can create cognitive dissonance in students, prompting them to re-evaluate their own beliefs and behaviours related to body image. Content on airbrushing can provide concrete examples of the impact of unrealistic appearance ideals on body image (Fardouly et al., 2015).
Narrative theory suggests that storytelling is a powerful way to convey information and influence attitudes and behaviours.	Young people describing how they overcame body image struggles – making a choice to focus on ‘doing what they love’ instead of focusing on how they look.	Videos with personal narratives can engage students emotionally, making the message more relatable and memorable. The videos were also used to encourage discussions about the implications of "likes," "shares," and comments on social media, as well as positive changes to make to personal social media use in order to reduce any negative effects.
Media literacy theory. (Potter, 2004), Media literacy relates to the importance of critical thinking approaches in the analysis of media messages.	Development of competencies to ‘question the accuracy and representativeness of social media content’ (APA.,2023); how to utilise social media in a way that promotes wellbeing and mitigates negative effects; how to refrain from excessive social comparisons online and/or understand how content can be manipulated; insight into motivation	Deconstruction exercise – examine social media images and discuss messaging in groups. Group discussions to examine ‘what we do see’ versus ‘don’t see’ on social media to illustrate tendency for positive posting. Discussion of ways to curate social media to maximise positive benefits and minimise negative effects. Discussion of airbrushing

	for professional and personal posting on social media.	images and videos to support development of skills to deconstruct media images and messaging (Tiggemann & Slater, 2014).
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Table 4.2

Theories Relating to Psycho-Educational Content on Mental Health

Theory	Active Component	Process Mechanism
Social Learning Theory: (Bandura, 1977) This aligns with the idea that individuals acquire knowledge, attitudes, and behaviours by observing others.	Kate's Story: Personal Story. Professional videos. Group discussion.	Video from credible source. This can enhance the impact of peer discussions, where students share their thoughts and insights about the content.
Narrative Theory: (Fisher, 1984) Narrative theory is a framework for understanding stories or narratives as a fundamental aspect of human cognition.	An animated video 'Kate's Story' developed by Bodywhys.	Highlight the experiences of individuals with eating disorders and the role of professionals in their recovery.
Empowerment Theory: (Zimmerman, 1992). Empowerment theory emphasises the importance of providing people with the knowledge and skills to take over their lives.	Videos of mental health professional providing information about eating disorders, recovery and treatment options,	Providing information to 'empower' youth participants by equipping them with knowledge to make informed decisions.

4.7.2.4 Phase Two Informal Consultation Workshops. Four separate consultation workshops were organised: two in the participating school, one with the CnOg youth group and one with the BYP. The two school-based workshops, each comprised 15 Second Year students (8 females and 7 males respectively in each group) who were aged 13-16 and close to the target age for the intervention (11-14). All youth advisors provided written informed parental consent to attend and were

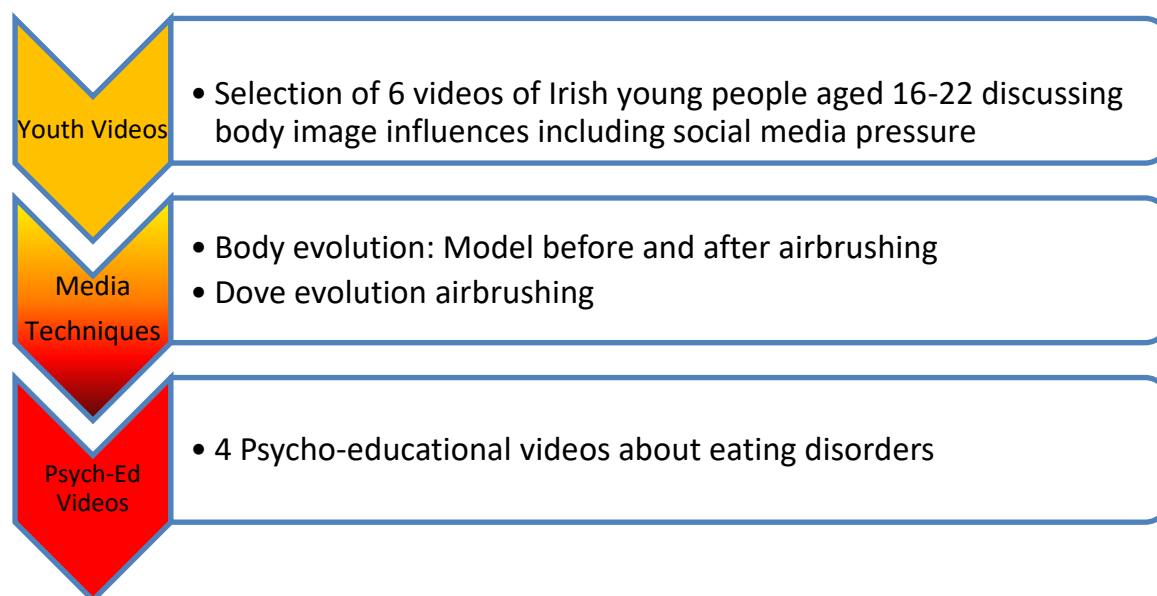
also invited to provide their assent by a show of hands at the beginning of each workshop.

The BYP workshop was conducted in a meeting room at a city centre location which was convenient to bus and rail routes. This meeting room is routinely used for all BYP meetings and was a familiar location for participants. All BYP participants were over aged over 18. The fourth and final workshop with the community youth group participants was held in their youth group building. The time was scheduled by their youth group leader on the same day as their usual meeting. The youth participants received no payment to participate, but travel expenses were reimbursed, and they were provided with refreshments on arrival for the workshop. Each workshop lasted approximately one hour. They were not audio recorded, but notes were taken by the researcher and their accuracy checked with participants at the end of each session.

The researcher presented a selection of videos, images and content (see Figure 4.3) and then invited feedback from youth participants on the content and whether aspects therein were effective in achieving the desired outcomes, such as encouraging reflection on media ideals and promoting discussion in the peer environment relating to body image pressures, unrealistic appearance ideals perpetuated in the media and social media and increased awareness of the negative impact on body image of striving to emulate appearance ideals. Key questions here centred on the videos; for example, were they deemed sufficiently engaging? What conversation were they likely to generate? Did they successfully challenge existing narratives relating to body image, social media and or mental health and if so, how?

Figure 4.3

Videos and Lesson Content for Review by Youth Experts in Phase Two



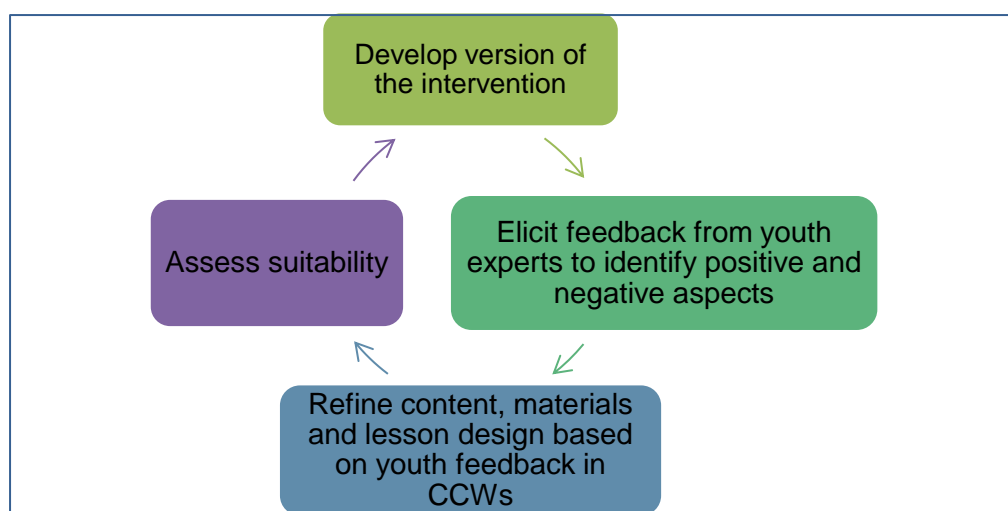
The researcher advised youth participants that the goal was to generate content which would be relevant and sufficiently engaging to promote positive body image and media literacy amongst young people aged 12-14 in the school setting. The researcher emphasised the importance of all contributions, indicating that honest feedback on all aspects was required and would be key to shaping the final intervention. Questions (see Appendix 4e) were posed to elicit honest responses and to encourage interaction both amongst the participants and between the group and the researcher. Participants were thus encouraged to talk to one another and comment on each other's points of view, thereby allowing the researcher to tap into interpersonal communication and identify shared and common knowledge (Kitzinger, 1994).

4.8 Phase Three: Intervention Review and Refinement

As previously mentioned, the aim of Phase Three was to design and refine the proposed intervention considering, content, format and delivery. The findings from Phases One and Two were used to sketch out an early version or prototype of the intervention and then to work closely with youth experts during Phase Three, to refine and optimise it as part of an iterative cycle. Each iteration included an assessment of the acceptability and feasibility of the intervention (e.g. including potential harms and unintended consequences) and, therefore, any refinements that might be required. As described earlier, this process of ‘modelling a complex intervention’ with an expectation that multiple iterations may be required to refine the design, was informed by MRC guidelines (Craig et al., 2013). This iterative cycle of developing and refining intervention materials in the present study, is illustrated in Figure 4.4.

Figure 4.4

Iterative Cycle of Intervention Development in Co-Creation Workshops



In total, there were three iterative cycles which included presentation of the model intervention materials at each stage of development to each of the three CCW groups. The final version was agreed when all three groups of youth participants indicated that they were satisfied with all aspects of the intervention including content, presentation and wording, and graphics on student workbooks, presentation slides and facilitator guides. Following the first and second iterative cycles, amendments were made by the researcher. The third cycle with each CCW group involved a review of amendments. Additional suggestions made in the third cycle were incorporated by the researcher (there and then in front of the group) and assent was given verbally and with a show of hands to each slide or page when the groups were satisfied that the final version was ready for the pilot evaluation.

4.8.1 Participants and Settings

The Phase Three participants comprised youth participants from the Monaghan Youth Group (n=15) which included 8 females and 7 males aged 15-18 who had been involved in Phase Two and also the Bodywhys Youth Panel (BYP) (n=4) who were all female and aged between 18 and 22. The researcher selected these two groups for participation in Phase Three, as they were both established youth groups who were familiar with discussing mental health initiatives and youth issues, and were comfortable speaking in front of each other and also with debating key issues. A key finding from the work of Tindall et al., (2021) in relation to factors which need to be considered to ensure effectiveness of the co-creation process, is the need to allow sufficient time to build rapport so that participants are willing to engage, a finding also echoed in other co-production and co-design research (Chisholm et al., 2018; McKercher, 2020; Palmer et al., 2019). The community youth group and Bodywhys youth group each had an established rapport and thus were

consulted separately within their own youth group settings. This parallel process was used to ensure that a consensus was reached on all aspects of the content and design of the intervention at each stage of the iterative cycle of design, before refining materials for the review at the next stage.

4.8.2 Measures and Materials

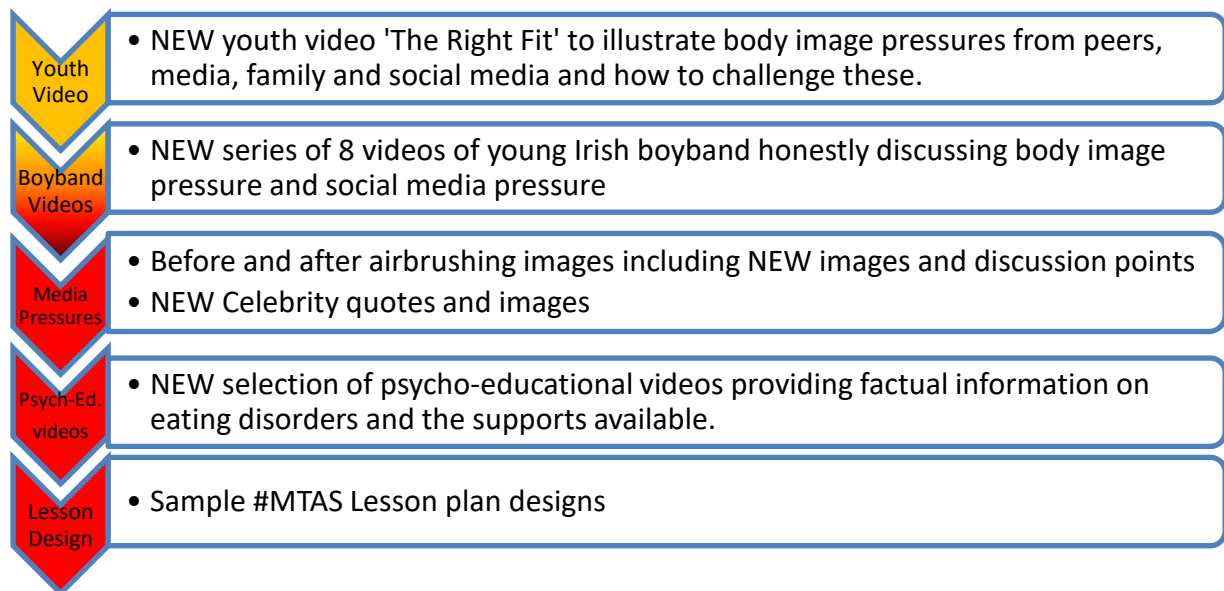
The researcher developed video materials and draft lesson plans based on the findings from Phase One and Two. Elements of the intervention which were changed, included youth videos which were deemed 'boring' or 'not engaging' by youth experts in Phase Two. This active component was retained by including new youth videos, including a boyband honestly discussing body image and social media pressure, and a video designed specifically to promote discussion of body image influences specific to first year students in schools.

These videos were used as preliminary materials to guide the co-creation iterative process of testing and refining the materials (see Figure 4.5). These included: (i) video footage of an interview (40 minutes) between the researcher and a young Irish boy-band discussing body image and social media pressure to select key sections to include as 2-3 minute videos; (ii) a 3 minute long video called 'The Right Fit' which is used to illustrate body image pressures and how to challenge these (video developed in collaboration with the Monaghan youth group and a professional film company); (iii) celebrity images and quotes on body image; (iv) before and after airbrushing of content and images; (v) new psycho-educational videos about eating disorders developed by the researcher with a film production company; and (vi) a sample of #MTAS lesson plan designs. A boy band was chosen for the video excerpt as they were available and interested in participating. Careful consideration was

given to ensuring that there was an appropriate gender balance insofar as possible in the videos and related content.

Figure 4.5

Summary of Videos and Content Reviewed in Co-Creation Workshops



Questions were also developed for each CCW to guide the consultation process and elicit the youth participants' views and experiences of the draft intervention materials and framework, and their suitability for the school setting. These included prompts to elicit feedback on all aspects including the content, video materials, graphics, wording, images and overall style of the lessons and student workbooks.

4.8.3 Procedure

4.8.3.1 Review of Findings from Phase One and Two. The findings from the qualitative research interviews and focus groups conducted in Phases One and Two were collated and organised to inform Phase Three. These included information from teacher and youth participants related to preferred format for lessons and content, preferred video content styles, graphics and overall presentation. The

guidelines relating to the SPHE curriculum and HSE Model of Care documents were also used to inform, in part, the conduct of Phase Three.

The overall premise of the CCWs was to work closely with each of the groups (in the spirit of engaged research) to develop intervention materials that were interesting and useful for young people. At the beginning of each panel discussion, the researcher acknowledged the expertise and resources of both researchers and stakeholders, to ensure that youth participants were clear about their role, the extent of their collaboration, respective roles, responsibilities and expectations. In each panel session, the researcher presented the draft lesson content in the same format as it would be presented in a real-world setting. After each section, the researcher paused and asked questions from the youth participants to elicit responses based on their views and experiences of each aspect of the intervention content, and its perceived effectiveness for young adolescents. Participants were encouraged to talk to one another and comment on each other's points of view. At the end of each section, the researcher asked the group for a show of hands to indicate whether the section was complete or required additional amendments. Clear and detailed notes were recorded based on the group feedback. The researcher also continuously clarified points with the group to ensure a clear understanding of their requirements at each stage.

The notes were reviewed alongside the lesson plans. All suggestions by each group (e.g. for new images, different graphics, video content) were reviewed and implemented prior to the next decision-making workshop.

4.9 Ethical Considerations

As described in Chapter Three, the focus group research received ethical approval from Maynooth University, Social Research Ethics Sub-Committee. Written informed consent was obtained from participants prior to commencing the informal focus group discussions from Phase One, the idea generation workshops from Phase Two and the Phase Three CCWs. Each participant was provided with an Information Sheet & Consent form outlining the background to the project, the rationale and the objectives. Participants signed the consent forms and were given the information sheet to retain for their own records.

The Information Sheet and Consent Forms clearly indicated that there was no conditionality related to participation (or not) in the focus group and that no penalties would apply for non-participation. Participants were assured of confidentiality, and it was explained that although the focus group from Phase One was being recorded (audio only), all identifying information would be removed from the transcribed data. The idea generation workshops and decision-making workshops in Phases Two and Three were not recorded. Participants were also informed that all data (i.e. focus group transcripts from phase one and researcher notes only from the subsequent phases) would be held securely in a locked cabinet for 10 years after completion of the study, after which they would be destroyed by the researcher. As mentioned in Chapter Three, all coded data were stored on the researcher's computer protected by encryption software (McAfee Endpoint Encryption).

4.10 Summary

This chapter outlined the three-phase sequential design and methodology pertaining to Stage One of the research relating to the development of the

intervention. The findings from each of these three phases will be outlined in Chapter Five. Each involved key stakeholders and adhered to engaged research principles (Innovation 2020, 2015) and co-creation principles in the development of the intervention (Slay & Stevens, 2013; Tindall et al., 2021). The rationale for a mixed-sex body image and social media literacy intervention was to provide a more realistic, inclusive, and comprehensive approach to addressing the diverse experiences of both males and females. While evidence suggests that some interventions may not be equally effective for boys and girls, as described in Chapter Two, other research posits that tailoring interventions to specific gender-related concerns while embracing common themes, may contribute to more positive outcomes.

Young people were involved in each of these three phases and were instrumental in decision making regarding the content, overall design and including the development of new video content to promote social media literacy. Teachers and decision-makers were also involved. Phase One involved a qualitative study with youth participants to explore: their experience of body image and related pressures; the nature of social media pressure on body image (if any); and to determine if body image was an issue for young people and if a schools-based intervention would be helpful. Phase Two entailed extensive consultations with relevant stakeholders including teachers, decision makers and youth advisors to guide and inform the planning and development process. The intervention materials were then tested and refined in the final phase following a series of CCWs with youth participants. The next chapter presents the findings from each of these three phases and the intervention materials and resources developed as a result of the co-creation process described here.

CHAPTER FIVE

Findings Related to Intervention Development Phases with Key Stakeholders

5.1 Introduction

This chapter details the findings from each of the three phases of the #MTAS intervention development outlined earlier in Chapter Four including: (1) initial focus groups with young people (*Phase One: Identifying and exploring the problem*); (2) interviews with a small number of key stakeholders including senior decision maker representatives ($n = 2$) and teachers ($n = 3$) as well as informal consultation workshops with young people ($n = 49$) (*Phase Two: Ongoing Intervention Design and Development*); and (3) a final iterative cycle of CCWs with a smaller group of youth participants ($n = 19$) in order to finalise the intervention (*Phase Three: Intervention Review and Refinement*).

5.2 Phase One Findings

This first section presents the findings from the focus groups conducted initially with youth participants (aged 16-19) who were recruited from two youth groups in Waterford and Dublin. In each focus group, social media pressure and references to social media dominated the discussion. The themes generated from the focus group transcripts and notes indicated that social media was experienced as a primary source of pressure on body image. There were references in both groups to body image concerns and feelings of being consumed by pressures from social media which, in turn, hindered enjoyment of life and other activities. The data from the focus groups were analysed using Reflexive Thematic Analysis (Braun & Clarke, 2019) each stage of which is described in the following sections.

5.2.1 Step 1 of the RTA: Familiarisation

The familiarisation phase involved repeated readings of the transcripts from the focus groups to become familiar with the content. The researcher commenced with an open-minded exploration of the data, to identify patterns, recurrent potential themes, and variations in participants' perspectives on body image pressure. The process involved note-taking, memo-writing and reflection to document initial thoughts and impressions. The aim of this iterative and reflexive approach was to develop a nuanced understanding of the data, setting the foundation for subsequent phases of analysis in order to derive meaningful themes related to youth experiences of body image pressures.

5.2.2 Step 2 of the RTA: Generating Initial Codes

Codes were then developed initially at the semantic level based on 'explicit meaning' (i.e. information that is directly stated and easily observable from the data). Then the data were explored to identify 'underlying codes or implicit meaning'. Implicit meaning relates to underlying or implied messages which are not explicitly stated in the data (e.g. relating to the impact of media messaging or ideals on body image), but which can be inferred through careful analysis. In thematic analysis, both explicit and implicit meanings are important to consider as they contribute to a more comprehensive understanding of the participants' experiences and perspectives (Braun & Clarke, 2022). All codes were then further distilled in order to group similar items. The findings from this stage are outlined in Table 5.1

Table 5.1

The process of Generating Preliminary/Initial Codes

Semantic Codes	What does this capture?	Latent Codes	What does this capture	Notes
Body shapes Thin Muscular	Body Image Pressure	Unrealistic body ideals Frequent exposure to images	Social media amplifies body image pressure.	'Male models – abs', 'don't see people like' me. 'like something wrong with me'. Not good enough. 'Always on my mind'.
Comparing yourself Never live up	Self-comparison	Improved wellbeing/self esteem	Negative impact on wellbeing and more comparison.	Vicious cycle – comparison, negative effect on mood = more body comparison.
Social media pressure Likes Comments	Unique nature of social media 'to connect' – compelling	Self-comparison to lifestyle ideals – amplifies body image pressure	Increased exposure to ideals. Amplify body issues	Tendency to spend a lot of time 'get sucked in' and then to compare self more – checking likes etc.
Need to talk about this. Need youth videos. Developed by young people	School intervention warranted. Young people key to developing content	They need to hear what other young people think - videos. Differences in teacher styles and/or teacher knowledge	Need to standardise materials	The young people emphasised that development would need to be youth led and that content (e.g. videos) would need to be standardised.

5.2.3 Step 3 of the RTA: Generating Initial Themes

Next, the codes were organised into potential themes (see Table 5.2), mapping similar codes to consider the relationship between them and how best to represent these to capture the meaning in the data.

Table 5.2

The process of Generating Initial Themes

Initial Themes	Notes:
Body Image Pressure	Widespread in males and females – never far from their minds.
Social Media Pressure – amplifies body image pressure and negatively impacts on wellbeing	Unique cycle of body image, peer pressure, lifestyle pressures, increased exposure to ideals. Negative impact on mood from comparison to ideal life content and looking at likes etc., increasing time online and exposure to media ideals.
Body Image and Social Media Literacy Intervention Warranted	Yes – unanimously agreed that it was needed but great care to be taken in developing content – youth input at all stages essential. All young people need this – needs to be done correctly – use videos and lesson plans so that students receive the appropriate content regardless of teacher knowledge ('they [the students] won't talk for teachers'); need to hear what young people have to say and they also need to hear and learn from each other.

5.2.4 Step 4 of the RTA: Reviewing Themes

Before generating final themes and subthemes in thematic analysis, a thorough review of identified themes was undertaken to ensure coherence, consistency, and relevance. This critical stage involved revisiting the coded data and

examining the relationships between themes to assess whether the identified themes accurately captured the essence of the participants' experiences and if they aligned with the research objectives. Additionally, each theme was evaluated to refine and consolidate overlapping or divergent elements. This iterative process of reviewing themes was intended to enhance the validity and reliability of the analysis by ensuring that the identified patterns reflect the complexity of the data.

5.2.5 Step 5 of the RTA: Defining and Naming Themes (and Subthemes)

The final themes and subthemes from the RTA are outlined in detail below. The key messages relevant for intervention development are also summarised for each theme (in accompanying text boxes).

Theme 1: Body Image Pressure. A key recurring theme throughout the data was body image pressure. Discussion of the unrealistic body shapes presented in the media and their proliferation on social media dominated the discussion. The youth participants in both focus groups agreed that the ideal body shapes promoted in mainstream media were widely represented on social media and that increased exposure to these ideals had a negative impact on body image. This is in line with recent research which indicates that mainstream media (e.g., television, magazines, advertisements) and social media (e.g., Facebook, Instagram, TikTok) both have significant and distinct effects on body image, but that they can also interact to influence individuals' perceptions of their own bodies (Mink & Symanski, 2022).

Research widely acknowledges that mainstream media promotes unrealistic and idealised body standards (Gordon et al., 2022; Tiggemann et al, 2018), featuring predominantly thin females body shapes, muscular male body shapes and traditionally attractive models and celebrities. The participants reported that they

were comparing themselves to images in mainstream media and that this was leading to perceived discrepancies between their own bodies and the portrayal of ideals within the media. Exposure to these images was clearly leading to body dissatisfaction and lower self-esteem. This is reflected in the two sub-themes described in the sections that follow and also in the following two illustrative quotes below.

“It’s the ridiculous amount of imagery we see – the male models with their six packs” (Male, age 16).

“It’s like that’s how you’re supposed to look, and you feel bad ‘cause you don’t” (Female, age 17).

Subtheme 1.1. Ideal Body Standards. More specifically, the participants discussed experiencing pressure to conform to the socio-cultural body ideals presented in the media and mainstream media and indicated that the prevalence of these narrow ideals suggested they were achievable and desirable for everyone. For instance, they made references to the large muscular body ideal for men and thin, flawless socio-cultural body ideal for women. They indicated that despite knowing they could never ‘live up to’ these ideals, this pressure was ‘never far from their minds’. Furthermore, the pursuit of ideal body standards or comparison to these could ‘really hinder you from enjoying life’ (Female, 22). It was also clear that both males and females felt this pressure:

“It’s always in the background even when you’re doing other things.”
(Male,16)

“I never see people like me in the media and that can really get to me.”
(Female, 16).

Subtheme 1.2 Self-comparisons with Idealised Images on Social Media.

There was a consensus that social media was more compelling than other media sources due to its interactive nature as illustrated by the following comment:

“Even when I’m not posting, I’m thinking about what I can post. It’s in my head way more than it should be” (Female, age 17).

Many of the youth participants commented that ‘despite best intentions’ (Male, 18), they frequently spent more time on social media than they planned due (typically two hours per day) due to ‘friends being on it’, or ‘wanting to see if I got any comments’ and, as a result, it tended to have a greater impact in terms of tendency to self-comparison and subsequent negative effects on wellbeing and body image. Thus, social media led to a substantially increased exposure to socio-cultural appearance ideals than, for example, mainstream media. It was, for most of the young people, their main source of appearance-based pressure in terms of exposure to more ideal body shape images than elsewhere as evidenced by the following comments:

‘[If you weren’t on social media]...you wouldn’t see this stuff so then you wouldn’t be thinking about it so much’ (Male, 16).

‘Yeah, the way it is when you see these kinds of bodies all the time it makes you think about it way more and compare yourself way more’ (Female, age 22).

Key messages from Theme One to Inform Intervention Development

- Ensure that the intervention includes media literacy content to highlight media post-production techniques, such as lighting, airbrushing and editing used to create flawless images.
- Ensure that the intervention is interactive and encourages students to 'speak out' against socio-cultural ideals and related pressure.

Theme 2: Social Media Pressure. The participants indicated that social media pressure was unique because of its importance for peer interaction. They indicated that 'you need to be on it to find out what's going on'. 'It's not like you have a choice really' and that the interactive nature of social media, the likes and comments on posts and also the lifestyle content on social media, resulted in higher levels of engagement and investment. They described ideal lifestyle content on social media as a significant pressure which led them to compare all aspects of their lives with others, including their appearance. Three subthemes were identified here as outlined below.

Subtheme 2.1 Comparison to Lifestyle Ideals and Body Image. The participants indicated that it was not just exposure on social media to 'ripped bodies' or 'perfect model bodies' which was problematic in terms of self-comparison and negative self-evaluation, but a combination of lifestyle ideals alongside so-called 'perfect bodies'. For example, one male participant (aged 18) articulated this a few times in the first focus group: 'It looks like everyone is living the dream'.

Most of the participants agreed and indicated that time on social media could lead them to compare themselves to others, feel like they were 'missing out', that their 'own lives were not good enough' or that they themselves 'weren't good

enough' and the tendency to attribute this lack to 'not looking good enough'. They reported that the content they tended to see online was very positive – happy events, success, new relationships, holidays, and achievements. The notion of upward comparison to the lifestyle ideal content and feeling 'not good enough' and associated tendency to compare body shape and 'feel like nothing about me is good enough', were discussed frequently in both focus groups.

Discussion of 'what we do or see' on social media was followed by 'what we don't see' and the fact that social media posts tended to portray 'what people wanted you to see' and how the view of life presented, was unrealistic and unrepresentative of real life:

"Most stuff we do every day never makes it onto social media. Only the fantastic stuff gets posted so it looks like everyone is having a fantastic time all the time." (Male, 16)

"Yeah, sometimes I think – maybe if I looked like that, it would be different".
(Female, age 16)

Subtheme 2.2: Unique Social Media Pressures Related to 'Likes' and Comments. The narratives related to social media pressure from participants in each focus group were very similar with typical comments outlined below.

"The social media stuff is huge. It's on my mind way more than it should be"
(Female, age 16).

"People judge themselves on likes on their profile picture and that's a shame"
(Male, age 16).

The young people described feeling pressure to comment and post on friends' posts. They disclosed experiencing pressure to be online to 'keep up with' friends' activities and 'pressure to post interesting or exciting content' all of the time. They also indicated that the popularity of social media, its importance as a peer environment and attendant pressures to 'like or comment', had led to more frequent online interaction and that this, in turn, had amplified pressures on body image and negatively impacted their overall well-being.

The researcher prompted the groups to reflect on any experience of 'likes' and comments on social media. Interestingly, when 'likes' were mentioned in both focus groups, the researcher noted initial discomfort in terms of their non-verbal behaviour (e.g. looking at the ground, shifting in seats), but there was a palpable shift in mood during the discussion of the impact of 'likes'. The young people indicated that they had 'obsessed over' these at times. In both groups, participants mentioned noticing 'how many likes a post gets', comparing this to peers and noticing who had or had not liked posts and being particularly affected by who had not as outlined below:

'If a friend or someone you fancy has been online and has liked everyone else's (posts) but hasn't liked yours, that can stay in your head a really long time and make you really doubt yourself' (Female, 16).

Participants indicated that this might encourage rumination on 'why not' and perhaps to think it was something to do with their appearance:

"People judge themselves on the number of likes on their profile photos now and that's a real shame" (Male, 16).

"I can get really caught up thinking about likes, even when I'm doing other stuff and then taking photos and thinking - will this get more likes?' and sometimes taking 60 or 70 'selfies' to get the right one" (Female, age 16).

This is in line with research which links photo-based social media behaviours and greater investment in 'likes' and comments as contributing to body image concerns (Tiggemann et al., 2018). Interestingly, the researcher noted a shift in attitude in participants in both groups on realising that much of the time they spent on social media was focused on what other people liked. This seemed to spark a determination to attend more to personal/individual interests rather than focusing on the likes and preferences of others.

Subtheme 2.3 Social Media, Mood and Negative Body Image. There was a consensus across both groups regarding the potentially negative impact of social media on body image and self-esteem, an effect that appeared to be amplified "when using social media if not in good form": For example, two of the males commented:

"If you're sitting in on a Friday night and you're not in good form and you're scrolling through social media, it can feel like you're the only one not having fun as anyone who's out might be posting. It can also make you feel like you're the only one who's in bad form as all the images look so happy" (Male, 18).

'...and you can go further and further down that road and start to feel really bad about yourself' (Male, age 16).

Most of the young people indicated that because the ideal life content was so common, it could lead to feelings of inadequacy in terms of 'how you look, your life' (Female, age 16) and worryingly, that despite leading to lowered mood, it may also

prevent young people from talking about their concerns due to a perception that friends and others are coping well and are happy; this is illustrated well by the following comments:

"It can make it much harder to talk about how you feel to friends as it looks like everyone is so coping so well and I don't feel like I can say I'm not in good form"
(Male,18).

"Yeah, it makes it harder to talk about stuff" (Female, age 16).

Key messages from Theme Two to Inform Intervention Development

- Promote social media literacy and support young people to better understand that social media is not representative of real life.
- Ensure that the intervention includes media literacy content to highlight media post-production techniques and editing used to create flawless images.
- Ensure that the intervention is interactive and encourages students to 'speak out' against socio-cultural appearance ideals and related pressure.
- Provide content on coping with difficult moods; Encourage class/group discussion to consider positive and negative coping styles.
- Include content and discussion to encourage mindful social media use.
- Encourage class discussion on proactive steps to take in navigating social media to promote positive effects and to mitigate negative effects.
- Encourage discussion and reflection on development of own likes through individual reflective workbook exercises and group discussion.
- Use group discussion and 'speaking out' to foster a peer supportive approach to encourage pursuit of individual interests.
- Include practical information to empower young people to use social media in a positive way to mitigate any negative effects on body image or wellbeing.

Theme 3: Need for a School-Based Intervention. The youth participants were all strongly in favour of the idea of an intervention to promote positive body image, stating, for example, that "all young people should get to talk about this".

They were unanimous in their view that an intervention would be an ideal way to address social media pressure and promote media literacy in schools and that this was much needed. They also seemed notably happier at the end of the session. A few participants indicated that they had really enjoyed the opportunity to ‘talk honestly’ about a topic that was so relevant to them. They highlighted a sense of ‘relief’ at realising that other young people experienced social media pressure and body image concerns and found it ‘reassuring that they were not alone in feeling ‘inadequate’, or ‘not good enough’. They described feeling empowered to change their social media behaviours and to make an effort to consider what they liked, to follow things they liked online and to ensure they were spending time on activities which ‘made them happy’ offline; furthermore, as already mentioned, they were keen that all young people would get an opportunity to have these conversations.

The participants in each group also expressed concern over possible differences in teacher approaches and topic knowledge, and highlighted a requirement for video content and materials that would ensure a standardised approach in all schools. They also expressed frustration with differing teaching styles in relation to SPHE content and a need to work closely with young people in ensuring that the content of the new #MTAS intervention was engaging, relevant and could effectively be delivered within the school setting. Importantly, this reflects the new WHO Europe (2021) guidance (mentioned earlier) which recommends the inclusion of adolescents in the development of any programmes “affecting their lives, whether at school, in their communities or at national and international levels” (WHO/Europe, 2021. p.1).

The inclusion of the youth voice, and ‘genuinely valuing and implementing the contributions’ as recommended in the WHO/Europe guide, was key to each developmental stage of the #MTAS Intervention. The young people indicated that the objectives of the #MTAS should be transparent and that openly discussing the importance of body image and its potentially negative implications on mental health (e.g. development of an eating disorder) was vital. They believed that eating disorders were common and that misinformation was rife and stressful in the school environment. They further highlighted a need for eating disorder information to be included in the #MTAS via clear and concise professional video content thereby removing the requirement for teachers to have specialist knowledge of the area and ‘good, clear information to take home so you don’t have to ask questions’ (Male, age 16). Lastly, they recommended that the programme objectives should be clear and transparent to facilitate an open discussion of body image throughout. All of this information and suggested objectives were incorporated into the opening slides of Lesson One.

Subtheme 3.1 Standardised Content. The participants in both focus groups were also very supportive of the idea of having open discussion relating to both body image and social media pressures in schools, although they felt that classroom dynamics might inhibit open discussion and that content would need to be relevant and sufficiently engaging to be effective. They also indicated that ‘you would need videos’ so that the lessons ‘would be the same no matter which teacher you had’ (Male, age 16). They indicated that ‘some teachers would be way better than others’ (Female, age 16) and ‘you want everyone to have the same chance’ (Female, age 17). They suggested that videos of young people discussing these issues could be used to stimulate discussion and reflection on the topic.

“They’re not going to talk for teachers - they would definitely need to see what other teenagers thought” (Male, 18).

”You would need lots of videos of young people they could relate to, to get them started” (Female, 16).

Subtheme 3.2. Youth Collaboration. As described earlier, in both focus groups, participants mentioned that videos of young people would be an ideal way to get discussion started. All young people agreed that the video content should be developed and then reviewed by young people to make sure it was relevant and engaging. There was a clear consensus on the need for collaboration with young people throughout the process; ‘You would need to test the videos with teenagers first’ (Male, age 16) to ‘find out what young people think’ (Female, age 16). Participants also highlighted the importance of using appropriate language in the materials and the requirement to avoid using ‘cool language’ because according to one young 16-year-old male: “That’s a definite no...it puts people off straightaway.”

Key messages from Theme Three to Inform Intervention Development:

- Include young people in the co-creation process to ensure that lesson content is engaging, enjoyable and relevant.
- Include video content to prompt engaged class discussion which includes the views of young people to whom students can relate.
- Incorporate appropriate video content for promoting discussion as many students are generally inhibited in the classroom environment. Likewise, small subgroups for class discussion are preferable. Video content can also help to ensure that the content is standardised.

5.3 Summary of Phase One Findings

In summary, the young people who took part in both focus groups played a vital role in the intervention development process, offering a real-world perspective on the unique pressures for young people relating to body image and social media, whilst also ensuring that the intervention would be more relevant and directly related to their needs and experiences. This element of the study was important in facilitating an in-depth exploration of issues relevant to intervention development. However, it must also be noted that these findings may not be generalisable to all youth and especially as the participants were a few years older than the target age for the intervention (age 11-14). This was a deliberative approach because it was felt that a cohort of older and therefore more mature participants would work best in terms of informing the critical first phase of intervention development. This was balanced by the use of a sample of younger adolescents (13-15) in Phase Two (second year students in a mixed secondary school) of the development process (described below).

An additional factor which can limit the effectiveness of youth focus groups relates to the presence, behaviour and potential biases of the researcher/facilitator. However, the researcher took steps to minimise these insofar as possible, by acknowledging the young people as experts at the outset, by asking open questions and allowing for conversations between participants to ensure an interactive 'youth led' group dynamic. This, in turn, encouraged the young people to build on each other's ideas and engage in active discussion, thereby providing key insights into the nature and experience of body image and social media pressure in young people.

5.4 Phase Two Findings

This section presents the findings from the Phase Two consultations with key stakeholders including the semi structured interviews with decision maker representatives, teachers and findings from the informal consultation workshops with youth stakeholders.

5.5 Reflexive Thematic Analysis of Decision Maker Interviews

The data from the semi-structured interviews with the SPHE and Bodywhys decision maker were analysed, using RTA. The findings from each of the five stages of the RTA process are described below.

5.5.1 Step One: Familiarisation Phase of RTA

As with the focus groups, the familiarisation phase here involved reading and rereading the transcripts from the decision maker interviews. The researcher read the transcripts line by line initially, highlighting words and phrases with similar meaning and making notes throughout the process.

5.5.2 Step Two: Initial Coding Phase of RTAs

Codes were developed based on the shared meaning of words and phrases initially and the data were then further explored to identify other relevant patterns in the data. The process is outlined in Table 5.3.

Table 5.3

The Process of Generating Codes (Decision Maker Interview)

Semantic Codes	What does this capture?	Latent Codes	What does this capture	Notes
<p>“We really need new and relevant resources” – SPHE.</p> <p>“It needs to have a focus on eating disorders” CEO.</p> <p>“Clear information on body image, mental health and supports”– SPHE</p>	<p>Be clear about what the needs are.</p> <p>Relevant, age-appropriate resources</p> <p>Body Image, Mental Health and ED info.</p>	<p>Teacher needs.</p> <p>Ease of use</p>	<p>Presentation is vital.</p> <p>Accessible – on a website ideal.</p>	<p>They need easy to use resources.</p> <p>Training may not be possible or viable – resources need to be standalone.</p>
<p>Existing Initiatives and Programmes</p> <p>“Videos and easy to use slides are the best format” – SPHE</p>	<p>What works best.</p> <p>What is currently in use</p>	<p>Review current research & curriculum guideline</p>	<p>Videos</p> <p>Easy for teachers.</p> <p>“They need clear guidelines” – SPHE</p>	<p>It must meet a definite need.</p> <p>“Do you know what the needs are” – CEO.</p> <p>Other ED orgs and research</p>
<p>Practical Information</p> <p>Need youth video.</p> <p>Developed by young</p>	<p>School intervention warranted.</p> <p>Young people in content</p>	<p>Won’t talk for teachers.</p> <p>Different teacher styles</p>	<p>Need to standardize materials</p>	<p>They emphasised that development would need to be developed in collaboration with young people e.g. videos.</p>

5.5.3 Step Three: Generating Initial Themes.

The codes were explored to identify potential themes. This involved grouping similar codes to consider the relationship between them and how best to represent these to

reflect the ‘participant voice’ and to convey the overall meaning derived from the data. The initial themes generated are outlined in Table 5.4.

Table 5.4

The Process of Mapping Initial/Potential Themes from the Phase Two Decision Maker Interviews

Potential Themes	Notes:
Goals and Objectives	Definite need for it. Define target age with teachers and literature.
Existing Initiatives and Programmes	Preferred presentation style – online and video content. Review SPHE Guidelines and ED Model of Care Document
Curriculum and Content	Refer to SPHE Curriculum
Collaboration and Stakeholder Involvement	You will need to talk to teachers. Yes – youth collaboration required to ensure relevance of materials. Need a mix of males and females for feedback
Challenges and Barriers	Do you expect any difficulties conducting research in schools? Teachers do not receive much training – resources need to be clear. Will you need parental consent for under 18s?

5.5.4 Step Four: Reviewing Themes

The initial themes identified from the decision maker interviews were reviewed and explored for further meaning alongside the researcher notes before finalising the content into themes and subthemes.

5.5.5 Final Themes and Subthemes from Decision Maker Interviews

A total of three themes and three subthemes were identified from the RTA of the interviews with the Bodywhys CEO and the SPHE, Department of Education representative, all of which are described below.

Theme 1: The Need for a School-based Intervention Focusing on Body Image and Social Media. The first main theme related to the perceived need for a school-based intervention to address the role of social media is-a-vis body image. Both interviewees were supportive of initial plans to develop such an intervention and they were agreed that “there is definitely a need for it...especially in an Irish context” (SPHE). For instance, the SPHE representative alluded to “a huge increase in requests for content about social media pressure from teachers” and indicated that “clear information on body image, mental health and supports available” (SPHE) would be a valuable addition to the existing SPHE curriculum. (see Appendix 5a). The CEO representative also felt that the intervention should include a “focus on eating disorders”. Two separate subthemes were identified here.

Subtheme 1.1: Objectives and target population. The core goals and intended outcomes of the intervention (i.e. improving body image and social media literacy among students) were agreed as priorities by the decision maker stakeholders. The Bodywhys CEO was keen that the intervention would be in line with Bodywhys guidelines to “promote awareness of eating disorders” and this component was agreed by the SPHE contact. She also agreed that goals and objectives would need to be clear from the outset and in line with student needs, as illustrated by the following comment:

“There’s no point in starting to design lessons unless you know what the needs are.” (CEO)

Likewise, the SPHE representative suggested that: ‘The resources need to be easy to use - yes the students need the eating disorder information but not all teachers will get training on it so you will need to really consider that’ (SPHE).

Both interviewees agreed that identifying the target age group and year group for the intervention was an important consideration. Specifically, the SPHE representative felt that “definitely junior students” (SPHE) should be targeted because: “...that’s the age I’m hearing about from teachers as really in need of social media literacy – I would say first or second year – you will have to take advice from teachers” (SPHE). The CEO interviewee, on the other hand, highlighted the importance of being guided by evidence:

“I think you need to check – what does current research say about the age of onset, what are the teachers saying and what are we seeing in our services” (CEO).

The SPHE representative also informed the researcher of developments within SPHE to move all lesson content online in an easy-to-access format. Selected illustrative comments are provided in the Table 5.12.

Subtheme 1.2 Collaboration and Stakeholder Involvement. Both participants were agreed that “teacher input” (SPHE) in decisions related to formatting and types of content or resources which worked well in SPHE, would be vital to ensuring that the programme was easy to deliver. They were both also agreed on the requirement for youth collaboration and to consider gender balance as illustrated by the following comments:

“It makes sense to talk to young people” (SPHE).

“We really need relevant resources... “Do you intend to use the Bodywhys youth panel? Are there many boys on that – you would need to have a mix to get opinions” (CEO).

Theme 2: Existing Initiatives and Challenges. Both participants indicated that it was important to look at existing programmes and initiatives related to body image and social media literacy in schools, in order to consider the types of format that might work best in the school setting; both also considered it important to be strategic from the outset to ensure that any resources which were developed were relevant and effective. It was explained to each of the decision makers that there were (at that time) no existing interventions available to promote positive body image and social media literacy.

The SPHE representative indicated that there was a “real need” for resources to support teachers in talking about social media pressure:

“I am hearing it from teachers – they do need to talk about social media... “I’ll show you some recent lesson plans...Videos and easy to use slides are the best format”.

Some existing materials which teachers find easy to use (including short videos) were shown to, and discussed with, the researcher during the interview. The Bodywhys CEO was also keen to ensure that research related to eating disorder prevention in Ireland and internationally, was reviewed and included, and that all relevant approaches were also explored; for example, she alluded to the activities of

“other eating disorder organisations” and the “need to follow best practice and make sure we’re on the same page”.

Subtheme 2.1: Gaps and Challenges. In both interviews, the researcher highlighted the need to identify gaps in current efforts and the requirement to develop new resources. Both interviewees agreed with the requirement to ‘develop video content with young people’ and the challenges involved. The Bodywhys CEO also indicated that cost may be a barrier to the development of new resources and video content as illustrated by the following comment: “We can’t progress any plans until we ensure we have the budget” (CEO).

An additional challenge raised by both stakeholders was training. Importantly, the SPHE representative alluded to the likelihood that many “teachers won’t get training on it [the new programme]” so “the resources need to be easy to use”. Likewise, the Bodywhys CEO indicated that as an organisation, they would not be “able to provide training nationwide” (CEO). There was a clear need therefore, for stand-alone and cost-effective resources. The SPHE representative further indicated that “short videos...and lessons. with clear guidelines “no more than three minutes ideally” would work best.

Both interviewees also agreed that a clear plan would need to be established from the outset to ensure that the intervention materials would be aligned with, for example, the current SPHE curriculum and the Bodywhys mission/ objectives.

“You will need to link the lessons to the SPHE curriculum” (SPHE).

The intervention should be “in line with the mission.. and focus on eating disorders...and “adhere to the Eating Disorders Model of Care Document” (CEO).

Both the SPHE representative and the Bodywhys CEO also agreed on the need to provide information on available supports.

Theme 3: Concerns Pertaining to Evaluation. The final theme raised in each of the decision maker interviews related to evaluating the impact of the intervention. Concerns related to resource constraints, ethical guidelines and ensuring adherence to best practice when gathering data from schools. The Bodywhys CEO was also concerned that it “might be difficult to get schools on board”.

The issue of parental consent was also raised by the Bodywhys CEO while the SPHE representative was keen that draft materials were age appropriate and that schools were consulted on all aspects of the pilot evaluation process in advance: “Principals and teachers will need to know what’s involved”. Both also indicated that they would like to be updated on progress. For instance, the Bodywhys CEO indicated that “regular updates for the Bodywhys board” by email would be required “including charts and links to research and metrics if available” and follow-up discussions with the Bodywhys team if so required. She also spoke at length about the practical implications of conducting research and the requirement to ensure that all relevant guidelines are adhered to and that there is appropriate transparency in communicating all developments to relevant decision makers, including Bodywhys. Guidelines in relation to preferred reporting styles for the Bodywhys Board, such as the need for data to be represented in charts and also descriptively, are outlined further in Chapters Six and Seven and were communicated by the Bodywhys CEO to the researcher at a later date.

Eating Disorders Model of Care Document: Key Points

The HSE, Eating Disorders Model of Care document outlines the following specifics in relation to the development of eating disorder prevention programmes for adolescents in Ireland.

- Use a health promotion approach, focusing on building self-esteem and positive body image.

- Use interactive approaches – young people learn more this way.

- Develop social and recreational practices that incorporate the person’s support network.

- Use developmentally appropriate materials.

- Focus on strengthening protective factors

- Follow a multi-session structure, allowing for both direct experience and time between sessions for reflection (necessary to reinforce learning).

- Include media literacy and advocacy components.

- Take a balanced approach to nutrition and physical activity, challenging the social pressures to be thin and emphasising the negative outcomes of pursuing the thin or muscular ideals.

The Eating Disorder Model of Care Document Guidelines in relation to eating disorder prevention programmes for adolescence are based on a narrative review (Stice et al., 2013) which sought to “(a) characterise prevention programs that have produced reliable, reproducible, and clinically meaningful effects in efficacy trials, (b) discuss effectiveness trials that have tested whether prevention programs produce intervention effects under ecologically valid real-world conditions, (c) discuss

dissemination efforts and research on dissemination, and (d) offer suggestions regarding directions for future research in this field” (Stice et al., 2013, p. 478).

Selected Comments from the Interviews with Decision Maker Representatives:

Bodywhys CEO

“You need to ensure you adhere to the HSE Model of Care document.”

“The new resources will need to comply with the Bodywhys mission – there has to be a focus on promoting awareness of eating disorders”.

“It has to integrate well with our existing resources, use of colour and style etc. as well as the content”.

“You will need to provide a solid outline of all developments for the Board”.

“What is the cost involved and who is going to deliver the new programme?”

SPHE representative

We definitely need them [body image and social media literacy resources] and especially relevant to the Irish context.”

“If you can follow the templates for newer SPHE resources and link all lessons to the SPHE curriculum, then we can share and promote them via our SPHE channels.”

“We are seeing a huge increase in requests for content about social media pressure from teachers”.

“It’s video content we need – much easier for teachers and then they can get students to talk about the videos. Videos need to be short– no more than three minutes ideally”.

5.6 Summary of the Findings and Recommendations (Decision Makers)

The key findings from the semi-structured interview with the Bodywhys CEO suggest a need to: (i) include clear content to promote awareness of eating disorders; (ii) provide information on how to access Bodywhys Eating Disorder Support Services; (iii) provide information for teachers on how to support a student

with an eating disorder; (iv) review and adhere to guidelines in the Health Services Executive document in relation to 'Eating Disorders Services Model of Care in Ireland' (see Table 5.9); (v) keep abreast of developments within other mental health organisations relating to school-based interventions or similar; (vi) provide regular updates on intervention development to the Bodywhys Board of Directors; and (vii) provide regular updates to the Bodywhys Team.

Several recommendations for intervention development were also suggested by the SPHE decision maker (who was responsible for making decisions on the content related to the SPHE programme for second-level schools in Ireland). Firstly, she was very clear about the need for a school-based intervention to promote positive body image and media literacy with reference, in particular, to social media use. She indicated that this would be a welcome addition to existing lessons to promote wellbeing as part of the SPHE curriculum. Secondly, any development of lesson content should ideally be based on the template for current online SPHE lesson plans and provide teachers with an information 'box' clearly linking each lesson to the relevant SPHE strand. Lastly, clear lesson guides should be provided for teachers, as opportunities for training are limited and difficult to access, especially in rural Ireland. The interviewee also helpfully provided the researcher with documents outlining the SPHE curriculum (see Table 5.11) as well as guidelines for secondary school wellbeing programmes and links to online wellbeing lesson plans and videos to help guide the format and style of the new #MTAS intervention. The above findings were used to inform and refine the questions for the semi-structured interviews with the teachers, the findings of which are described in the section below.

Key Messages from Decision Makers to Inform Intervention Development

- Consider easy-to-use resources with clear facilitator guides and videos preferably embedded in an online resource and containing additional information for teachers.
- Consult with teachers and young people to ensure that the materials developed are accessible, suitable and relevant.
- Consider evidence-based approaches in the academic literature.
- Adhere to SPHE and HSE Model of Care guidelines.

5.7 Findings from Reflexive Thematic Analysis of Teacher Interview Data

RTA was again used to identify the patterns or themes in the data from the structured interviews with teachers. As before, each stage of the RTA is described below. The individual teacher quotes are identified using the abbreviations F.S (All Female School SPHE teacher), M.S. (All Male School Teacher) and finally C.S (Co-educational school SPHE teacher)].

5.7.1 Step One: Familiarisation Phase

The familiarisation phase involved extensive reading and re-reading of the transcripts from the teacher interviews in the first instance, highlighting similar words and phrases. This was followed by note taking and then resuming exploration of the data to identify patterns, recurrent themes, and potential variations in teacher perspectives related to the requirement for a school-based intervention to promote positive body image, social media literacy and awareness of eating disorders in the school setting, their attendant concerns relating to challenges therein and any perspectives related to body image pressure in young people and/or relevant information pertaining to the school setting. The aim of this iterative and reflexive

approach was to develop a nuanced understanding of the data, setting the foundation for subsequent phases of the RTA analysis.

5.7.2 Step Two: Generating Codes from Teacher Interviews

Codes generated from the teacher Interviews included: ‘intervention needed’; ‘easy to use resources’; ‘no training’, and ‘issues in first and second year’.

5.7.3 Step Three: Mapping Initial Themes from Codes Pertaining to Teacher Interviews

The codes were organised into potential themes, mapping similar codes to consider their relationship and how to represent codes and/or themes to capture the meaning in the data. The researcher made notes throughout this process. The initial themes and notes are outlined in Table 5.5.

Table 5.5

Mapping Potential Themes from the Teacher Interview Data

Potential Themes	Notes:
Intervention warranted	Badly needed. Big issue for girls and boys
Easy to use	They need to be easy to use or they won't be used
We don't get training	Requirement for resources which could be used without training.
Target age	It's starting in first year -- first years.

5.7.4 Steps Four and Five: Reviewing Themes and Generating Final Themes and Subthemes

As with the previous analyses reported here, the data from the teacher interviews was again reviewed and explored for further meaning alongside the researcher notes before finalising the content into themes and subthemes. Two overarching themes were identified, both of which mirrored those identified above in both the decision maker interviews and the earlier youth focus groups, as described below.

Theme One: Urgent need for a Body Image Intervention. All three teacher participants indicated that there was a definite need for “new and relevant” materials to promote positive body image. All three teachers indicated that body image issues were increasingly common: “It’s a way bigger influence than it used to be” (M.S). They indicated that it was an issue which affected males and females “It’s affecting [body image] the boys just as much now...There’s definitely a need for it” (C.S), with some comments directly related to the influence of social media “I do think social media has a big influence...” (C.S.).

One teacher indicated that “lessons like this are badly needed” (C.S) whilst another commented:

“We don’t have anything at the moment on social media, but you can see it in them – they are more self-conscious than they used to be – I think that’s part of it” (M.S).

Teachers identified social media as a key challenge to positive youth mental health and were keen to support the development of lesson plans to support media

literacy in this area. The teachers in the mixed school and the all-female schools both agreed that signposting to relevant services was really important, making references to, for example, “Clear information on the mental health risks linked to body image” (G.S) and “honest and clear information on eating disorders” (F.S), whilst also acknowledging the importance of targeting both girls and boys”. There was at attendant consensus among teachers that the body image concerns were very evident in first year and second year students as illustrated by the comments below:

“I’d say they need these lessons in first year...It’s definitely starting earlier; most of the girls we are concerned about are in first and second year” (G.S)

“The earlier the better – they all have phones in first year” (C.S). “(G.S).

Theme Two: Educational Strategies and Approaches. All teachers indicated that SPHE training days are limited so ideally resources and lesson plans should be easy to use without a requirement to attend training and preferably with minimal preparation. Selected comments are included below:

“We get no training for SPHE – maybe they do in Dublin but we don’t really – I wouldn’t say many of the country teachers would get much” (M.S).

“If they’re [lesson plans] hard to use, they won’t be used, it’s as simple as that” (C.S).

“They [lesson plans] need to be straightforward. To be honest, if they take too much time to prepare, they won’t be used” (M.S).

Clear preferences were also expressed in relation to lesson content and the incorporation of videos, information and class discussion points:

“Videos and class discussion work well for SPHE topics – they [students] love that” (G.S).

Student engagement was also mentioned as a common obstacle to delivering well-being content and especially “getting them [the students] to talk” but that “...video stuff really helps” (M.S). This sentiment was echoed by the teachers in the other two schools.

Selected Quotes from Teacher Interviews

“It’s a huge issue (body image) in our school. Used to be just the girls but a huge issue for boys now too, especially now with social media” (Teacher, Co-Ed school)

“Videos and class discussion work well for SPHE topics” (Teacher, Female School)

“They need to be straightforward. If they take too much time to prepare, they won’t be used”. (Teacher, Male school)

5.8 Overall Findings from Teacher Interviews

The overall findings from the teacher interviews were that: (i) body image is a key issue affecting male and female students; (ii) social media is a key challenge to youth mental health and teachers were supportive of the development of lesson plans to promote media literacy in this area; (iii) SPHE training days are limited so ideally resources should be easy to use without a requirement to attend training; (iv) the preferred presentation style by all participants was for lesson content which

included videos, information and class discussion points and; (v) it was considered important that lessons would be delivered with minimal requirement for preparation by teachers.

5.9 Translating Findings into Draft Intervention Components

The findings from the Phase One focus groups and findings from the Phase Two Decision Maker and Teacher Interviews were used to inform the development of initial active ingredients of the new #MTAS intervention. Two school-based interventions were used to provide useful exemplars in terms of content and format. These two interventions were chosen due to their suitability for young adolescents (both male and female) and their suitability for the school setting.

The #MTAS intervention materials were informed by an existing evidence-based program designed for classroom delivery, 'Happy Being Me', which as described in Chapter Two, was piloted with young adolescents (aged 11-14) in schools in Australia (Richardson and Paxton, 2010) and in the UK (Bird et al., 2013) to address body image concerns. The 'Happy Being Me' programme includes a variety of activities, delivered over three consecutive weekly sessions in the classroom setting. The programme has achieved promising results and is based on cognitive dissonance techniques, encouraging speaking out against media ideals, media literacy approaches to encourage reflection on media production techniques and a psychoeducational component to encourage reflection on body image influences.

The #MTAS intervention materials were also informed by the Body Project (Becker & Stice, 2017; Stice et al., 2001). The Body Project, which has been endorsed by the American Psychological Association, includes a series of verbal,

behavioural and written exercises to provide students with the opportunity to voluntarily and publicly critique socio-cultural body ideals (Stice et al., 2019). The Body Project framework (first developed in 1995 and revised many times) provided a useful model for the application of the Phase One findings here due to its emphasis on cognitive dissonance techniques and the inclusion of a range of approaches (discussion, verbal, written) to promote learning. The Body Project also uses comprehensive facilitator guides which make it very easy to use and indeed, as described in Chapter Two, it has been widely used in real-world settings.

5.9.1 Relating Findings to Theoretical Approaches

Several theories as described earlier in Chapter 4 and findings from the literature were also considered in conjunction with the findings presented above and translated into active components in the #MTAS intervention. These included: (1) promoting awareness of media production techniques such as editing of photos and the unrealistic nature of the appearance ideals presented (Richardson et al., 2009); (2) incorporating the principles of cognitive dissonance-based approaches; (e.g. Kusina & Exline, 2019); (3) considering a psycho-educational component to encourage discussion and reflection on body image influences (Bird et al., 2013); (4) developing media and social media literacy education to promote awareness of techniques used to digitally enhance images in the media and on social media (Bell et al., 2022); (5) including 'real world' social media accounts to provide a useful stimulus to group discussion in promoting social media literacy (Gordon et al., 2020); and (6) using a collaborative approach to discussion that encourages multiple perspectives through student input and critical thinking (Tiilikainen et al., 2019) and which may be particularly potent within the peer environment. As outlined earlier in

Chapter Two, media literacy can mitigate the negative effects of exposure to images of appearance ideals in traditional media (Mc Lean et al., 2017).

5.10. Developing Draft Materials

The draft materials to promote open discussion and reflection on body image pressures experienced by adolescents were developed by the researcher. These videos included young people (aged 18-22) in Ireland discussing body image; during these recorded discussions, young people were invited to give their thoughts on key themes generated in the Phase One focus groups and the footage was then edited into a series of short videos, each lasting approximately three minutes.

The airbrushing videos and pre- and post-airbrush images of celebrities were sourced on the internet. One before-and-after airbrushing video from YouTube entitled 'dove evolution' was used and a selection of pre- and post-images of celebrity airbrushing were also included in both slide and printed format for review by young people in phase two. All content related to body image and mental health, information on eating disorders, treatment options, and supports available was developed by the researcher in line with the guidelines from the Eating Disorders Model of Care document mentioned earlier. Due to the sensitive nature of the topic and the need to omit any requirement for specialist knowledge by teachers (e.g. of eating disorders), the researcher compiled a number of short videos to camera, of content used in standard Bodywhys presentations (see Appendix 5b) in schools to promote awareness of eating disorders. All videos, draft discussion points and reflection exercises were compiled for review by the youth stakeholders in Phase Two. Further details relating to the process of drafting materials and their specific components, are provided in Tables 5.6 to 5.8

Table 5.6

Developing Draft Materials to Promote Positive Body Image

<i>Research Objectives</i>	<i>Sample Relevant Findings</i>	<i>Theoretical Perspectives</i>	<i>Development of Materials</i>	<i>Origin of Materials used</i>	<i>Active Component</i>
<p>To promote positive body image.</p> <p>Encourage discussion and reflection on body image pressure.</p> <p>Support participants to consider influences to body image and how to challenge these</p>	<p>“We need to know what other young people think”.</p> <p>“They’re not going to talk for teachers”.</p> <p>Youth videos would help to open discussion.</p> <p>Youth videos need to be developed with young people</p>	<p>Social learning theory</p> <p>Narrative theory</p> <p>Determination Theory</p> <p>Cognitive Dissonance</p>	<p>Real Young People Talk Body Image:</p> <p>The videos of young people discussing body image pressure were developed.</p> <p>These young people were asked key questions to explore themes which had emerged in the focus group discussions.</p>	<p>The youth videos were developed by the researcher in collaboration with young people (aged 18-19) from Comhairle na n’Og youth groups.</p>	<p>Discussion of key influences to body image</p> <p>Discussion of the impact of self-comparison to idealised content on body image and general wellbeing.</p> <p>Discussion of unrealistic media body ideals and futility of trying to achieve same.</p>

Table 5.7

Developing Draft Materials to Promote Media and Social Media Literacy

<i>Research Objectives</i>	<i>Relevant Findings</i>	<i>Theoretical Perspectives</i>	<i>Development of Materials</i>	<i>Origin of Materials used</i>	<i>Active Component</i>
To promote media literacy and social media literacy	<p>“Chasing the image of perfection is like chasing a rainbow. You can see it but you’re never going to get there.”</p> <p>“It can get me to that stage of comparing myself and feeling bad about myself very quickly”</p>	<p>Cognitive Dissonance.</p> <p>Self-comparison theory.</p>	<p>Media Literacy: Dove Evolution Video</p> <p>Before and after airbrushing images of celebrities</p> <p>Advertisement deconstruction task</p> <p>Social media posts deconstruction task</p>	<p>Video sourced from YouTube. This video has been used previously to promote media literacy and improve body image.</p>	<p>Video content to promote awareness of techniques used to create media images.</p> <p>Group discussion. Activities to ‘spot differences’ ‘speak out’ against ideals</p>

Table 5.8

Materials to Promote Awareness of Eating Disorders and Supports Available

<i>Research Objectives</i>	<i>Relevant Findings</i>	<i>Theoretical Perspectives</i>	<i>Development of Materials</i>	<i>Origin of Materials used</i>	<i>Active Component</i>
To promote awareness of eating disorders and the supports available.	<p>“There is a definite need” (SPHE)</p> <p>“First and second years” (C.S)</p>	<p>Psycho-educational perspectives.</p> <p>Narrative theory.</p>	<p>Psych-Ed Videos:</p> <p>Existing animated video to illustrate ED development by Bodywhys</p>	<p>Developed by researcher in line with eating disorder model of care document.</p>	<p>Videos and information to promote awareness of eating disorders.</p> <p>Support information</p>

5.11 Phase Two Findings: Informal Youth Stakeholder Consultations

This section describes the findings from the informal youth stakeholder consultations which were conducted separately with three different youth panels in order to discuss the draft materials outlined above: Specifically, these consultations were conducted to (i) discuss the youth stakeholders' ideas for lesson content outlined earlier in the chapter; (ii) consider preferences for presentation style and format; (iii) discuss obstacles to class engagement and how to overcome these; (iv) review draft video materials and lesson formats; and (v) elicit feedback on all draft content and gain consensus on how to proceed with lesson development.

The preferences for lesson content echoed those of the teacher participants described earlier. All expressed a preference for varied content including: videos; group discussion; private exercises; and student workbooks to take home. These findings also mirror those from the youth participants in Phase One whilst reiterating the point that teaching styles/knowledge could affect lesson delivery, thereby underlining the importance of video content and group discussion. Classroom dynamics were again highlighted as a factor which may prohibit discussion of topics; thus, videos and attendant discussions were considered to be highly beneficial.

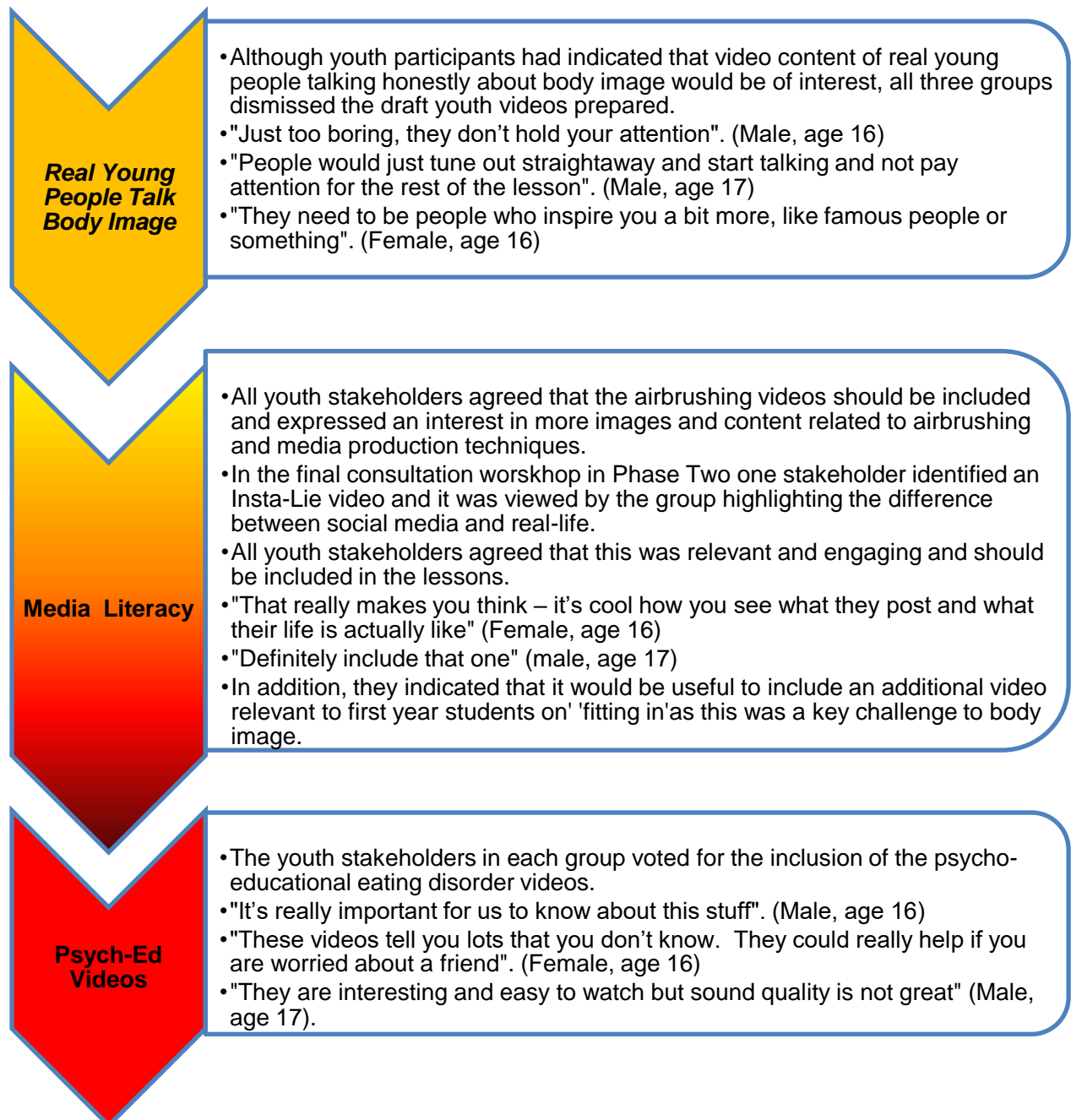
Overall, the youth stakeholders were satisfied with the design and layout, but they indicated that some of the graphics used were outdated. It was agreed that the researcher would work closely with the CnOg and BYP groups in choosing images, graphics and quotes and also to review wording in sections to ensure that it would be accessible, but not patronising, "don't try to be cool – that's just cringey" (Male, 16).

The youth stakeholders also reviewed some draft lesson slides and suggested that more images and quotes from young people or celebrities would add

interest as “people look up to them”. They also suggested that colours would need to appeal to both male and female students. The feedback on video content is illustrated graphically in Figure 5.1.

Figure 5.1

Youth Stakeholder Feedback on Draft Materials and Video Content (Phase Two)



5.11.1. Summary of Phase Two Findings

The collective findings from all key stakeholders were reviewed as a holistic whole and in the context of previous research. There was a clear consensus among all stakeholder groups (decision makers, teachers and youth stakeholders) on the need for a novel intervention to promote positive body image, social media literacy. All were also in favour of providing more information, and increasing awareness on, the importance of positive body image for youth mental health, whilst also highlighting available supports. The feedback from the Phase Two youth stakeholder group, particularly in relation to the draft content on body image, mental health, eating disorders and how to access help or support a friend, was very positive and all participants (by a show of hands) in each group indicated that the psychoeducational content on eating disorders was relevant, engaging and necessary.

All phase two stakeholder groups also agreed on lesson style, indicating clear preferences for videos and well-presented lesson slides and materials. The youth stakeholder group also emphasised the importance of using high-quality videos (both in terms of visuals and sound). They provided additional useful insights ideas and questions which enabled the researcher to identify needs, feelings, perceptions and attitudes in order to refine her understanding of the kind of content which would be relevant and engaging to the target age group prior to developing draft lesson plans for review in the Phase Three CCWs.

All stakeholder groups agreed that the target age for the intervention should be first year students. Many school-based body image interventions have been the subject of criticism for targeting older adolescents who may already have developed body image concerns, thereby overlooking the importance of addressing risk factors

at an earlier stage (Richardson et al., 2009). The #MTAS intervention was, therefore, designed for use with First Year students in secondary school who are typically 12-14 years old, and who may be new to social media and using the internet unsupervised for the first time. Research indicates that 14 is a critical age in both genders for the internalisation of beauty ideals, the development of poor self-esteem, and disordered eating (Espinoza et al., 2019). At this age, pubertal, cognitive, and interpersonal changes increase adolescents' ability to reach a more abstract characterisation of themselves, while peer influence also increases (Rohde et al., 2015), they may also become more aware of, and vulnerable to, the pressures to attain socio-cultural beauty ideals (Espinoza, 2016), all of which contribute to negative body image (Burnette et al., 2017; Edcoms & Credos, 2016).

5.12 Revision of Draft Materials

Based on the findings from youth participants from Phase Two, relating to additional images and celebrity content, the researcher circulated images and celebrity content to the Bodywhys Youth Panel (BYP) in advance of the Phase Three CCWS. The BYP were also invited to send on any images, quotes or content which may be useful for inclusion in the #MTAS intervention. All content was carefully reviewed by the researcher and key points subsequently incorporated into the draft lesson slides for review in the Phase Three CCWs. This included editing the draft slides which had been reviewed in Phase Two, to remove graphics and other content which had been negatively reviewed by the groups. The Phase Two findings were then used to guide the revision of the draft video materials, and lesson plan structures were developed in accordance with the guidelines outlined by the HSE in

Ireland in its 'Model of Care' document' and the SPHE curriculum guidelines for promoting positive mental health in schools.

Recent research proposes that extending traditional media literacy approaches to promoting social media literacy is likely to have similar merit (Gordon et al., 2020). Thus, a number of activities were developed as part of the new #MTAS intervention to encourage reflection and discussion on: the tendency for selective presentation of 'best self' on social media; motivation for personal and commercial posting on social media; and the potential impact of self-comparison to these ideals. Figures 5.2 and 5.3 illustrate how these concepts were later translated into exercises in Lesson One of the #MTAS intervention.

Figure 5.2

Real World Social Media Accounts

Real or Marketing?

What types of images do we see in the media of women?

What types of images do we see in the media of men?

Do you think it is realistic for everyone to look like that?
Why? Why Not?

'Spot the differences' in the before and after images:

#MoreThanASelfie Programme © Bodywise 2020

Figure 5.3

Selective Presentation on Social Media

What types of things do we see on social media?

What do we not see?

Does social media give us a realistic view of what life is like?
Why, why not?

Video 1: Are you living an insta-lie?

#MoreThanASelfie Programme © Bodywise 2020

The impact of social media on mood was explored in Lesson Two. Participants in the focus groups had indicated “feeling like I’m the only one in bad form”. They felt that the abundance of positive “best self” content on social media could lead them to feel inadequate and less likely, therefore, to talk to a friend. Content was developed, therefore, to: normalize: “life’s ups and downs”; promote early recognition of mood changes and; support self-compassion (see Figures 5.4 and 5.5). Literature also supports the role of self-compassion as a protective factor against poor body image and eating pathology (Braun et al., 2016; Gobin et al., 2022).

Figure 5.4


Promoting Self-Compassion

Sometimes people blame themselves for feeling bad and think everyone else feels great. This doesn't help. Blaming yourself is not useful and could make you feel worse. It is important to move away from blaming ourselves so we can think more clearly about what we might need in this moment.

A good first step can be to remind yourself everyone has ups and downs (even if they don't post about them!). Blaming yourself will likely hold you back from taking care of yourself properly when you need it the most.

Sometimes it can be hard to recognise we're not in good form

STOP BLAMING YOURSELF FOR NOT FEELING GOOD!!!




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Figure 5.5

Recognising Mood Changes

What are your clues?



Thoughts

- Thinking negative thoughts about yourself and your body
- Comparing yourself to other people and thinking you are not 'good enough'
- Thinking frequently about body image food and weight

Feelings

- Feeling generally unhappy
- Feeling like you're not good enough
- Irritable, easily upset, annoyed
- Increased sensitivity and more likely to take things personally
- You don't feel like doing things you usually enjoy

Behaviours

- Not being nice to yourself
- Drinking too much alcohol
- Changes to eating patterns
- Sleep difficulties
- Crying more often than usual
- Isolation as you don't feel like being around people
- Avoiding activities you usually enjoy

CLUES YOU'RE NOT IN GOOD FORM

IF YOU NOTICE THESE CLUES, THINK ABOUT HOW YOU COULD TAKE BETTER CARE OF YOURSELF RIGHT NOW

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5.12.1 Challenging Social Media Pressures and Related Behaviours.

Social media is an appearance-focused peer environment (Rodgers, 2016) and, therefore, discussing pressure from social media in the classroom has the potential to promote attitude change and a positive peer supportive environment and culture to initiate and maintain behavior change (Gordon et al, 2020). The findings from both focus groups in the current study, suggested that the inclusion of relevant youth-generated content, coupled with advice to support mindful engagement with social media, would be beneficial in encouraging reflection on personal social media use and promoting critical and constructive use. Due to the peer-related nature of social media, it was also hoped that positive changes to social media use would be encouraged through discussion within the peer environment and that such group learning would serve to reinforce and maintain positive change. The focus group participants, in line with relevant research, had suggested group activities (see Figure 5.6) to promote discussion and reflection on personal social media alongside practical youth advice on challenging social media pressure and to encourage discussion around the topic (see Figure 5.7).

Figure 5.6


Promoting Critical Social Media Use

Group Exercise

What are the positives and negatives of social media?

How can *you* use social media in a positive way?

How can *you* impact more positively on social media with your own posts/content?



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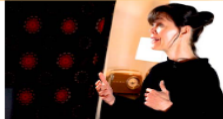
13

Figure 5.7

Challenging Social Media Pressure

TIPS from young people (aged 16-22) on ways to reduce social media pressure

Video 4: Youth advice on challenging social media pressure



BE AWARE OF HOW SOCIAL MEDIA MAKES YOU FEEL
Notice how social media makes you feel and how the things you follow make you feel. If something you follow makes you feel like you want to change yourself or makes you less happy with your life or who you are – **UNFOLLOW!**

KNOW WHEN TO STEP AWAY
If you're not in good form - beware! "If I'm not in good form social media can make me feel worse – being around people who make me feel good or doing something I enjoy generally cheers me up more." (Jake, age 18)

LIKES
Do what you like instead of focussing on 'likes' online. Try new things to find things you enjoy and spend time doing things you love. Young people advise unfollowing things on social media you are not genuinely interested in or which don't add something to your life and only following things **YOU** like so your time online is inspiring and not draining.

LIMIT TIME ONLINE
See friends, do things you enjoy and limit your time online so that you do not spend all of your free time on the internet.

MAKE A CHOICE
Rather than responding every time your phone pings - turn off notifications and choose to go online when **YOU** want.

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5.13 Phase Three: Intervention Review and Refinement

As described earlier in Chapters Three and Four, the iterative process of refining the intervention design involved six CCWs including three workshops with the BYP and three with the CnOg youth groups.

5.13.1 Findings from the CCWs

The CCWs with young people provided valuable insights and recommendations that helped to inform and guide the development of the intervention, particularly in terms of video content and addressing the pressure of "identity and fitting in." The following section outlines key themes and subthemes

from these workshops and how they were used to shape the final iteration of the intervention.

Theme 1: Video Content and Role Models. The young people in the co-creation workshops agreed that although videos of young people talking about body image would be an effective way to stimulate discussion, the young people featured in the videos needed to be relatable, but also “people we look up to”. During the first CCW with the BYP, it was suggested that the Strypes video footage – based on an interview with the boy band conducted by Bodywhys in 2016- may be suitable for inclusion in the #MTAS intervention if edited into shorter one-to-three-minute videos. The Strypes interview, as described in Chapter Four, was part of an initiative to promote open discussion of body image and social media pressure. Importantly, it was considered that the inclusion of video content of young males discussing body image and social media pressure, may help to counteract the stigma related to males and body image and may be helpful, therefore, in promoting engagement and open discussion among male students in particular.

Subtheme 1.1: Role Models for Relatability. The Strypes interview was also reviewed and discussed at length by the CnOg youth group during their CCW. They too recommended including the videos of The Strypes, although they suggested that some of the videos presented for review could be omitted as some of the content was too repetitive. They also recommended some small edits to the wording of some of the group discussion points and individual exercises produced by the researcher to accompany each video (e.g. to simplify language).

Overall, the feedback on the media literacy content was very positive. Participants also suggested that quotes from celebrities in relation to body image and social media pressure would add interest, encourage discussion and may

encourage critical thinking in relation to media messaging. The researcher sourced relevant content prior to the next CCWs and all of the new content was reviewed again in each workshop. Only images or text agreed by all participants were included. Some selected illustrative quotes include:

“The Instagram video is amazing – that one really makes you think differently about the stuff people post [on social media]” (Female, age 16).

“It really shows you don’t know how people really are from what they post” (female, age 17).

Theme 2: Identity and Fitting In. The participants in the first round of CCWs with both the CnOg and BYP were adamant that new content on identity and fitting in which was relevant to the school setting, would be an excellent way to promote discussion amongst First Year students; it was also felt that this may help to prevent peer pressure to ‘fit in’ or to look a certain way. Ideas were mooted for development of these and in the following CCW with the CnOg group, it was suggested that video content, which was specific to First Year students in schools should help to encourage open discussion of relevant pressures. It was reported that body image and ‘fitting in’ were key pressures in the first year of post-primary school.

Participants reported that new pressures relating to social media and pressure to ‘fit in’, such as wearing certain clothes, participating in particular sports and especially those associated with ‘muscular body’ shape, or new pressures to post on social media, could all lead to body image concerns. Thus, workshop participants recommended developing content that specifically addresses the topics of identity,

self-discovery, and the desire to fit in, in order to help them navigate these challenges more effectively.

The factors which were considered key for First Year students were discussed and it was agreed that a video could be developed specifically for this purpose. As mentioned earlier, the CnOg had funding (from the Department of Children & Youth Affairs) to develop video content to promote positive mental health and were keen to use it for this purpose. Although the initial concept and ideas were developed in the first CCW with their group, the CnOg groups worked independently with a professional film company (based in Northern Ireland) to develop a storyboard and to hire young actors who could authentically portray the characters and their experiences in the film, whilst also deciding on a location within the school or community to enhance the authenticity of the short film. The storyboard was circulated by email to the BYP members for feedback prior to production. The film once produced was then screened in subsequent CCWs.

The two youth panels (CnOg and BYP) were asked for feedback on the content, message and emotional impact. They were also asked to share their thoughts on whether it could be improved or the extent to which it effectively addressed the theme of body image, social media and pressures to fit in. Both groups agreed that the film was aligned with these objectives and that it would resonate with the target audience. They also felt that it would be important to provide an explanation of the film prior to showing and to follow it with an opportunity for students to discuss the content and discuss ways to mitigate body image, social media and pressures related to identity and fitting in, within the school environment.

It was expected that involving young people in the development process and obtaining feedback from independent youth panels would help to ensure that the film was relatable, relevant, and effective in conveying its intended messages. This collaborative approach was intended to create a powerful and engaging resource for promoting positive body image and social media literacy while addressing the pressures young people face in secondary school.

Theme 3: Engagement and active participation. The CCW participants highlighted the importance of interactive components within the intervention. For example, they suggested incorporating discussions and activities that engage students in “talking about these issues [related to body image and social media] and how to solve them” and felt that these would be invaluable in promoting attitude and behaviour change. They also felt that small group discussions which were followed by discussion with the larger class group would be useful in initiating conversations and sharing different perspectives.

Theme 3.2: Take Home Materials. A consensus emerged amongst all CCW participants that clear student workbooks with “room to fill in the notes from the group work” and important information from each lesson which students could “fill in, keep and bring home” would be important. They indicated that students should also have ‘information on helplines’ if they needed them.

The researcher took notes during the CCWs to record comments and suggestions from the participants. Again, some changes to graphics and wording were made to the slides during the CCWs based on the input from the group. At the end of each CCW and sometimes at different junctures during the CCW, the researcher clarified ideas with the group, made notes and then read these aloud to

ensure that no important points were missed before progressing to the next item. The researcher reviewed all notes after the CCWs and amended content for review in the next round of CCWs. This iterative cycle of reviewing materials, editing and minor changes continued until the youth participants were satisfied that all amendments had been made and that the intervention was ready for the pilot phase.

5.14 The Final Intervention

The final version of the intervention was intended to be delivered over four weeks by schoolteachers in their designated SPHE class. A four-week duration was considered to be most appropriate as this would allow sufficient time to cover the key themes of body image, media and social media literacy and eating disorders within the existing weekly SPHE 40-60 minute class. It was hoped that this would also give participants time for reflection and to assimilate learning between lessons to support longer term changes to social media behaviours and peer support. Each of the four lessons includes videos, group discussion points and reflective exercises. Student workbooks for each lesson also signpost participants to relevant support organisations for a range of youth mental health concerns.

The decision related to duration (or 'dose') and frequency was informed by principles from implementation science, educational psychology and practicality. For example, the choice of a 40-60 minute duration for each session aligns with the typical attention span of secondary school students (Proctor et al., 2013). This duration allows for focused learning without overwhelming students. It was also practically desirable within the school setting in that it was designed to fit into the regular class time, which is 40 minutes in most schools (and 60 in a smaller number of others). In addition, the delivery of the intervention lessons over four weeks allows

for incremental learning whereby students gradually build knowledge. For example, according to Cook and colleagues (2010), this can mitigate fatigue as extensive exposure to sensitive topics may be emotionally draining within a shorter timeframe. Weekly sessions also create a regular pattern of engagement and students can, therefore, anticipate and prepare for sessions which can contribute to a positive learning experience. The one-week gap also allowed students time to reflect on the programme content and to use it, where applicable, in their daily lives, which is essential for behaviour change (Pashler et al., 2007).

Each of the lessons includes lesson slides (see Appendix 5c) with videos and group discussion points embedded and is accompanied by the #MTAS Facilitator Guide and #MTAS Student Workbook. Due to the sensitive nature of the topic, the Facilitator Guide for each lesson contains introductory information to preface the lesson and encourage teachers/facilitators to reflect on the best way to approach the lessons to ensure a positive learning environment. This was emphasised by youth participants in the CCWs and focus groups as essential to ensuring a more consistent approach to lesson delivery and to highlight the importance of body image to wellbeing prior to delivering the #MTAS Lessons. The introductory slides included in the Facilitator Guide are presented in Figures 5.8 and 5.9.

The information in the introductory slides was adapted from an SPHE document designed to support teachers to reflect on, and explore, experiences, values and beliefs which may impact on their teaching in relation to sensitive topics. Teachers participating in the pilot phase were provided with the lesson materials in advance and also encouraged to contact the researcher if they had any questions or concerns. As described earlier, teacher participants were provided with an

information letter at the outset. This letter included contact details for the researcher, the Bodywhys CEO and the research supervisor at Maynooth University should any issues arise. In addition, information and contact details pertaining to the Employee Assistance Service (EAS) which provides teachers with access to confidential counselling on work-related issues, was included.

Figure 5.8

Key Considerations for Facilitators

A Quick Reminder: Things to consider before getting started

Body image is an important topic and can be an exciting topic to discuss with young people. Body image and how people feel about how they look can also be quite a personal thing so engaging your group may prove challenging. The following are points to consider to ensure your students get the most from these lessons.

Be a positive role model. Be aware of how you speak about your own and other people's bodies. Ensure you do not make negative comments about other people's bodies or your own – even in jest. Also be conscious of any positive comments you make about bodies or body shapes to ensure you do not inadvertently endorse media ideals. Reflecting on your own attitudes to weight and body shape prior to delivering the programme can be helpful.

- How often do you wish you were a different weight and shape?
- Do you feel guilty over eating certain foods?

Children and young people are more sensitive to our attitudes and behaviours than we realise. Considering these can help us to create a more positive environment for body image.

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Figure 5.9

Body Image Do's and Don'ts

DO	DON'T
DO reflect on your own attitudes to food and weight and be a positive role model	DON'T dismiss any questions or comments
DO encourage the class to enjoy these lessons and remind them that there are NO RIGHT OR WRONG ANSWERS	DON'T mention BMI (Body Mass Index)
DO acknowledge all answers and be generous with encouragement and praise	DON'T promote 'No Sugar', 'Clean Eating', fad diets, weight loss or exercise approaches. Anything that promotes guilt after eating certain foods is not a positive approach
DO emphasise that healthy bodies come in all shapes and sizes	DON'T endorse media beauty ideals
DO (if mentioning healthy eating) focus on balance and eating a range of foods and remember that food is something to be enjoyed	DON'T praise weight loss or specific body types
DO promote acceptance of all shapes and sizes	DON'T label foods as "good" or "bad"
DO be respectful of all body types	DON'T make comparisons between body types
DO emphasise that looks are only one part of who we are and emphasise the value of personal qualities and actions	DON'T speak of weight or make recommendations

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The Facilitator Guide for each lesson also included instructions and information on items required for lesson delivery and a reminder to make lessons enjoyable and distinct from lessons for curriculum-based subjects. Examples of the introductory slide format in the Facilitator Guide for Lesson One are presented in Figures 5.10 and 5.11. Similar introductory slides were included for each of the four #MTAS Lessons. Teachers were also advised to prioritise enjoyment of lessons and to take a different approach than in their usual classes by, for example, reminding

students that there were “no right or wrong answers” in advance of group discussions.

Figure 5.10

Lesson Structure

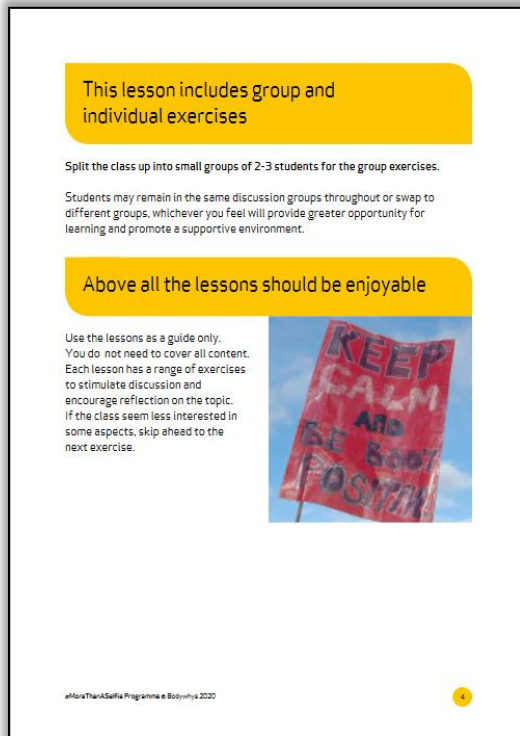
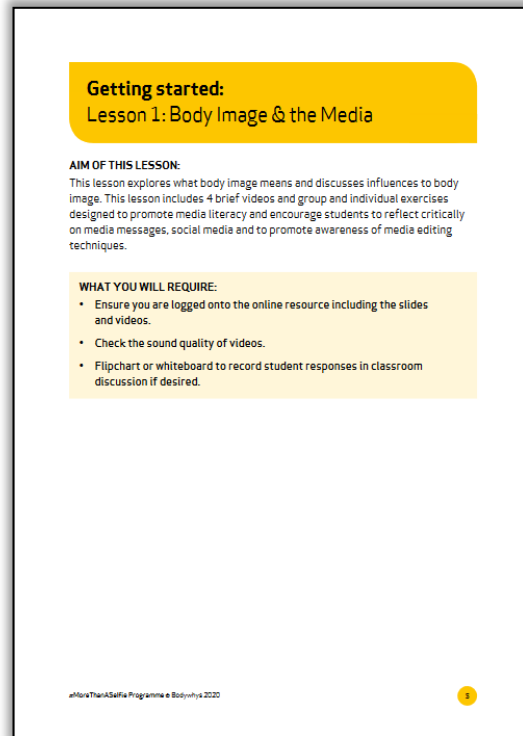


Figure 5.11

Getting Started



The format of the lesson slides, Facilitator Guides and Student Workbooks were designed for ease of use. Each #MTAS student workbook page includes an image from within each lesson slide to facilitate following the lesson and also to help recall at a later stage when reading the workbooks. The #MTAS Facilitator Guides were similarly structured with images corresponding to the slides to ensure they were easy to follow at a glance. Question prompts, guidance for facilitators and responses to any questions the students may have, were also included in the #MTAS Facilitator Guides to remove any onus on the teachers to have specialist knowledge of the topic. Figures 5.12 and 5.13 illustrate the same exercise in the #MTAS Student Workbook and the corresponding lesson in the #MTAS Facilitator Guide. The responses in the Facilitator Guide are provided in ‘jargon free’ age-

appropriate language to enable the facilitator to read the prompts and responses directly to the group without any requirement to tailor the language.

Figure 5.12

Student Workbook Exercise

How does body image affect your...

Thoughts, feelings and behaviours

Positive Body Image	Negative Body Image
Thoughts:	Thoughts:
Feelings:	Feelings:
Behaviours:	Behaviours:

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Figure 5.13

Corresponding Facilitator Guide

Group Exercise: How does body image affect your...

Thoughts, feelings and behaviours

Positive Body Image	Negative Body Image
<p>THOUGHTS: You can see your body as it is and feel comfortable with how you look. You realise body image is only one part of who you are and know that appearance is not linked to other values like intelligence, popularity or success.</p> <p>FEELINGS: You feel comfortable and confident in your body.</p> <p>BEHAVIOURS: You appreciate your body and treat your body well and with respect.</p>	<p>THOUGHTS: You do not see your body as it actually is – you may focus more on parts you do not like and think negative thoughts about yourself.</p> <p>FEELINGS: You feel unhappy with the way you look which may cause you to feel unhappy in general and have low self esteem.</p> <p>BEHAVIOURS: You feel uncomfortable in your body. You do not treat your body well.</p>

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Each lesson also has a homework exercise designed to promote reflection to assimilate learning in advance of the lesson the following week. Examples of homework exercises from Lesson One and Two are illustrated in Figures 5.14 and 5.15.

Figure 5.14

Homework Exercise Lesson One

This worksheet is titled "Things to think about before the next lesson" and is designed for reflection on media influences. It features three main sections: a top header, a central text area with three questions, and a bottom footer. The top header is a yellow rounded rectangle containing the text "Things to think about before the next lesson". The central text area is a white rounded rectangle with a yellow border, containing three questions: "What are your influences? People, social media, TV, magazines...?", "Social media – how does it make you feel?", and "How does the type of media you see make you feel?". The bottom footer is a yellow rounded rectangle containing the text "Visit www.bodywhys.ie for more information" and the "BODYWHYS" logo, which includes the text "The Eating Disorders Association of Ireland". At the bottom left, there is a small text "eMoreThanASelfie Programme © Bodywhys 2020", and at the bottom right, there is a small yellow circle with the number "14".

Figure 5.15

Homework Exercise Lesson Two

This worksheet is titled "Things to think about before the next lesson" and is designed for reflection on body positivity. It features three main sections: a top header, a central text area with two questions, and a bottom footer. The top header is an orange rounded rectangle containing the text "Things to think about before the next lesson". The central text area is a white rounded rectangle with an orange border, containing two questions: "Changes you can make to feel more 'body positive'" and "How can you support your friends to feel 'body positive'". The bottom footer is an orange rounded rectangle containing the text "Visit www.bodywhys.ie for more information" and the "BODYWHYS" logo, which includes the text "The Eating Disorders Association of Ireland". At the bottom left, there is a small text "eMoreThanASelfie Programme © Bodywhys 2020", and at the bottom right, there is a small orange circle with the number "15".

5.14.1 Overview of #MTAS Lessons

This section provides an overview of each of the #MTAS Lessons with activities pertaining to each lesson summarised (in accompanying text boxes).

5.14.1.1 Lesson One: 'Body Image and the Media'. An initial objective of Lesson One was to introduce the topic and encourage students to reflect on body image. This lesson included introductory slides to encourage discussion of 'what body image is', 'how body image affects us' and to encourage participants to reflect on influences to body image (See Figures 5.16 and 5.17)

Figure 5.16

Promoting Open Discussion of Body Image

Do you think there is pressure on body image?

Where does this come from?

Is this pressure different for males and females?

What do young people in Ireland think?

"72% of young people surveyed said that body image caused them difficulties in their life"

"What's Wrecking Your Head?" Survey of 2,500 young people in Ireland by ReachOut, 2017

Figure 5.17

Group Discussion and Personal Reflection

How does body image affect your...

Thoughts, feelings and behaviours

Positive Body Image	Negative Body Image
Thoughts:	Thoughts:
Feelings:	Feelings:
Behaviours:	Behaviours:

Lesson One includes four brief videos as well as both group and individual exercises designed to promote media literacy and encourage students to reflect critically on media messages, social media and to increase their awareness of media editing techniques. The videos and images were incorporated within the lesson as a stimulus to promote critical discussion, both of media production techniques and the professional and personal motivations underpinning social media posts. Participants were encouraged to explore differences between idealised lives and body shapes in the media and on social media and real life. Cognitive dissonance-based intervention (CDI) activities were also included to encourage 'speaking out' against socio-cultural appearance ideals. CDIs have been found to reduce the risk for onset of eating disorders and to improve body image among adolescents (Kusina

& Exline, 2019; Stice et al., 2007). Time was also allocated to personal reflection and group discussion to promote identification and critical appraisal of influences to body esteem.

#MTAS Lesson One Activities

- What is body image? How does it influence our thoughts, feelings, behaviours?
- Influences: Group discussion and personal exercise
- Video 1: 'Instagram vs Real Life' video. Class discussion.
- Video 2: The Strypes: Social Media Myths.
- Video 3: Media production techniques exposed.
- Video 4: Real or Marketing? The Strypes: Irish boy band discuss social media influencers and pressure.
- Homework: Notice your body image influences

5.14.1.2 Lesson Two: 'Body Image and Social Media'. The objectives of Lesson Two were to: highlight the link between body image and self-esteem; promote awareness of impact of unhealthy body and lifestyle idealisation; highlight ways to recognise and cope with difficult emotions; promote reflection on personal social media use through collective interactive activities to develop critical thinking (Bird et al., 2013; Halliwell & Diedrichs, 2014) and empower recipients to make positive changes to mitigate any negative effects on body image and/or wellbeing.

#MTAS Lesson Two Activities

- Recap on homework exercise: Your influences to body image.
- Video 1: Body Image and Self Esteem.
- Group activity to highlight tendency to post 'best selves' on social media and negative impact of lifestyle idealisation.
- Activity to highlight ways to recognise and cope with difficult emotions and written private exercise to identify positive coping strategies and negative styles to avoid.
- Video 2: The Strypes: 'Making a Choice, Just Be Yourself'
- Video 3: Body Image & Social Media. Group exercise and personal reflection on personal social media use to promote critical and constructive SM use.
- Video 4: Youth Advice on Challenging Social Media Pressure
- Homework: Reflect on ways to 'Be Body Positive'

Activities were included to encourage reflection on recognising positive factors to support wellbeing and also avoiding negative factors. The youth participants in Phases One and Two – as in the SEYLE programme (McMahon et al., 2017) - emphasised the need to promote reflection on coping styles as a practical support to students in times of difficulty, and also reminders to keep the student workbooks. Examples of individual private exercises from the #MTAS Lesson Two Student Workbook, are illustrated below in Figures 5.18 and 5.19.

Figure 5.18

Identifying Supports

Individual Exercise

Write down 5 people you like spending time with:

Write down 5 activities that make you feel good:

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This worksheet is titled 'Individual Exercise' and is designed for identifying supports. It features two large rectangular boxes for writing. The top box is accompanied by a speech bubble that says 'Write down 5 people you like spending time with:'. The bottom box is accompanied by a speech bubble that says 'Write down 5 activities that make you feel good:'. At the bottom left, there is a small copyright notice 'eMoreThanASelfie Programme e Bodywhys 2020' and a small orange circle with the number '9' at the bottom right.

Figure 5.19

Challenging Negative Influences

Things to stay away from

Sometimes there are activities or people that can make us feel worse – it is important to be aware of these too and try and avoid these when we're not in good form.

- Some people
- Certain situations
- Different types of social media

You could stick this leaflet up in your wardrobe where nobody will see it and look at it when you are not in good form.

Who do you talk to if you're worried about something?

Write down all the options you have for talking to someone if you are worried about something...

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This worksheet is titled 'Things to stay away from' and is designed for challenging negative influences. It includes a paragraph of text: 'Sometimes there are activities or people that can make us feel worse – it is important to be aware of these too and try and avoid these when we're not in good form.' Below this is a bulleted list: 'Some people', 'Certain situations', and 'Different types of social media'. To the right, there is a yellow box with the text: 'You could stick this leaflet up in your wardrobe where nobody will see it and look at it when you are not in good form.' Below the list is a speech bubble that says 'Who do you talk to if you're worried about something?'. At the bottom, there is a large rectangular box for writing with the prompt: 'Write down all the options you have for talking to someone if you are worried about something...'. At the bottom left, there is a small copyright notice 'eMoreThanASelfie Programme e Bodywhys 2020' and a small orange circle with the number '10' at the bottom right.

5.14.1.3 Lesson Three: 'The Right Fit'. The objectives of Lesson Three were to: promote open discussion on identity and 'fitting in'; explore peer pressure and friendship, and how friends may influence body image; and foster a peer supportive environment to promote and maintain body image and self esteem. Participants were encouraged to discuss beliefs related to 'appearance does not equal how valuable you are' (Richardson and Paxton, 2010). Lesson Three activities in Figures 5.20 and 5.21 to illustrate how 'The Right Fit' video on identity and fitting in was used to introduce group discussion to explore themes related to friendship, peer pressure and body talk in the classroom environment.

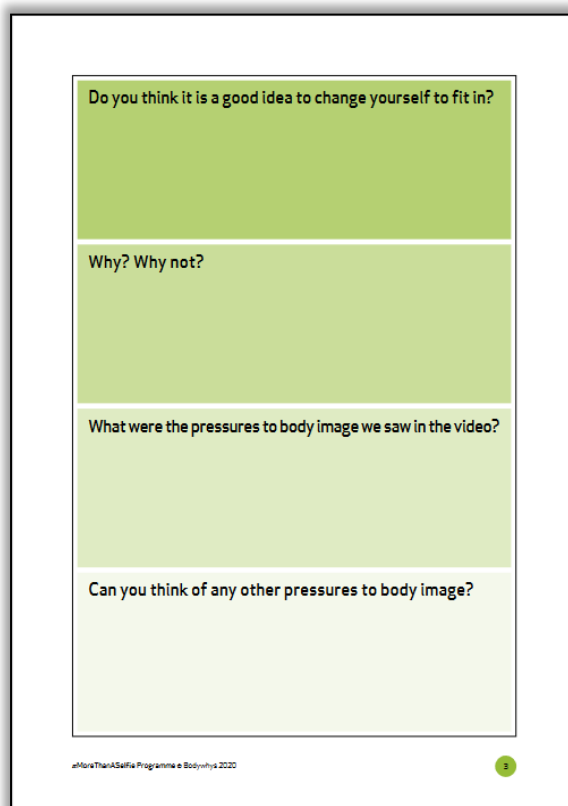
#MTAS Lesson Three Activities

- Recap on homework exercise
- Video 1: 'The Right Fit'.
- Class discussion on body image pressures experienced by younger students in secondary school and the pitfalls of 'changing yourself to fit in'.
- Private written exercise
- Video 2: Self Talk: This video discusses how harsh thoughts about ourselves can hinder us from enjoying life and being our best selves.
- Individual exercise to promote self-compassion.
- Video 3: 'Change How You Feel, Not How You Look'.
- Homework: Reflect on ways to support friends to 'Be Body Positive'.

These exercises were used to inform group discussion and time was also allocated for students to take personal notes. Body talk has been identified as a key factor in peer pressure to body image and the inclusion, therefore, of body talk/discussion in the peer environment was intended to reduce body talk behaviours and attendant pressures within the classroom as well as a better understanding of the impact of 'likes, comments and social media pressures on body image.

Figure 5.20

'Fitting In' and Body Image Pressure



Do you think it is a good idea to change yourself to fit in?

Why? Why not?

What were the pressures to body image we saw in the video?

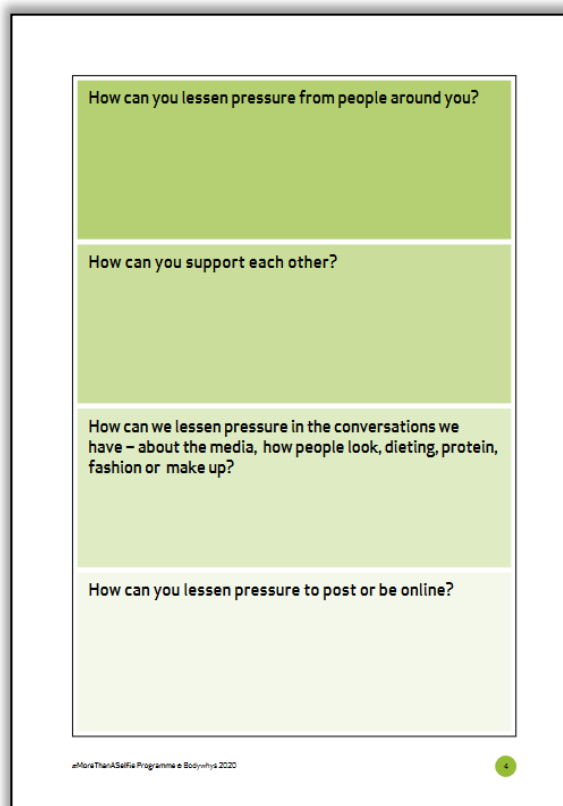
Can you think of any other pressures to body image?

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3

Figure 5.21

Promoting Peer Support



How can you lessen pressure from people around you?

How can you support each other?

How can we lessen pressure in the conversations we have – about the media, how people look, dieting, protein, fashion or make up?

How can you lessen pressure to post or be online?

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4

5.14.1.4 Lesson Four: 'Body Image and Mental Health'. This final lesson highlights the relationship between body image and mental health. The objectives of Lesson Four (See lesson activities in Table 5.17) were to: promote awareness and understanding of mental health and eating disorders; increase awareness of supports available for related mental health concerns and; to provide information to support a friend who may have an eating disorder, including the importance of early disclosure and treatment to support recovery. Eating disorders are explained in a series of five brief videos punctuated by group exercises to encourage reflection and to assimilate learning. Psychoeducation to promote awareness of eating disorders

(Favaro, 2007; McMahon, 2017) is widely supported in literature to prevent eating disorders and/or negative body image.

#MTAS Lesson Four Activities

- Recap on homework exercise
- Partner activity to discuss how body image could impact on mental health.
- Group discussion to encourage students to consider their existing knowledge of eating disorders.
- Video 1: Understanding Anorexia. Follow up recap exercise to discuss how anorexia could impact on body, mind and behaviours.
- Video 2 Understanding Bulimia. Follow up recap exercise to discuss how Bulimia could impact on body, mind and actions.
- Video 3 Understanding Binge Eating Disorder. Follow up recap exercise to discuss how Bulimia could impact on body, mind and actions.
- Video 4: Kate's Story: Animated video to illustrate how an eating disorder develops.
- Information on how to seek help.
- Information and group discussion on how to support a friend you are concerned may have an eating disorder.
- Information on pathways to recovery and how to seek help.
- Reminder of the support options available.

Information on eating disorders, body image and mental health was presented in the #MTAS Lesson Four student workbook in an easy-to-understand way. All sensitive content in Lesson Four was delivered in video format. As already mentioned, these were professionally filmed brief videos outlining the facts in relation to eating disorders, including signs and symptoms, treatment options and the importance of early treatment to eating disorder recovery. Factual information and engaging images were used throughout, as illustrated in Figures 5.22 and 5.23.

Figure 5.22

Eating Disorder Information

Eating Disorders Affect Males & Females

According to UK figures from the NHS. The number of adult men being admitted to hospital with an eating disorder has risen by 70% over the past six years (from 2010 – 2016). Source: The Guardian, 31st July 2017

Zayn Malik opens up about his eating disorder in his autobiography 'Zayn'

"They didn't seem to expect it from a guy, but they expect it from a female, which to me is crazy. We're all human. People are often afraid to admit difficulties, but I don't believe that there should be a struggle with anything that's the truth."

Up to 25% of people with Anorexia or Bulimia are male
Binge eating disorder affects males and females equally (50/50)
Binge eating disorder is the most common type of eating disorder

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Figure 5.23

Promoting Help Seeking

Eating disorders are very serious. The earlier someone seeks help for an eating disorder the more likely it is they will recover.

If you are concerned that thoughts about food, weight or exercise are taking over your thinking or causing difficulty in your life, do not delay - seek help as soon as possible.

DO NOT DELAY
Speak to someone as soon as possible

What causes an Eating Disorder?

Eating disorders occur as a result of a complex combination of factors including life experiences, biology, psychology with some common risk factors listed below.

- Negative body image
- Low self esteem
- Bullying
- Dieting
- Training/exercising obsessively
- Following media beauty ideals

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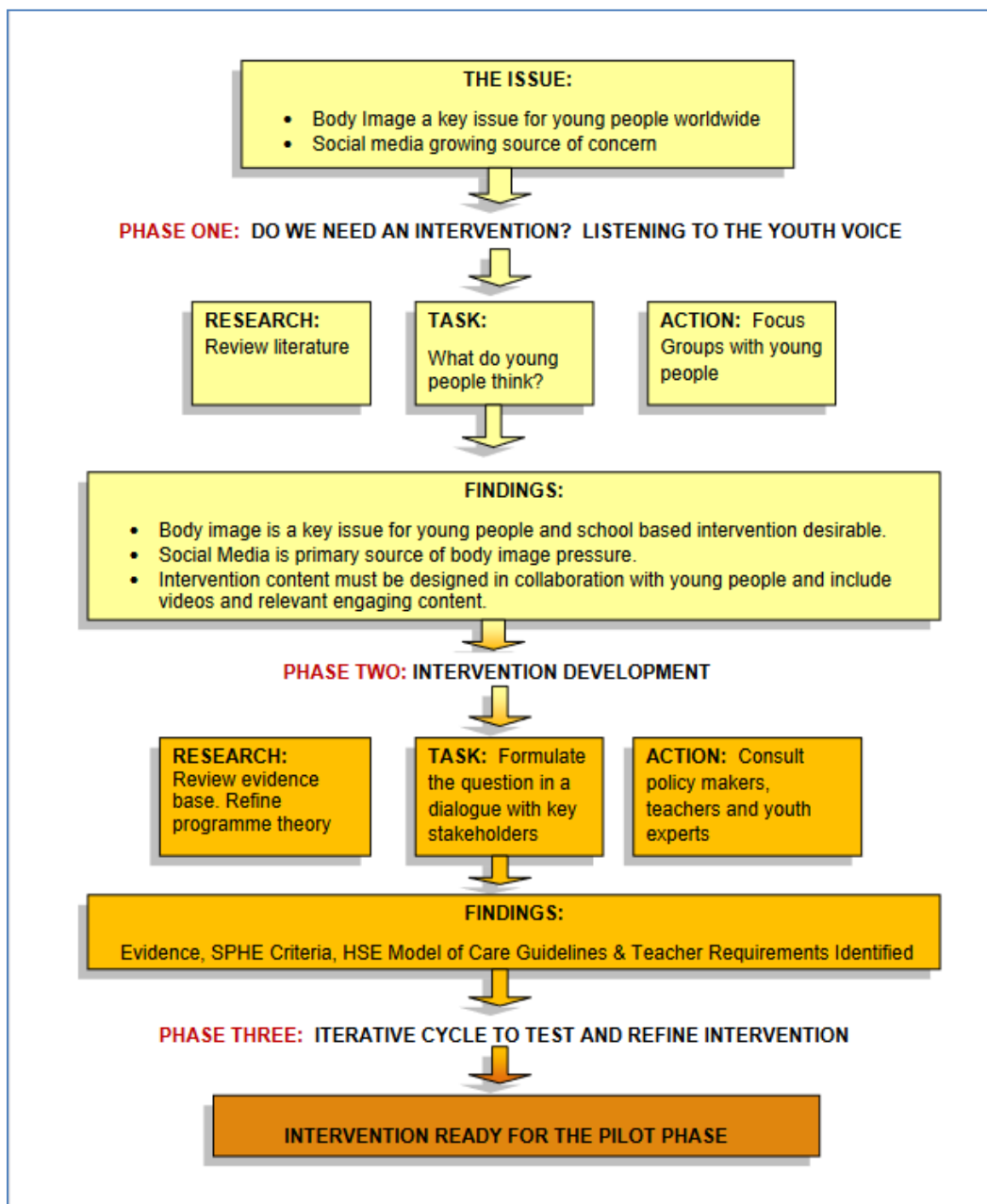
5.15 Conclusion

This chapter detailed the findings from each of the three phases of the development process as outlined in Chapter Four. These were interpreted and analysed in the context of both relevant theories and research and then used to inform and guide (sequentially) the development of each of the #MTAS lesson plans. For example, the focus group findings from Phase One were used to help develop initial draft materials for the #MTAS programme, including video content. The findings from the Phase Two interviews with key decision makers, teacher stakeholders and youth stakeholders and from the Phase Three CCWs were also presented and discussed in terms of how they were used to guide the development

of the various aspects of the intervention (and attendant materials). At this juncture, the programme was considered ready for delivery and pilot testing. The next chapter will describe the methodological details pertaining to the pilot evaluation stage of the research. A summary of the findings from each of the three phases of development is also provided below in Figure 5.24.

Figure 5.24

Summary of Phase One, Two and Three Findings



CHAPTER SIX

Method II - Evaluating the Intervention

This is the second of two Method chapters, the first of which related to the development of the intervention (Stage One) as described in Chapter Four. This current chapter describes, in detail, the methods used in Stage Two of the research which relates to the pilot evaluation of the intervention. As previously outlined in Chapter Three, this involved two elements or phases: (1) a non-randomised controlled trial to assess pre-post changes in outcomes following the implementation of the #MTAS intervention; and (2) a mainly qualitative study (or ‘small’ process evaluation’) designed to provide some insights into participants’ experiences and views of the new intervention with regard to the extent to which they found it relevant, engaging and useful, as well as any other insights or recommendations. This two-phase mixed methods design was developed to provide a holistic and nuanced understanding of the participants’ outcomes and experience of the intervention respectively. Each phase is described separately below.

6.1 Phase I: Non-Randomised Trial

As mentioned earlier in Chapter Three, the first phase of the evaluation involved a non-randomised controlled trial involving pre- and post-testing of an intervention group ($n = 88$) and a control/comparison group ($n = 51$) of adolescents who were typically aged 12-13 years. The population of interest here was young adolescents who were in their First Year of attending post-primary schools in Ireland. This age group was the focus of the intervention because, as described earlier in Chapter Two, research indicates that body image interventions are particularly

effective for young adolescents (12-13 years) (Kurz et al., 2022; Warschburger & Zitzmann, 2018, Yager et al., 2013). On a related point, it has also been suggested that preventive interventions for eating disorders should begin at this age (Steinhausen & Jensen, 2015; Watson et al., 2016). Furthermore, as outlined previously in Chapter Four, there was a consensus among all stakeholder groups that the first year of secondary school was the ideal target age group.

The difference in group size allocation here is due to the exploratory nature of the research and the importance of obtaining both quantitative and qualitative data from a larger pool of participants who received the new intervention. An unequal allocation ratio with a larger intervention than control group “has been shown to increase the amount of data in the intervention groups where individual responses are likely more variable” (Wan et al., 2023, p.3). Indeed, unequal allocation is quite common in exploratory studies (Altman, 2018; Dumville et al., 2006) and especially in school settings where many practical barriers to such allocation may be present (e.g. parental consent, pupil absenteeism, curriculum constraints) (Dumville et al., 2006; Peckham et al., 2015; Yang et al., 2023). It should also be noted, in addition, that research indicates that “studies with smaller control groups can generate valid and accurate evidence” (Hutchins et al., 2015)

The groups were allocated according to their class/form in each school and matched on age, gender and type of school. The control group received only the Bodywhys ‘Be Body Positive’ information leaflet (see Appendix 6a) which includes information on body image, related pressures, eating disorders and available supports. Assessments took place at baseline and then again one month after completion of the four-week intervention. Although the possibility of an additional post-intervention assessment had been broached in participating schools, this was

considered unfeasible by Principals because the participating students would have been in the next school year and split into different classes. It was also anticipated that there would have been difficulties in obtaining parental permission again for a second post-intervention assessment.

6.2 Participants and Settings

Three schools were selected for participation based on geographical location and on school type (e.g. single sex (i.e. male and female) or co-educational status). All participating schools were located in a large town in the north-east of Ireland. This area was chosen because the schools are known to Bodywhys and serve a heterogenous mix of students from a substantial catchment area including both urban and rural areas and with profiles similar to many schools in Ireland. The student sample was identified and recruited from a total population of approximately 300 First Year students across the three secondary schools. All students were invited to participate and information on the study and consent forms were sent by the school to parents of all students in First Year.

The total sample comprised over half of the young people (54%, 161/300) aged 11 to 14 years who had provided written informed consent from their parents to participate in the study and who were, therefore, included in the research. However, the sample size ($N = 161$) was subsequently reduced by approximately 14% due to missing ID numbers ($n = 3$) and participant absences ($n = 19$) either from two or more lessons of the intervention or from the post-intervention assessment. A small number of control group participants ($n = 3$) in the co-educational school were also missing due to some confusion about their requirement to attend the post-intervention assessments. The final sample comprised 139 participants (68 female, 71 male) who were aged, on average, 13 years ($Mn = 12.78$; $SD = 0.57$). This

included 53 pupils from a single sex male school, 45 from a single sex female school and 41 from a co-educational school (M=18, F=23).

6.3 Measures

A battery of measures was identified from the research literature and reviewed by the researcher; these were completed by the youth participants at both baseline (pre-intervention delivery) and post-intervention. They included four psychometrically robust self-report questionnaires, all of which have previously been used with this age group, as well as a questionnaire developed specifically for purposes of this study. An assessment of the internal reliability of all four standardised measures showed that they had acceptable reliability based on Cronbach alpha levels (>0.7) (Breakwell, 2006) (ranging from 0.75 to 0.89). A description of each measure is provided below (see also Appendix 6b-f).

6.3.1 The SATAQ-4

The Socio-cultural Attitudes Towards Appearance Questionnaire (SATAQ-4) is one of the most widely used measures designed to assess the role of inter- and intra-personal factors in the onset and maintenance of eating and body image disturbance (Schaefer et al., 2015). The SATAQ-4 (see Appendix 6b) was the primary outcome measure used in the trial because the intervention is designed to primarily address body image concerns which are also known to be linked to eating disorders and related issues. Specifically, the SATAQ-4 is designed to assess the internalisation of appearance ideals relevant to males (i.e., the muscular ideal via the internalisation: Muscular/Athletic subscale) and females (i.e., the thin ideal via the Internalisation: Thin/Low Body Fat subscale). It also assesses appearance pressures emanating from peers, family, and media. All of these are consistent with the

constructs highlighted in the TI model of body image and eating disturbance (Thompson et al., 1999) described earlier in Chapter Two.

The 22-item scale includes five subscales including: *Internalisation: Thin/Low Body Fat* (5 items; e.g., “I want my body to look very thin”); *Internalisation: Muscular/Athletic* (5 items; e.g., “It is important for me to look athletic”); *Pressures-Media* (4 items; e.g., “I feel pressure from the media to look in better shape”); *Pressures-Family* (4 items; e.g., “I feel pressure from family members to look thinner”); and *Pressures-Peers* (4 items; e.g., “I get pressure from my peers to decrease my level of body fat”). Participants respond to items on a five-point Likert scale (1= definitely disagree, 5= definitely agree). Higher scores indicate a greater tendency to desire a muscular/athletic figure. The SATAQ-4 has demonstrated excellent reliability and construct validity with adolescent girls and boys (aged 12-18) across different cultures (Amiri and Navab, 2018; Schaefer et al., 2017; Yamamiya et al., 2016). Previous research indicates that it also shows a high internal consistency, with a Cronbach's alpha for the global scale of 0.93, and values ranging from 0.88 to 0.97 for each of the domains (Zevallos-Delzo et al., 2020).

6.3.2 The Social Media Background Questionnaire

A 24-item self-report Social Media Background Questionnaire (SMBQ) was the secondary outcome measure used. The SMBQ (see Appendix 6c) was devised specifically for the purposes of this study because no social media literacy measure could be located within the literature and improving social media literacy was a key objective of the #MTAS intervention (albeit secondary to body image). As described in Chapter One, social media literacy is defined as “possessing skills to analyse, evaluate, produce, and participate in social media, in a way which favours critical

thinking” (Polanco-Levicán and Salvo-Garrido, 2022). Existing evidence suggests that due to the large volume of information to which social media users are exposed, critical thinking is fundamental to social media literacy (Gordon et al., 2020; McLean et al., 2017; Vanwynsberghe et al., 2015; Yeh & Swinehart, 2020; Daneels & Vanwynsberghe, 2017; Newman et al., 2015). In addition, according to Schreurs and Vandebosch (2020), cognitive competences in this regard include knowledge both of traditional media literacy and the dynamics of interpersonal communication on social media. These were all considered when developing the SMBQ.

The SMBQ was designed, therefore, primarily to assess the nature and extent of social media use, including the amount of time spent online, type of content followed, and attitudes toward, and experience of, social media. Some key background information (e.g. age, sex and type of school) was also included. The SMBQ also includes two scales designed specifically to measure changes to participants perception of social media and ability to analyse and evaluate content (i.e. social media literacy via the: Social Media Literacy scale) and also to assess for changes to participants awareness of personal impact of their social media choices (via the social media attitudes/behaviours scale). A three-phase development method, as outlined by a number of authors, was used to construct the SMBQ. This included: (i) a conceptual stage; (ii) item development; and (iii) feasibility testing (Moilanen et al., 2019; De Vellis, 2017; Streiner et al., 2015).

The concepts and content were defined on the basis of a review of the literature in relation to adolescent social media use and body image (see Chapter Two) and identified and described using both deductive and inductive methods. The items were first developed by collating a large number of possible items/questions covering two key aspects of adolescent social media use identified in the literature

as conceptually relevant and important: social media literacy and social media behaviours. These included, for example, 'appearance-based posting' (Holland & Tiggemann, 2017), use of filters and editing of photos (Susruthi-Rajanala et al., 2019), self-comparison (Tiggemann & Zaccardo, 2015), social media literacy (McLean et al., 2017) and critical awareness of the unrealistic nature of social media posting (Marengo et al., 2018).

It is recommended, first and foremost, that any new questionnaire be reviewed by a content expert (Moilanen et al., 2019). In this case, the reviewers were 15 adolescents (F = 8, M = 7) who had been involved in the development of the #MTAS intervention and one youth group leader (F = 1). According to Schilling et al (2007), the use of experiential content validity experts (in this case adolescents) and the critical assessment of their content-related recommendations can lead to the revision or elimination of items beyond what is suggested by content validity assessment done by professional experts (Schilling et al., 2007). The content experts in the current study tested the questionnaire to ensure that the language was simple and clearly understood, while they also provided important input to the relevance of the items/questions. For example, this led to the removal of one statement 'Social media makes me feel great' from the final questionnaire as it was considered that this item may vary depending on a person's most recent experience of social media (e.g. receiving a large number of likes on a post) rather than any sustained change in either social media literacy or behaviour.

The final phase 'Feasibility Testing' was conducted with 8 members of the Bodywhys Youth Panel (F=7, M=1) who provided feedback on the final set of items with a particular focus on format, instructions, and usability. In addition, preliminary

reliability testing of the scale was conducted using Cronbach's alpha, the results of which showed a score of 0.72.

All 24 final items were then added to the SMBQ which aside from the questions relating to background information and social media use subscales including: the Social Media Attitude/ Behaviour sub-Scale comprising two statements ('I notice how social media makes me feel'; and 'I try to only follow pages that make me feel good'); and the Social Media Literacy Awareness Sub-Scale comprising five items (e.g. 'I feel pressure to post pictures of myself on social media'; 'I use filters on my photos'; 'I compare myself to photos on social media and feel like I'm not good enough') Two questions were included to assess for internal consistency i.e. to check that test items designed to measure certain aspects would produce similar responses: 'I feel like social media takes up too much of my time' and 'I wish I could spend less time on social media'.

Each item is assessed using a five-point likert scale ranging from 'strongly disagree' to 'strongly agree' (scored from 0 to 5). Likert-type responses in the SMBQ were converted to numerical scores for purposes of analysis by assigning values to each response option (see Appendix 6c). This is an approach commonly used and recommended by a number of researchers (e.g. Rickards et al., 2012) particularly when they are "attempting to measure less concrete concepts...[and] where a single survey item is unlikely to be capable of fully capturing the concept being assessed" (Sullivan and Artino, 2013). A lower score on all items at post-intervention was desirable.

6.3.3 The Rosenberg Self Esteem Scale

The 10-item Rosenberg Self-Esteem Scale (RSES) (Rosenberg, 1965) is one of the most well-known measures of self-esteem, a construct frequently employed as an explanatory variable in studies of risk behaviour and of physical and mental health (see Appendix 6d). Each item (e.g. ‘**O**n the whole, I am satisfied with myself’) is rated on a four-point Likert scale ranging from ‘strongly agree’ to ‘strongly disagree’. Total scores range from 0 to 30 with scores from 15-25 considered to be within ‘normal range’ and scores below 15 suggesting low self-esteem. This scale has been widely used with adolescents (age 12-18) and has largely been found to have good predictive validity, as well as good internal consistency and test–retest reliability (Cong & Cheong, 2022; Schmitt & Allik, 2005; Torrey et al., 2000). For example, test-retest correlations are typically in the range of .82 to .88 while Cronbach's alpha for various samples, range from .77 to .88 (Blascovich & Tomaka, 1993 and Rosenberg, 1986).

6.3.4 The Child and Adolescent Social Support Scale

The Child and Adolescent Social Support Scale (CASSS) (Demaray & Malecki, 2000) measures the perceived social support of children and adolescents aged 6-18 (see Appendix 6e). Research has demonstrated that social support plays a critical role in child and adolescent wellbeing outcomes (e.g. Demaray & Malecki, 2002; Emser & Christiansen, 2021). As mentioned earlier, the TI model recognises the importance of both peer and parental influence on body image and it was considered important in the current research to measure key aspects of perceived support highlighted as relevant to body image in the literature. Furthermore, one of the aims of the intervention, as outlined earlier in Chapter Five, is to help nurture a

positive peer supportive classroom and school environment to promote and maintain body image; thus, the inclusion of measures of perceived support from classmates, teachers and others in the school environment, was considered to be highly relevant. Research also suggests that the CASSS may be an ideal tool to help determine the effectiveness of school-based interventions (Malecki et al, 2000) and/or to inform future intervention development (Yang et al., 2022).

As previously described, the TI model of body image also highlights the importance of parental influence on body image. Although not a specific objective of the study, it was also considered helpful to assess the baseline levels of perceived parental support to ascertain if perceptions of support from parents were correlated with measures on the SATAQ-4 or RSES. It was also thought that there may be some change on this measure at post intervention due to discussion of the intervention topics at home and/or due to interest from parents in the research.

Specifically, the 60-item CASSS comprises five 12-item subscales (i.e. 'Parent', 'Teacher', 'Classmate', 'Close Friend' and 'People in my School'). Each item comprises a statement relating to one of four types of support (emotional, informational, appraisal, and instrumental). On every subscale, items 1-3 pertain to emotional support, 4-6 informational support, 7-9 appraisal support, and 10-12 instrumental support. Respondents are asked to read each statement and rate, firstly, how often they perceive that support to be present (on a 6-point scale ranging from 1='never' to 6='always') and, secondly, how important that support is to them (on a 3-point scale from 1='not important' to 3='very important'). Potential scores on each scale range from 12-72 with 360 as the highest possible total score. A higher score on each scale indicates a higher level of perceived support. Figure 6.2

presents some sample questions from the 'Close Friend' and 'Parent' scales with sample responses included on the 'Parent' Scale.

The Child & Adolescent Social Support Scale (CASSS) demonstrates good to excellent reliability ranges for each of the five subscales: parent (.88-.96); teacher (.90-.96); classmate (.91-.96); close friend (.93-.97); and people in my school (.95-.96) (Malecki et al., 2014). The scale has also been shown to have good reliability and validity for use with children and adolescents (Demaray & Malecki, 2003).

Figure 6.2

CASSS Close Friend and Parent Scale

My Close Friend...	How Often?						Important?		
	Never	Almost Never	Some of the Time	Most of the Time	Almost Always	Always	Not Important	Important	Very Important
37...understands my feelings.	1	2	3	4	5	6	7	8	9
38... sticks up for me if others are treating me badly.	1	2	3	4	5	6	7	8	9
39... spends time with me when I'm lonely.	1	2	3	4	5	6	7	8	9
40...gives me ideas when I don't know what to do.	1	2	3	4	5	6	7	8	9

My Parent(s)...	How Often?						Important?		
	Never	Almost Never	Some of the Time	Most of the Time	Almost Always	Always	Not Important	Important	Very Important
1...show they are proud of me.	1	2	3	4	5	6	7	8	9
2...understand me.	1	2	3	4	5	6	7	8	9
3...listen to me when I need to talk.	1	2	3	4	5	6	7	8	9
4...make suggestions when I don't know what to do.	1	2	3	4	5	6	7	8	9
5...give me good advice.	1	2	3	4	5	6	7	8	9

6.3.5 Objectified Body Consciousness Scale – Youth

The 14 item OBC-Y scale (Lindberg et al., 1996) was also originally intended for use in the study (and approved by the Maynooth University SSREC

Ethics Committee). This includes three subscales including: *Body surveillance* (e.g., 'I often compare how I look with how other people look'); *Body Shame* (e.g., 'I feel like I must be a bad person when I don't look as good as I could'); and *Control Beliefs* (e.g., I think I could look as good as I wanted to if I worked at it). The OBC-Y (see Appendix 6f) is a modified version of the OBC (McKinley et al., 1996) and has previously been used with pre-adolescent girls (aged 9-12) and is recommended for use with participants aged 10 and older (Lindberg et al., 1996). However, concerns were raised by the researcher (and discussed with the research team) relating to some questions on the *Body Shame* subscale over their potential to trigger body image concerns in vulnerable participants. For this reason, it was decided (albeit belatedly) to omit the scale from the study but, unfortunately, there was insufficient time to identify and submit alternative measures for ethical approval given the study and school timeframe.

6.4 Procedure

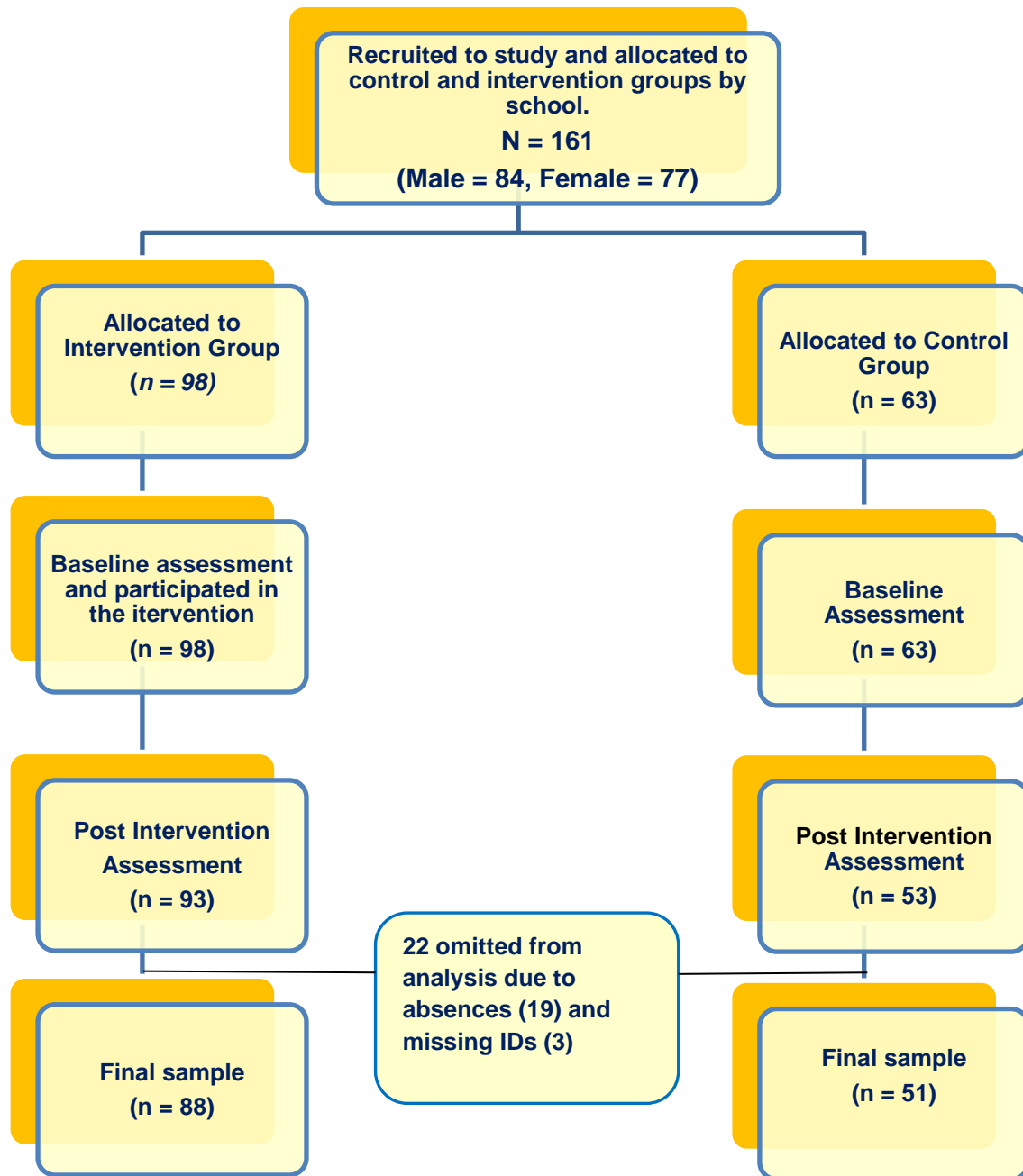
The researcher met with the Principal and relevant teaching staff in each school to explain the research and to provide an outline of what was involved. The Principals of each of the three schools provided their written informed consent for the study to be carried out in the schools. The researcher also met individually with each of the three participating teachers (two males and one female) to: outline the research and provide them with the Facilitator Guides for delivering the intervention; explain how the lessons were designed; and to demonstrate how to access the resources online. All three teachers were delivering the SPHE curriculum in each school; all three also took part in interviews in the early stages of intervention development on their preferences for school-based materials (see Chapter Four).

6.4.1 Group allocation

Participating pupils were allocated by the participating (SPHE) teacher in each school, depending on their class group, to either the intervention group ($n = 88$) or control group ($n = 51$). The same allocation process was utilised by the teachers in each school to limit insofar as possible any risk of bias. The co-educational school and single-sex boys' school had four class groups each, while the single-sex girls school had three. In each school, full class groups were allocated by the teacher to either the intervention or control group. The teachers were requested to assign classes to each group based on the number of signed parental consent forms received. In all schools, two class groups with a higher number of parental consent forms were allocated to the intervention group. This method of allocating full class groups to either condition was used to minimise treatment "contamination" between intervention and control participants (Torgerson, 2001) and to minimise disruption in the intervention group's 'usual SPHE class group' (i.e. so that participants could focus on #MTAS programme content). The allocation of groups rather than individual participants to trial arms is becoming increasingly relevant for evaluating interventions delivered in school settings for improving the health of children (Parker et al., 2021). The classes in all three participating schools were of mixed ability and were not streamed based on academic level. The First-Year students in each school had been arbitrarily assigned to their class groups on entry to secondary school that year and were considered, therefore, to be broadly comparable in terms of factors such as age, sex, locality and receipt of school resources (Schneller et al., 2017). The flow of youth participants through the trial is outlined in Figure 6.1.

Figure 6.1

Participant recruitment, allocation, retention and flow



6.4.2 Intervention Description and Replication

All of the key information pertaining to the new #MTAS intervention is summarised here in line with relevant sections of the Template for Intervention

Description and Replication (TIDieR) checklist. A copy of the completed template is also provided in Appendix 6g.

6.4.2.1 Informational Materials used and Accessed as Part of the #MTAS intervention. The #MTAS teacher-delivered and gender-inclusive programme includes four sessions which are delivered during a 50-minute teaching slot in the school curriculum. The programme incorporates a number of materials including a detailed Facilitator Guide for the teacher and a Student Workbook for each participating student. Each session or 'lesson' includes online slides with information, discussion points and videos. The programme is accessed by the teacher through an online portal on the www.bodywhysbodyimage.ie website which was developed specifically to support the use of the #MTAS resources in schools. The portal has access restrictions which require teachers to input general information on the profile of their class group including, age, number of students, male/female and year group. Once this information is provided, teachers receive a link to access the #MTAS programme materials; these can be accessed on any device with internet access without any need for specific software. The teacher portal also includes a range of information, videos, webinars and articles to support teachers in promoting positive body image in the classroom and in the wider school setting, including information on fostering positive body image to share with students and with parents.

Information is also provided to support teachers in preparing for the delivery of each session/lesson including, for example: the requirement to download and print, in advance, the essential materials which include the Student Workbook (one for each student) and the corresponding Facilitator's Guide in advance; the need to ensure that internet access is available to play the videos embedded in the lesson slides; and the

need to check that the classroom has an interactive whiteboard (IWB) or overhead projector to present the slides (these are now standard in most school classrooms).

6.4.2.2 Description of the procedures/activities used in the intervention.

The #MTAS programme was delivered by the teachers during the designated SPHE class period in each participating school. Activities within the programme include class learning, video viewing, media and social media deconstruction tasks, group discussion, individual exercises and written reflection. The processes and procedures required for teachers to deliver the intervention have been outlined above (see Item 3); for example, it was important that the teachers downloaded and printed off one copy of the Facilitators Guide and one copy of the Student Workbook for each student. They were also required to familiarise themselves with the content of each lesson prior to lesson delivery and also to check the lesson slides in advance to ensure that the videos were playing correctly and that there was internet access to ensure the lesson could proceed smoothly. Teachers were advised to carefully read the introductory information in the Facilitators Guide on delivering body image content in the classroom setting before each lesson and to be mindful of the requirement to create a relaxed classroom atmosphere at the outset to facilitate engagement and open discussion.

Clear instructions are provided in the Facilitators Guide to introduce each aspect of the session/lesson, including advice on dividing the class into subgroups of (2-3 or 3-4) for group discussion, guidance on encouraging students to share their ideas from the group discussion to promote engagement and how to use prompts to guide the discussion if students were not forthcoming with responses.

6.4.2.3 Intervention provider expertise and background. As outlined earlier, the intervention was delivered by SPHE teachers and was designed so that no

additional training was necessary. The decision for teachers to deliver the programme without training on content or materials was based on feedback from the SPHE decision-maker interviewee and also the teachers who were involved as key stakeholders in the co-creation process described in Chapter Four. All of these participants had indicated that in the 'real-world' setting, SPHE training days are limited, but also, the nature of the SPHE curriculum was such that it was not possible for teachers to have specialist knowledge of all areas. However, the teachers were all very familiar with the SPHE curriculum to promote health and wellbeing in secondary schools and had each been delivering SPHE for over three years. They had been using the SPHE classroom materials and were experienced, therefore, in the delivery of health and wellbeing content in general, in the classroom setting and aware of the need to create a relaxed and open environment for programme delivery.

6.4.2.4 Mode and location of intervention delivery (including necessary infrastructure). The intervention is designed to be delivered on a face-to-face and group basis in a classroom setting to a minimum of 6 and a maximum of 30 students. The programme is deliberately designed to include a number of group discussion exercises (based on video content) to provide an easy starting point for discussing body image, media and social media. Each classroom should have access to an interactive white board or overhead projector so that lesson slides and videos can be easily displayed and clearly visible to all participants. Internet access is also required to facilitate smooth delivery of video content.

6.4.2.5 Details of intervention timing and duration. The intervention was delivered once weekly over a four-week period. Delivery took place during the assigned SPHE period in each school over the four weeks for 50 minutes each time,

yielding a total 'dose' of 3 hours and 20 minutes. (The intervention group received the intervention while the comparison group were asked by the teacher to relocate to another room during this time and were given an unrelated activity to complete.)

6.4.2.6 Assessment of intervention adherence/fidelity. Adherence/fidelity was not formally assessed, but teachers were asked to adhere to the instructions in the Facilitators Guide to maintain fidelity and to ask the researcher if there were any aspects about which they were unclear. The researcher made weekly contact with the teachers in each school for the four weeks of intervention delivery to assess: (1) if there had been any issues during lesson delivery including difficulties in accessing the material;(2) whether they were able to cover all of the assigned material during the class time; (3) if the guidance in the Facilitator Guides was sufficiently clear including pre-watching all of the videos; and (4) whether the students seemed to enjoy and benefit from the lessons. Teachers were also invited to comment on any other aspects of lesson delivery.

Adherence to each lesson was assessed only through teacher self-report (in discussion with the researcher). The weekly contacts between each teacher and the researcher were useful in confirming when each #MTAS session/lesson had been delivered whilst also checking that all lessons were delivered as planned and if there were any issues with accessing the lessons or with any other aspects of lesson delivery. One teacher had difficulty accessing the resources in the first week, but it later transpired that this was due to local internet issues which were resolved prior to delivery and the lesson proceeded as planned. Although the PEF was not intended to assess fidelity, the level of detail included by intervention group participants in relation to lesson content, strongly suggests that teachers closely adhered to the

correct lesson format and delivery. This is supported by all of the other information gathered informally by the researcher.

6.4.3 Baseline Assessments

The researcher distributed the baseline questionnaires in the classroom. Written informed consent and assent from parents and students respectively, was obtained from all participants prior to taking part in the study. Any students for whom such consent had not been obtained, left the classroom and were given an alternative activity to complete (by a teacher). The baseline assessments took approximately 90 minutes in each participating school. This included time for reading through the Information Sheet and Assent Forms, time to answer questions, assisting students with locating name and number on the name sheet, and time to complete all measures. In each school, all names were re-checked to ensure that signed consent forms had been received from parents for all participating students. Each student was also given an Assent Form to complete and an Information Sheet (see Appendix 6h) outlining the background to the study, the rationale and the objectives and contact details of the researcher. The researcher read through the Information Sheet and Assent Form with each group and great care was taken to ensure that the research was explained clearly. Participants were also informed both verbally and in writing that their participation (or not) in the research would have no bearing whatsoever on their schoolwork, or on their relationship with the school or with the teacher.

The anonymity of the questionnaires was also emphasised. The researcher explained that it was necessary to note the names of the participants on a separate sheet to identify them for the post-intervention assessments, but that this name list

would be stored separately from all other documents. Each participant was asked to tick their name on a list and to note their assigned number. The researcher and teacher were both available to assist students in locating their name and number on the sheet and ensuring that they ticked their attendance and wrote the correct number on their questionnaires. This number, in combination with a school code, provided a unique participant identifier to which only the researcher had access. Participants were also made aware of the limits of confidentiality (e.g. where a participant's safety or wellbeing, or indeed the safety of others was at risk). The researcher explained that in the unlikely event that a participant disclosed on the form that they or someone else was at risk, that a referral to the relevant support services (e.g. mental health professional) may be required. The young people were then given the opportunity to ask questions about the research.

Participants' desks were spaced so that it was not possible for others to see how they were responding. The teachers who were present, were requested to refrain from walking around the room, or standing near to participants during questionnaire completion. The researcher encouraged students to ask questions if they needed to clarify any aspects of the questions or if they required any assistance. The researcher observed participants and checked in with any who appeared unsure or who had paused their writing to ensure they were okay, or if they needed to clarify any aspects of questionnaire completion.

Upon collection of the questionnaires, the participants were given a Resource Sheet containing general mental health information and a listing of local, regional and national support services. The researcher was also available for 30 minutes after students had completed the baseline and post-intervention questionnaires in the event that any support was required. Additionally, students were reminded to

retain the Information Sheet and to contact their teacher should any issues arise for them, or to contact the researcher directly. Students, teachers and parents also had the contact details of the researcher and research supervisor should they have any questions or concerns. All participating teachers were reminded to encourage students to speak to them or a member of the school teaching or counselling team if they had any issues as a result of participating in the research. No such issues arose in any of the schools.

Within 48 hours of leaving the schools, the questionnaires were also examined by the researcher for cases where an individual may have identified themselves or someone else as 'at risk' (e.g. wrote details indicating how they were at risk and their names) on the questionnaires, but no such situation arose. The #MTAS Lessons commenced the following week in each participating school. The intervention group received the lessons, and the control group students were moved to a different classroom during this time and were given an alternative, unrelated activity by their teacher (e.g. study period or continuation of other schoolwork). The researcher was not present during intervention delivery.

6.4.4 Post-Intervention Assessments

Post-intervention assessments took place four weeks after completion of the #MTAS programme in each participating school. The procedure was identical to the earlier baseline assessments and at the conclusion of the process, all students were thanked for their involvement in the study and were informed of the importance of their input to this process.

Intervention group students were required at this time point, to indicate how many of the four weeks they had attended. Intervention group participants were

included in the research if they had completed the baseline and post-intervention questionnaires and had attended at least three of the four #MTAS lessons. It was agreed by the research team that it was acceptable for 'non-completers' to be excluded in the context of a pilot evaluation and, it was desirable for intervention group participants to receive as much of the new intervention as possible so that it could be properly assessed. Control group participants were included in the research if they had completed the baseline and post-intervention questionnaires.

At this juncture, the researcher reminded those students who had completed all of the programme that there would be an opportunity to participate in a focus group a few weeks later to discuss their experience and views of the programme and that if they were interested, they should contact their teacher (see Section 6.6 later in the chapter). They were reminded that their views would be pivotal to intervention development. They were also reminded to contact their SPHE teacher or a member of the school counselling team if they had any issues. Teachers were also reminded to reiterate this message to students in the next SPHE class. As before, all questionnaires were examined within 48 hours of completion. The relevant teachers were also asked to remind students of the opportunity to participate in the focus groups and were provided with additional Information Sheets and Consent Forms for parents of students who were interested in participating.

6.5 Data Analysis

All data sets were reviewed alongside the name-lists which were completed by participants at baseline and post-intervention to ensure that only control group participants who had completed both sets of questionnaires were included. Likewise, only intervention participants who met the criteria for inclusion

(participating in at least three #MTAS lessons and completion of baseline and follow-up assessments) were included.

6.5.1 Baseline Analysis

All quantitative data from the questionnaires were entered into SPSS. Descriptive statistics were generated to examine the demographic and background characteristics of the sample at baseline. Independent t-tests were used, in the first instance to explore for any differences between the intervention and control groups at baseline on, for example, age, sex, and aspects of social media use. A Chi-square test for independence, including Fisher's Exact Test was then used to assess the extent of any association between age and group. Next, exact crosstabulation tests were used to explore for differences between the intervention and control groups on aspect of social media use at baseline.

The baseline data were then explored to examine the nature and extent of social media use in the young adolescent sample. For example, 'Daily hours of social media use' data were explored in relation to scores on each of the scales and subscales at baseline. Relevant variables (daily hours of social media use, frequency of social media use, checking social media at night and parental supervision of social media use) were analysed via a crosstabulation exact test to assess the extent of any associations with sex. Independent samples t-test were used next to test for sex differences at baseline on each of the scales and subscales. Correlational analyses were used to explore the relationships (if any) between daily social media use and internalisation of body ideals or external pressures on body image and to investigate possible relationships with other variables. Chi Square tests were used to examine categorical data. Further independent sample t-tests were used to test for

differences between male and female respondents at baseline on each of the scales and subscales.

6.5.2 Pre-post Analysis

A general linear model was used to compare between-group changes from baseline to post-intervention. A one-way Analysis of Covariance (ANCOVA) was conducted to assess the impact of the intervention on each of the outcomes assessed in the study. Further details on the analyses and all findings are provided in Chapter Seven.

6.6 Phase II: Participants' views and experiences of the intervention

As mentioned earlier in Chapter Three, a mixed methods study with a small sample of intervention group participants in each participating school was also undertaken to provide insights into their experiences and views of the intervention. This 'mini' process evaluation involved the administration of two brief questionnaires (by students and teachers) followed by one focus group. With regard to the last of these, the original aim was to conduct a focus group in each of the three participating schools but, unfortunately, two-week school closures due to 'Storm Emma' (which brought one of the most significant snowfall events in recent Irish history, causing widespread disruptions and school closures (Irish Times, 2nd March 2018)) delayed the start of the research in all three schools until after the Easter holidays (i.e. to allow for a delivery period of four consecutive weeks). As a result, the intended focus groups were delayed until the last two weeks of term. Unfortunately, schools had summer exams and therefore, had no scheduled classes. The students were reluctant, therefore, to volunteer to participate in focus groups in lieu of study time (which is highly valued prior to exams). Consequently, only one focus group took

place (in the all-male school). None of the students in the other two participating schools volunteered to take part because in both schools, the students had ceased class time for the year and were allocated study periods in lieu of classes prior to exams. By contrast, exams were largely finished in the all-male school.

It is important to note that it was not possible to arrange for additional focus groups to be conducted in the subsequent school year because the participating pupils would be split across different classes, while SPHE teachers may also have been rotated. Additionally, the Principals indicated that it may be difficult to secure parental consent on a second occasion.

6.6.1 Participants and Settings

All students who took part in the intervention were asked to complete a post-intervention questionnaire ($n = 88$). A total of 36 intervention group participants in the single sex male school were also invited to take part in a focus group two weeks after completion of the post-intervention assessments (i.e. six weeks after completing the intervention). Only eight students volunteered to participate, but two failed to provide completed Parental Consent Forms in advance of the focus group and were therefore not eligible to take part. Thus, the final focus group sample comprised six male students (aged 12-14) whose parents had provided written informed consent. The focus group was held in the school due to its suitability and accessibility for all participants. The three teachers were also invited to complete a brief post-intervention questionnaire.

6.6.2 Measures

6.6.2.1 Programme Evaluation Form. A brief Programme Evaluation Form (*PEF*) was designed and administered to the entire intervention group ($n = 88$) upon

programme completion in order to elicit participants' experiences of the intervention and to assess their specific views about each lesson. The PEF (see Appendix 6i) includes, firstly, two 'tick box' questions to assess key aspects of respondents' experience, including whether they had found the programme useful and if they would like younger friends or family to receive it. An additional 15 open-ended questions were also designed to elicit more detailed feedback on participants' experiences and views of the intervention/ programme. These questions were designed to encourage participants to consider which aspects they found most useful and liked most/least, and to provide a greater understanding of their experience of the intervention and the perceived relevance of each programme component. Questions on perceived positive and negative aspects were asked separately to limit social desirability response bias (Lavrakas, 2008).

6.6.2.2 Topic Guide. A Topic Guide (see Appendix 6j) was developed for purposes of the focus group. This includes some similar questions to the PEF but was designed to elicit more in-depth information about the different #MTAS elements and the participants' views and experiences of the programme. For example, questions included prompts such as: Did you think the lessons were good for your class and why?; What do you like or not like about social media?; Did anything in the #MTAS lessons make you think differently about body image?

6.6.3 Teacher Evaluation Form. A brief Teacher Evaluation Form (*TFF*) was also designed and emailed to the three teacher participants upon programme completion (see Appendix 6k). This includes questions on each individual lesson to determine if there were any issues with timing or lesson delivery, aspects which students were perceived to like the most or least as well as any recommendations on

how any specific lesson/element might be improved. An additional 15 open-ended questions were also included to elicit more general feedback on the teachers' experience of delivering the #MTAS programme as well as their perceptions of student enjoyment and overall recommendations.

6.7 Procedure

6.7.1 Programme Evaluation Form

The PEF was administered at the post-intervention assessments which took place four weeks after completion of the #MTAS programme in each participating school. All intervention participants were provided with the PEF to complete. These were collected by the researcher with the post-intervention questionnaires.

6.7.2 Focus Group

Regarding the focus group, the researcher met with the co-facilitator to discuss the process which would be followed. The co-facilitator was female and a Bodywhys volunteer on the Bodywhys Helpline service. The researcher contacted the relevant teachers to schedule the focus groups and to remind them that all participants would require written informed parental consent to participate. The teacher in the participating school allocated a room for the focus group and arranged for student participants to attend at the agreed time. Completed parental consent forms were also provided for the participating young people.

All aspects of seating arrangements and checking of audio recordings were carried out in advance. The researcher noted participant names on arrival and checked that parental consent forms had been provided. Each participant was also given an Information Sheet and Assent Form (see Appendix 6I). The researcher read through this with the group and participants were given the opportunity to ask any questions and were also provided with assurances of confidentiality and of the

option to withdraw at any time up to the point of data analysis. All of this was explained in clear, accessible language. Finally, all participants were asked to sign the Assent Form prior to their participation. The researcher also explained that she would ask questions and the co-facilitator would take notes and that the focus group would be audio-recorded (audio only). The participants were reminded of the importance of their participation in the group and that their feedback may be used to guide the development of an intervention which may be used in other schools.

The researcher guided the focus group discussion using the Topic Guide, but allowed sufficient flexibility to follow the flow of the conversation to other relevant areas which were of interest to the participants. For example, participants mentioned strikes on Snapchat, so they were encouraged to talk to one another and comment on each other's points of view, thereby allowing insights into interpersonal communication and to identify shared and common knowledge. This also helped to facilitate interaction between participants and the researcher, which forms part of the method itself (Kitzinger, 1995). All participants were actively encouraged to convey their opinions and to contribute to the discussion.

An Alon Dictaphone Audio Recorder Application for iPhone was used on two phones to record the discussion (with informed consent). The focus group lasted approximately 60 minutes. Recordings were uploaded immediately thereafter to a secure Dropbox file and downloaded to an encrypted laptop. The interview was transcribed verbatim and in full by the researcher. Once transcribed, the audio file was saved to an encrypted USB device and stored in a locked filing cabinet. Detailed written notes were taken by the co-facilitator during the focus group and additional notes and observations were added by the researcher after the focus group. These

notes were also stored in the locked filing cabinet, but separately from any identifying information.

6.7.3 Teacher Feedback Form

Teachers were emailed a copy of the TFF for completion and asked to return the completed form to the researcher by email. The teacher in the all-boys school returned the form within a few days. The researcher was required to email the other two teachers numerous times to remind them to complete the form. Both teachers indicated that the very busy 'end of term' activities had prevented them from returning the form earlier.

6.8 Data Analysis

6.8.1 Analysis of the PEF Open-ended responses

Open-ended questions are frequently used in qualitative and mixed methods research studies to obtain a holistic and comprehensive understanding of complex situations, an understanding that would otherwise be limited by the use of closed-ended survey questions (Zull, 2016). There are various approaches to analysing open-ended responses, but content analysis is frequently used to interpret the responses to such questions and to quantify the data in order to organise and elicit meaning (Gbrich, 2007; Mayring, 2000; Pope et al., 2006; Powers & Knapp, 2006).

The 'semi-qualitative' data from the 15 open-ended questions on the PEF were entered into Excel and a preliminary content analysis conducted to generate categories and identify, in the first instance, any repetition of words or phrases, whilst also exploring any obvious variation in the nature of responses from male and female participants. This initial analysis was followed by a second more in-depth exploration of the data using RTA (Braun & Clarke, 2019). This approach was

added due to the significant amount of data obtained (in excess of 40 pages), but also to help amplify the preliminary content analysis and provide more useful insights into participants' views and experiences of the intervention, whilst also supplementing the focus group data (see below).

Thus, both methods were used to explore the surface-level characteristics of the data (content analysis) as well as the deeper meanings and patterns (thematic analysis). Bodywhys (who had co-funded the research) also requested that the data be quantified in some way because it was thought that some stakeholders would prefer or expect some quantitative summaries and statistics (i.e. from the content analysis), while others may value qualitative insights and narratives more (i.e. from the RTA). Thus, the use of both approaches represented a compromise solution that was intended to provide results which would appeal to a wide audience.

In addition, from a research perspective, this dual approach was considered important to facilitate a greater understanding of the impact of the intervention on males and females and any differences therein. As described earlier in Chapters Two and Four, research indicates that body image pressure is uniquely experienced by males and females, and that more nuanced information in relation to the interplay of any sex-related effects of the intervention would be an important addition to the literature in this field. The preliminary 'surface level' exploration of the data and quantifying of same, was expected to provide useful information into differences in perceived experience of the intervention by males and females. The thematic analysis was designed to support and amplify these data by providing more in-depth information. Furthermore, Braun and Clarke (2018) highlight the importance of the familiarisation phase of data analysis and setting aside any pre-conceptions in

reviewing the data and avoiding assumptions. Therefore, it was intended that this two-phase approach to data analysis would also be helpful in removing any researcher bias when later identifying themes from the data. An outline of the two-strand analytical process is presented in Table 6.1.

Table 6.1

Analysis of Open-Ended responses

Stage	Tasks
Initial Content Analysis	First, the data were entered into Excel. Each line was checked alongside the school and gender codes and colour-coded by school type and gender. The responses to each question were then divided into individual Excel spreadsheets which were printed for ease of comparison. The researcher read through each response line by line, highlighting relevant words to identify categories. All categories were explored to determine the frequency of responses and presented in charts to illustrate the frequency of these and to explore any patterns by gender.
Familiarisation with the data:	The researcher read through each response line by line, highlighting relevant words to identify patterns. The data sheets for each question were reviewed and explored to enable the researcher to become familiar with the data, to identify recurring words, patterns of shared meaning and to identify any overlap in core concepts in the participant's responses to different questions.
Coding:	Initial codes were created. All data sheets were reviewed multiple times before listing codes and revising and combining codes into themes. Codes included 'improved body image', 'made me feel better', 'the boyband', 'airbrushing', 'social media literacy', likes', and 'dislikes'.
Generating Themes	Themes were then entered into Excel and typed up in a descriptive document to outline key themes. Additional Excel columns were generated, and themes were grouped. This process was conducted numerous times to identify and revise themes and subthemes. Notes were made by the researcher throughout.
Reviewing Themes	Themes were explored for further patterns, similarities or differences. The analysis sought to: uncover aspects of the intervention which worked well (or which did not work well); clarify participants' perceptions of the change that occurred; and identify or consider causal mechanisms enabling change.
Renaming Themes	Themes were redefined. Similar responses were regrouped and renamed.
Write Up	The findings from the RTA analysis and charts were integrated and written up.

6.8.1.1 Initial Content Analysis. The data from the semi-qualitative responses on the PEF were entered into Excel and colour coded by school and sex. The responses were explored line by line to highlight recurring words/phrases and to generate categories and the frequency of responses recorded in each (see Table 6.2). The decision to quantify these data was intended to provide information that would help to enhance our understanding of the quantitative findings. This approach is consistent with research which suggests that quantifying qualitative data in this way facilitates an integration of qualitative insights with the rigor of quantitative analysis (Fetters et al., 2013; O’Cathain et al., 2007).

Table 6.2

Colour Coding of Participant Responses and Generation of Categories

Gender	School.	General Comments	Categories
1	1	I thought the course was educational and very interesting.	Helpful programme
1	1	It was good for the most part was sometimes upsetting.	Good but <u>sometimes upsetting</u>
1	2	It was helpful and interesting.	<u>Helpful</u> programme
1	2	It is helpful and you can learn lots from it.	<u>Helpful</u> programme
2	2	Make it more serious and less exaggerated.	Too exaggerated
2	2	It was very enjoyable and educational.	Really <u>enjoyed</u> this programme
2	3	More group work and talking needed.	More <u>group work</u>
2	3	Great programme, really enjoyed it.	Really <u>enjoyed</u> this programme

Note. Colour codes used to identify sex and school type. Dark blue = male participants in all-male school, light blue for male participants in co-educational school, light pink for female participants in co-ed school and dark pink for female participants in the all-female school.

6.8.1.2 Exploring the Data. As already mentioned, an RTA was then conducted on the same data. This was intended to promote a more comprehensive and nuanced understanding of the data and to strengthen the overall validity and reliability of the findings, especially regarding the impact of the intervention on males and females and any differences therein. Responses to individual questions were explored (i.e. Questions 1, 3, 4, 5, 7, 9, 11, 13 and 15) to identify common words and patterns of shared meaning were highlighted, core concepts identified, and observations noted while exploring the data. The responses to aspects which participants 'liked least' were then reviewed using the same approach (i.e. Questions 6, 8, 10, 12, 14). The researcher then reviewed responses pertaining to each lesson separately (i.e. which aspects participants liked most, least and those who identified the lesson as their preferred lesson). This process was followed for each of the four lessons.

6.8.1.3 Coding. To generate codes, the researcher reviewed the highlighted words and patterns identified when exploring the data such as 'made me feel better'. The researcher also made notes during this process to assist in generating themes and subthemes such as the inclusion of 'how', 'why' and 'what' questions (in addition to the codes).

6.8.1.4 Generating Themes. Overall, themes were generated from the review of data sheets and codes. Themes such as 'made me feel better' were expanded to generate subthemes, including any recurring references to how or why the programme made the participants feel better.

6.8.1.5 Reviewing Themes. Each step of this process was conducted manually by the researcher, again making notes throughout on any responses which

clarified ways in which the #MTAS programme was, or was not, helpful to the participants and to identify possible causal mechanisms for perceived changes. These were reviewed in conjunction with the findings from the quantitative data for any similarities or inconsistencies to support a greater understanding of the reasons for any changes (or not) observed on the quantitative measures.

6.8.1.6 Renaming Themes. Themes and subthemes were reviewed, and any similar responses were grouped together and renamed to avoid duplication.

6.8.1.7. Writing up findings. The findings from the stages of the RTA and content analysis were written up and again reviewed in conjunction with the quantitative findings.

6.8.2 Analysis of the Focus Group Data

The focus group data were analysed using RTA and as there was only a single focus group, the data were examined alongside the themes and subthemes identified above from the PEF. This analysis sought to uncover aspects of the intervention which had worked well (or which did not work well), clarify participants' perceptions of any changes that had occurred and to explore possible causal mechanisms.

6.8.3 Analysis of Teacher Feedback Data

The data from the TFF were also examined to explore teacher perceptions of the #MTAS programme. Teacher perceptions were examined to determine ease of use of lessons, to explore the extent to which they believe students engaged with and enjoyed the programme and any recommendations for improvements. Teacher responses were also examined alongside and compared to the findings from the RTA of the PEF data and the findings from the RTA of the focus group focus group.

6.9 Additional Ethical Considerations

As outlined in Chapter Three, all stages of the research were conducted in line with the British Psychological Society Code of Good Practice for Psychological Testing and the Psychological Society of Ireland Code of Ethics. Each stage received ethical approval from Maynooth University Social Research Ethics Subcommittee (17th January 2018; 2nd May, 2018).

The researcher agreed a protocol to follow in the event of a student in distress with each school. It was agreed that the school Principal would be contacted, and appropriate steps taken in conjunction with the school and relevant health care professionals. Other potential risks were addressed by ensuring that there was appropriate local information pertaining to support services available. Students in the intervention and control groups were given a 'Support Sheet' containing information and contact details for a range of youth and mental health services/supports. The participants were also reminded to contact their school counsellor or class teacher if any issues arose and that the contact details for the researcher and research supervisor were on the Assent Forms.

Written informed parental consent (See Parental Consent Form in Appendix 6) was obtained for all youth participants, both in the non-randomised trial and prior to the focus group. Each participant was provided with an Information Sheet (see Appendix 4) outlining the background to the study, the rationale/objectives and an Assent Form (see Appendix 4). The researcher talked through both documents to ensure they were properly understood by the participants prior to signing. The Information Sheet and the Assent Form clearly indicated that there was no conditionality related to participation (or not) in the focus group and that no penalties

would apply for non-participation. Participants were assured of confidentiality (and the limits therein) while it was also explained that, although the focus group was being recorded (audio only), the recording would be accessible only to the researcher and used for research purposes, and that any identifying information would be removed from the transcripts.

6.10 Summary

This chapter outlined the research design pertaining to the second stage of the study relating to the evaluation of the intervention. The methodological details for the non-randomised exploratory trial (Phase I) were described, including all aspects of conducting the baseline and post intervention` assessments in the school setting and attendant ethical considerations (building on those already discussed in Chapter Three). The second part of the chapter (Phase II) included details of the mainly qualitative sub-study which was conducted alongside the trial, and which included the elicitation of feedback from post-intervention student and teacher questionnaires and a student focus group (in one participating school). The results from both phases are described in the next chapter.

CHAPTER SEVEN

Results of Exploratory Evaluation

7.1 Introduction

This chapter presents the results from the exploratory evaluation of the intervention which was aimed at assessing the effectiveness (and experiences) of the #MTAS intervention and its feasibility/suitability for use in the school setting. The chapter comprises four sections including: (1) a description of the sample demographics and baseline analysis of SM use; (2) baseline analysis of body image-related factors and SM use; (3) pre-post intervention findings; and (4) participant experiences and views of the intervention and its delivery.

7.2 Section One: Sample Description and Baseline Social Media Use

For consistency and ease of reading, all overall respondent percentages presented are calculated out of 139; all male-specific percentages are out of 71, and all female-specific percentages are calculated out of 68. Correspondingly, the denominators for all control group-and intervention group-specific percentages are 51 and 88 respectively. All effect sizes are interpreted according to Cohen (1988).

As outlined earlier in Chapter Six, a sample of 139 young people aged 11-14 years ($M = 12.78$; $SD = 0.57$) took part in the study, most of whom (65%) were aged 13. Almost all participants reported using SM daily (92%) with only small proportions using/checking it every few days (5%), or less than once a week (3%). More than half the sample reported checking social media at night (55%). Table 7.1 presents a breakdown by sex, age and key aspects of SM use (according to allocation group). While there was some variation by age across the intervention and control groups, the

largest proportion in each group was aged 13 years. An exact¹ test for independence showed no statistically significant association between age and group membership ($p = .43$, Cramer's $V = 0.15$ —small) (see Appendix 7a).

Table 7.1

Characteristics of Participants at Baseline

Baseline Characteristic	Total	Control	Intervention
Sex	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)
Male	71 (51%)	27 (53%)	44 (50%)
Female	68 (49%)	24 (47%)	44 (50%)
Total	139 (100%)	51 (100%)	88 (100%)
Age			
Under 12	1 (1%)	0 (0%)	1 (1%)
12 years old	38 (27%)	12 (24%)	26 (30%)
13 years old	90 (65%)	37 (73%)	53 (60%)
14 years old	10 (7%)	2 (4%)	8 (9%)
Total	139 (100%)	51 (100%)	88 (100%)
SM Use			
Everyday	127 (91%)	46 (90%)	81 (92%)
Every few days	7 (5%)	3 (6%)	4 (5%)
Once a week	1 (1%)	0 (0%)	1 (1%)
Less than once a week	3 (2%)	1 (2%)	2 (2%)
Missing	1 (1%)	1 (2%)	0 (0%)
Total	139 (100%)	51 (100%)	88 (100%)
Checks at Night			
Yes	77 (55%)	29 (57%)	48 (55%)
No	60 (43%)	20 (39%)	40 (45%)
Missing	2 (1%)	2 (4%)	0 (0%)
Total	139 (100%)	51 (100%)	88 (100%)

Note. Percentage totals of the individual values may exceed or subceed 100% due to rounding.

The baseline data were analysed to explore the nature and extent of SM use by sex (Table 7.2). Most of the participants (98%, 136/139) reported using SM, with the majority of these engaging with SM every day (91%), including all of the females and all but three of the males. All participants indicated that they had access to personal internet-enabled devices, and all (100%) owned a smartphone.

Relevant variables (daily hours of SM use, frequency of SM use, checking SM at night and parental supervision of SM use) were analysed using a crosstabulation

¹ Exact tests of independence for crosstabulations in SPSS report Fisher's Exact Test for 2x2 tables and the Fisher-Freeman-Halton Exact Test for tables other than 2x2.

exact test² to assess the extent of any associations with sex. This analysis showed statistically significant associations ($p < .05$) with regard to frequency of use (higher for females, $p = .01$, Cramer's $V = 0.24$ - small), and parental supervision (lower for males, $p < .001$, $V = 0.31$ - medium) (see Figure 7.1 and Table 7.2). Just over one in six of the sample (16%, 22/139) and proportionately more males (23%, 16/71) than females (9%, 6/68) had started using SM before the age of 10. A Fisher's exact test showed this difference to be statistically significant ($p = .02$, $V = 0.20$ - small). The largest proportion of the sample (58%, 81/139) started using SM at age 10-11 (see Table 7.2).

Table 7.2.

Baseline Social Media use by Sex

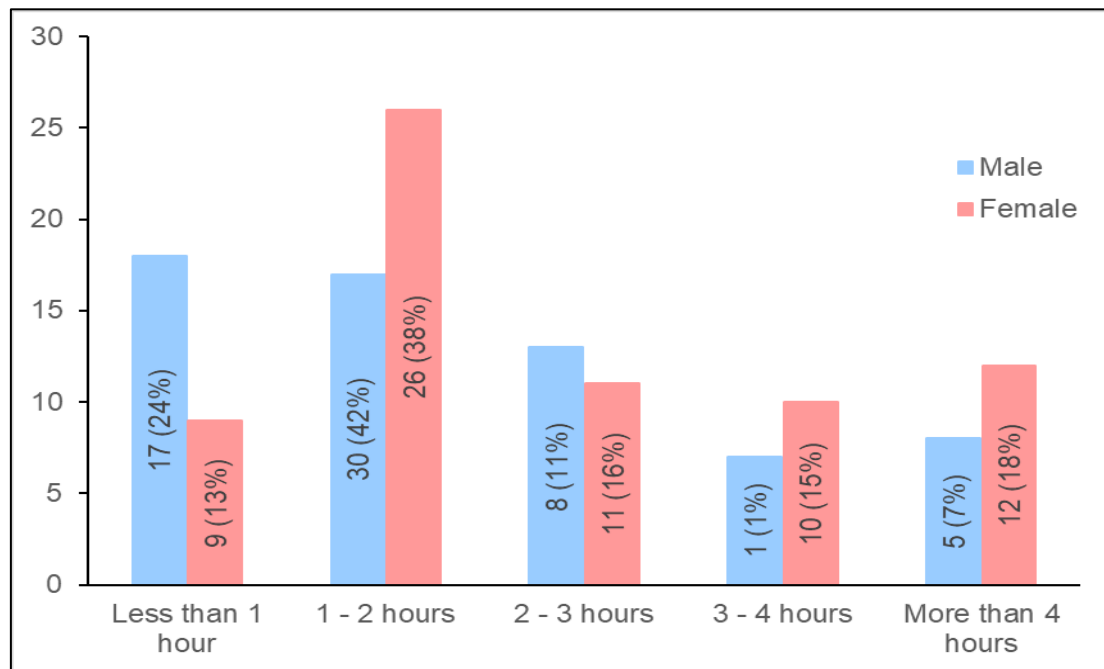
SMBQ	Male	Female	Total	Sig (2 tailed)	Effect size (Cramer's V)
	(n = 71)	(n = 68)	(n = 139)		
	n (%)	n (%)	n (%)		
Uses social media				.24	0.15 (small)
Yes	68 (96%)	68 (100%)	136 (98%)		
No	3 (4%)	0 (0%)	3 (2%)		
How often uses SM				.009 **	0.24 (small)
Every day	60 (85%)	67 (99%)	127 (91%)		
Less than every day	10 (14%)	1 (1%)	11 (8%)		
Missing	1 (1%)	0 (0%)	1 (1%)		
Daily Hours of SM Use				.19	0.22 (small)
Less than 1 hour	18 (25%)	9 (13%)	27 (19%)		
1-2 hours	17 (24%)	26 (38%)	43 (31%)		
2-3 hours	13 (18%)	11 (16%)	24 (17%)		
3-4 hours	7 (10%)	10 (15%)	17 (12%)		
More than 4 hours	8 (11%)	12 (18%)	20 (14%)		
Missing	8 (11%)	0 (0%)	8 (6%)		
Checks SM at night				.23	0.11 (small)
Yes	35 (49%)	42 (62%)	77 (55%)		
No	34 (48%)	26 (38%)	60 (43%)		
Missing	2 (3%)	0 (0%)	2 (1%)		
Parents supervise SM use				<.001 **	0.31 (medium)
Yes	24 (34%)	45 (66%)	69 (50%)		
No	45 (63%)	23 (34%)	68 (49%)		
Missing	2 (3%)	0 (0%)	2 (1%)		

Notes. *Significant at $p < .05$, **Significant at $p < .01$. Significance is from an exact test on a crosstabulation. The effect size is Cramer's V for crosstabulations. Interpretations are based on Cohen (1988). Values categorised as missing may have been missing or NA.

² Either Fisher's or Fisher-Freeman-Halton exact test are reported.

Figure 7.1

Daily Hours of Social Media Use by Sex



One quarter (25%, 35/139) of the sample reported that they had their own smartphone from the age of 10 or younger (Table 7.3). This was marginally more common in males (30%, 21/71) versus females (21%, 14/68) although this difference was not statistically significant ($p = .25$, $V = .10$ – small). Most participants (71%, 98/139) stated that they were aged 11-12 when they first owned a personal smartphone. Notably however, one in ten of the participants reported owning a smartphone at or before the age of 9.

Table 7.3*Breakdown by Sex: Age Started Using Social Media and Smartphone Ownership*

	Male (n = 67)	Female (n = 68)	Total (n = 135)
Age Started Using SM			
Before age 8	3 (4 %)	2 (3%)	5 (4%)
Age 8	6 (9%)	3 (4%)	9 (7%)
Age 9	7 (10%)	1 (2%)	8 (6%)
Age 10	17 (24%)	23 (34%)	40 (29%)
Age 11	19 (27%)	22 (32%)	41 (30%)
Age 12	13 (18%)	15 (22%)	28 (20%)
Age 13	2 (3%)	2 (3%)	4 (3%)
N/A	2 (3%)	0 (0%)	2 (1%)
Missing	2 (3%)	0 (0%)	2 (1%)
Total	71(100%)	68 (100%)	139 (100%)
Age Owned Personal Smartphone			
Before age 8	2 (3%)	3 (4%)	5 (4%)
Age 8	1 (1%)	2 (3%)	3 (2%)
Age 9	5 (7%)	1 (2%)	6 (4%)
Age 10	13 (18%)	8 (12%)	21 (15%)
Age 11	16 (23%)	19 (28%)	35 (25%)
Age 12	31 (44%)	32 (47%)	63 (45%)
Age 13	3 (4%)	3 (4%)	6 (4%)
Total	71(100%)	68 (100%)	139 (100%)

Note. Percentage totals of the individual values may exceed or subceed100% due to rounding.

There was also significant variation by sex on types of content followed on social media as illustrated in Table 7.4. Females were more likely than males to follow celebrity content, beauty, fitness, fashion, inspiration quotes, body positive blogs and health content. Males were more likely to follow funny content, sports, news, educational and science content.

Table 7.4

Breakdown by Sex of Content Followed.

	Male	Female	Total		
	<i>n (%)</i>	<i>n (%)</i>	<i>n (%)</i>		
Celebrities				<.001 ***	0.36 (medium)
Yes	31 (44%)	54 (79%)	85 (61%)		
No	38 (54%)	14 (21%)	52 (37%)		
Educational				0.16	0.14 (small)
Yes	10 (14%)	4 (6%)	14 (10%)		
No	59 (83%)	64 (94%)	123 (88%)		
Political				0.12	0.17 (small)
Yes	4 (6%)	0 (0%)	4 (3%)		
No	65 (92%)	68 (100%)	133 (96%)		
Science				0.026 *	0.21 (small)
Yes	12 (17%)	3 (4%)	15 (11%)		
No	57 (80%)	65 (96%)	122 (88%)		
Sports				<.001 ***	0.32 (medium)
Yes	57 (80%)	36 (53%)	93 (67%)		
No	12 (17%)	32 (47%)	44 (32%)		
Health				1	0.02 (trivial)
Yes	9 (13%)	8 (12%)	17 (12%)		
No	60 (85%)	60 (88%)	120 (86%)		
Beauty				<.001 ***	0.73 (large)
Yes	0 (0%)	47 (69%)	47 (34%)		
No	69 (97%)	21 (31%)	90 (65%)		
News				0.003 **	0.27 (small)
Yes	25 (35%)	9 (13%)	34 (24%)		
No	44 (62%)	59 (87%)	103 (74%)		
Fitness				0.07	0.16 (small)
Yes	17 (24%)	27 (40%)	44 (32%)		
No	52 (73%)	41 (60%)	93 (67%)		
Inspirational quotes				<.001 ***	0.34 (medium)
Yes	5 (7%)	24 (35%)	29 (21%)		
No	64 (90%)	44 (65%)	108 (78%)		
Body Positive blogs				0.005 **	0.24 (small)
Yes	2 (3%)	12 (18%)	14 (10%)		
No	67 (94%)	56 (82%)	123 (88%)		
Fashion				<.001 ***	0.65 (large)
Yes	0 (0%)	40 (59%)	40 (29%)		
No	69 (97%)	28 (41%)	97 (70%)		
Funny				0.82	0.04 (trivial)
Yes	57 (80%)	58 (85%)	115 (83%)		
No	12 (17%)	10 (15%)	22 (16%)		

Notes. *Significant at $p < .05$, **Significant at $p < .01$ and *** Significant at $p < .001$. Significance is from an exact test on a crosstabulation. The effect size is Cramer's V for crosstabulations. Interpretations are based on Cohen (1988). Values categorised as missing may have been missing or NA.

7.2.1 Baseline Analysis of Social Media Use: Intervention Versus Control Group

A number of exact crosstabulation tests showed no statistically significant differences between the intervention and control groups on any aspects of SM use, thereby indicating that they were reasonably comparable in this regard (Table 7.5).

Table 7.5

Baseline Comparison of Social Media Use Between Intervention and Control Group

SMBQ	Control (n= 51)	Intervention (n = 88)	p value	Effect size (V)
	n (%)	n (%)		
Uses social media			.55	0.09 (trivial)
Yes	49 (96%)	87 (99%)		
No	2 (3%)	1 (1%)		
Owns smartphone with SM access			n/a	n/a
Yes	51 (100%)	88 (100%)		
Uses SM			1.00	0.0 (trivial)
Every Day	46 (90%)	81 (92%)		
Less than every day	4 (6%)	7 (10%)		
Daily Hours of SM Use			.58	0.15 (small)
Less than 1 hour	7 (14%)	20 (23%)		
1-2 hours	19 (37%)	24 (27%)		
2-3 hours	9 (18%)	15 (17%)		
3-4 hours	7 (14%)	10 (11%)		
More than 4 hours	6 (12%)	14 (16%)		
Checks SM at night			.72	0.05 (trivial)
Yes	29 (57%)	48 (55%)		
No	20 (28%)	40 (59%)		
Parents do not supervise SM use			.051	0.17 (small)
Yes	19 (37%)	50 (57%)		
No	30 (42%)	38 (56%)		

Note. Percentage totals of the individual values may exceed or subceed100% due to rounding.

7.3 Section Two: Baseline Analysis of Body Image Influences, Social Media Use

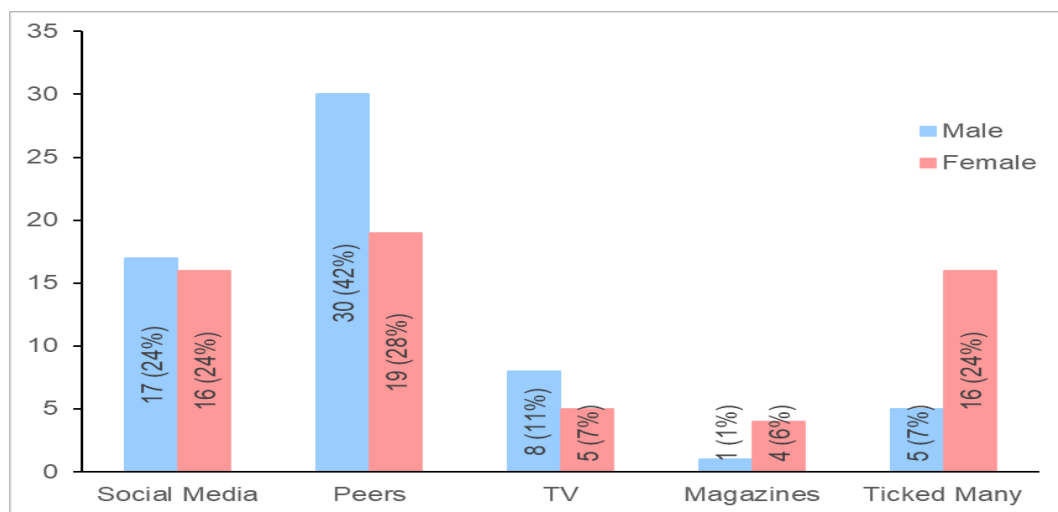
7.3.1 Body Image Influences

As indicated earlier in Chapter Six, participants were also asked to indicate from several options (e.g. social media, TV, magazines and peers) the most significant factor influencing their body image. There were 18 missing responses (10 male, 8 female) to this question. An additional 21 participants also selected multiple answers instead of selecting one as requested. Overall, the majority of respondents (35%,

49/139) reported peers to be the single most important influence on body image followed by social media (24%, 33/139), TV (9%, 13/139) and magazines (4%, 5/139) (see Figure 7.2). The results of a crosstabulation exact test (restricted to those who had selected a single response) suggested no sex-related differences in terms of body image influences ($p = .33$, $V = 0.19$ - small).

Figure 7.2

Breakdown by Sex of Perceived Influences on Body Image



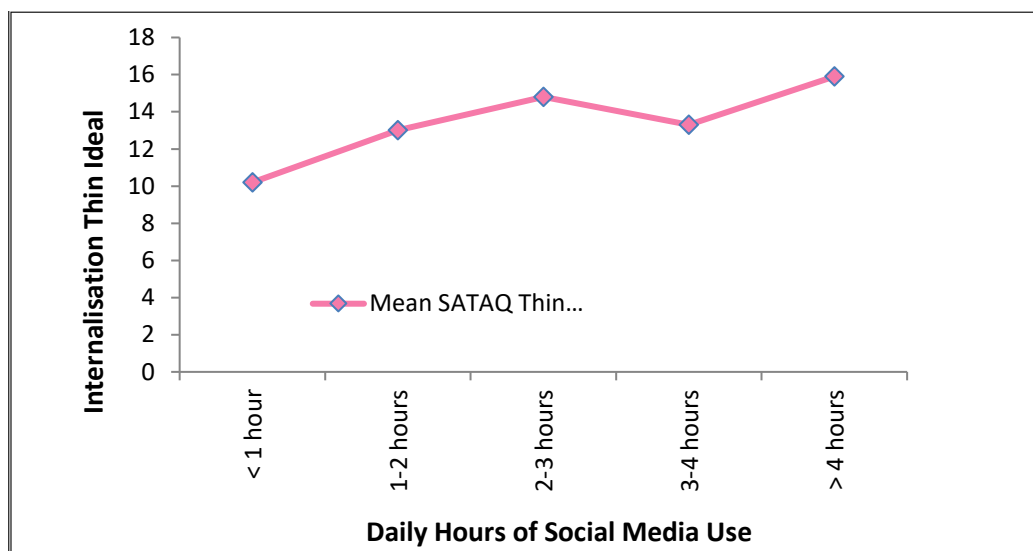
7.3.2 Baseline Analysis of Social Media Use by Sex

The baseline data were analysed further by sex to explore the relationship (if any) between daily hours of SM use (as measured by the SMBQ9) and the SATAQ 'Internalisation' subscales and 'Pressures' subscales. Pearson's product moment correlation coefficient was used in both cases to assess the level of association. As outlined earlier in Chapter Six, the SMBQ9 question was a multiple-choice item which included five options (<1 hour to > 4 hours) so a continuous variable was generated by estimating mid-points for each of the time periods (e.g. less than one hour = 0.5; 1-2 hours = 1.5 etc). A statistically significant positive relationship was noted between

SM use and internalisation of the thin body ideal for female participants ($r=.29$ - small, $n=66$, $p = .019$), thereby suggesting that higher daily use of SM was associated, albeit only weakly, with thin/low body fat idealisation among females (see Figure 7.3). No such relationship was found for male participants ($p= .58$). An examination of the relationship between daily hours of SM use and scores on the SATAQ external pressures subscales (i.e. 'family', 'media' and 'peers') showed no statistically significant results.

Figure 7.3

Mean 'Thin Ideal' scores by SM Use in Females



Independent samples t-tests were used next to test for sex differences at baseline on each of the scales and subscales. The results showed statistically significant differences on all of the CASSS subscales, the SATAQ Internalisation of Muscular/Athletic ideals subscale, and the SATAQ media and family pressure subscales (see Table 7.6). Males reported significantly lower levels of social support, overall, when compared with females as demonstrated by their total CASSS score, as well as lower perceived support specifically from teachers, classmates, close friends and other people in school. The results further demonstrate higher levels of SATAQ

'Muscular Ideal' scores in males, who also reported greater family pressures in this regard than their female counterparts; however, females reported significantly more external pressures from social media and also overall.

Table 7.6

Independent sample t-test results for scale scores by sex

Scale	Scale Subscale	Male		Female		t	p value	Effect size (d _s)
		n	Mean (SD)	n	Mean (SD)			
Rosenberg Scale		71	19.8 (4.2)	68	20 (5.3)	-.24	.81	.04 trivial
CASSS	Parent	65	57.4 (10.1)	67	59.4 (10.8)	-1.11	.27	.19 (trivial)
	Teacher	69	52.1 (12.4)	67	57.9 (10.9)	-2.89	.004**	.50 (medium)
	Classmates	69	48.7 (13.1)	67	54.5 (14.3)	-2.44	.02*	.42 (medium)
	Close Friend	67	56.7 (13)	67	63.6 (10.8)	-3.38	<.001***	.58 (medium)
	School People	65	47.3 (13.9)	68	54 (13.4)	-2.87	.005**	.50 (medium)
	Total	61	265.7 (43.2)	67	289.3 (49.6)	-2.81	.01*	.50 (medium)
SATAQ	Thin Ideal	69	12.6 (4.2)	66	13.5 (5)	-1.15	.25	.20 (small)
	Muscular Ideal	70	14.2 (5.1)	68	12 (5)	2.50	.01*	.43 (medium)
	Family	70	8.2 (3.6)	67	6.6 (3.7)	2.43	.02*	.42 (medium)
	Peers	69	7.2 (3.9)	67	7.3 (4.7)	-.07	.95	.01 (trivial)
	Media	70	6.7 (3.8)	68	8.6 (5.0)	-2.57	.01*	.44 (medium)
	Internalise Total	69	26.7 (8.6)	66	25.6 (9.3)	.75	.46	.13 (trivial)
	Pressures Total	69	21.9 (9.5)	66	22.6 (11.8)	-.39	.70	.07 (trivial)
	Total	68	48.5 (15.8)	65	48.2 (19.2)	.09	.93	.01 (trivial)

Note. *Significant at $p < .05$, ** Significant at $p < .01$, *** Significant at $p < .001$.

7.4 Section Three: Pre-Post Intervention Findings

This section presents the pre-post intervention findings. As mentioned earlier in Chapter Six, the intervention and control group participants completed all standardised measures as well as the bespoke SMBQ one week before the

intervention and one month following its completion. An exploratory 2 by 2 between groups analysis of covariance (ANCOVA) was conducted to assess the effects of the intervention on all outcomes as measured by each of the scales while controlling for sex and baseline/pre-intervention scores. The model included the following terms: Group, Sex, Group * Pre, Sex * Pre, Group * Sex, and Group * Sex * Pre. This allowed for differences by group and/or sex, in slopes and/or intercepts to be assessed. Between group and between sex comparisons (Table 7.7) were conducted using estimated marginal means in SPSS. A sample of the syntax used for SPSS is provided in Appendix 7b. Preliminary checks were conducted to ensure that there was no violation of the assumptions of normality, linearity, homogeneity of variances, homogeneity of regression slopes and reliable measurement of the covariate. No adjustment was made for multiple testing due to the exploratory (versus confirmatory) nature of the study; this is in line with Wang et al. (2021) who indicate that conducting exploratory studies 'without any control' allows for greater scope to explore for possible effects.

7.4.1 ANCOVA Results

The ANCOVA results (Table 7.7) showed statistically significant between group differences on the following four variables: CASSS perceived parent support; CASSS perceived teacher support; SATAQ Muscular/Athletic Internalisation subscale; and SATAQ Internalisation Total. As this is an exploratory study, post hoc testing on estimated marginal means is presented for all variables in Figures 7.4 - 7.7. These post-hoc results will be further discussed in Section 7.3.2.

The CASSS parent variable had a significant Group * Sex * Pre interaction. This means that the ANCOVA detected statistically significant mean differences in how the different Group and Sex combinations responded, depending on baseline or pre-

intervention (henceforth referred to as 'Pre') scores). This is a complex interaction. In simple terms, the 'CASSS Parent Pre' was evaluated at Pre = 27 (i.e. the minimum within the 'CASSS Parent Pre' data) and Pre = 72 (i.e. the maximum within the 'CASSS Parent Pre' data). The results show that control males and intervention females, with low Pre scores, improved statistically significantly following the intervention (Figure 7.4). However, control males with high Pre scores were statistically significantly worse in terms of their post-intervention scores. Some of the effects here may reflect a regression to the mean.

The CASSS Teacher Support subscale had a statistically significant Group * Pre term, meaning that the intervention and control group differed depending on the CASSS Teacher Pre score (see Figure 7.5). There was a similar effect for the SATAQ Internalisation subscale. An almost identical pattern of effects was seen for the SATAQ Internalisation subscale (Figure 7.7). Finally, ANCOVA results relating to the SATAQ Muscular subscale, indicated a statistically significant Group * Sex interaction whereby a statistically significant difference was found between males in the intervention versus control group ³ ($t(129) = 2.93$ at pre = 13.1, $p = .03$, $d_s = 0.39$ – small) (see Figure 7.6).

³The explicit t-test information is provided for this specific difference as it is not directly discernible from the figure.

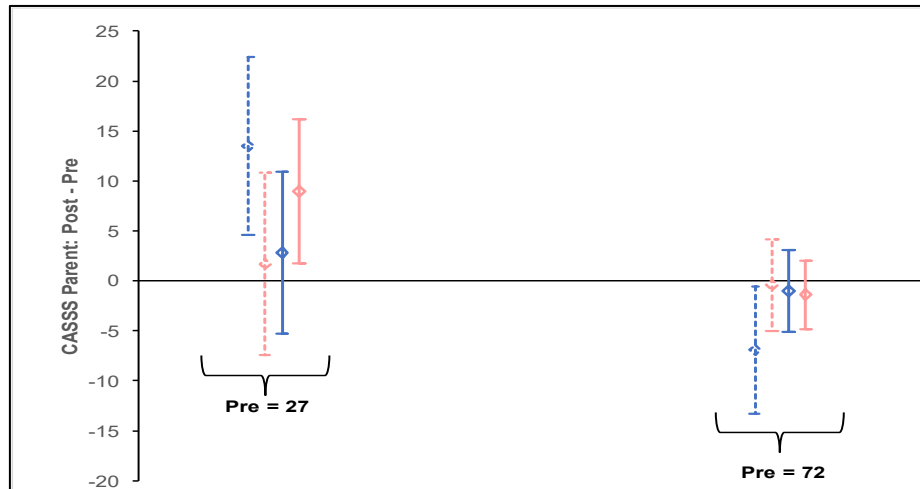
Table 7.7*ANCOVA Between Group Results*

	Group	Group * Pre	Group * Sex	Group * Sex * Pre
Rosenberg	.21 (0.01 small)	.31 (0.01 trivial)	.25 (0.01 small)	.36 (0.01 trivial)
CASSS Parent	.59 (0.00 trivial)	.48 (0.00 trivial)	.03 * (0.04 small)	.04 * (0.04 small)
CASSS Teacher	.02 * (0.04 small)	.007 ** (0.06 small)	.39 (0.01 trivial)	.16 (0.02 small)
CASSS Classmates	.64 (0.00 trivial)	.70 (0.00 trivial)	.09 (0.02 small)	.12 (0.02 small)
CASSS Close Friend	.12 (0.02 small)	.08 (0.03 small)	.38 (0.01 trivial)	.18 (0.01 small)
CASSS School People	.61 (0.00 trivial)	.36 (0.01 trivial)	.11 (0.02 small)	.11 (0.02 small)
CASSSTOTAL	.51 (0.00 trivial)	.49 (0.00 trivial)	.05 (0.03 small)	.06 (0.03 small)
SATAQ-Thin	.18 (0.01 small)	.16 (0.02 small)	.80 (0.00 trivial)	.52 (0.00 trivial)
SATAQ Muscular	.03 * (0.04 small)	.20 (0.01 small)	.03 * (0.04 small)	.06 (0.03 small)
SATAQ Family	.67 (0.00 trivial)	.34 (0.01 trivial)	.15 (0.02 small)	.07 (0.03 small)
SATAQ Peers	.89 (0.00 trivial)	.61 (0.00 trivial)	.29 (0.01 trivial)	.25 (0.01 small)
SATAQ Media	.32 (0.01 trivial)	.19 (0.01 small)	.62 (0.00 trivial)	.79 (0.00 trivial)
SATAQ Internalisation	.004 ** (0.06 medium)	.010 ** (0.05 small)	.07 (0.03 small)	.05 (0.03 small)
SATAQ Pressures	.62 (0.00 trivial)	.24 (0.01 small)	.15 (0.02 small)	.11 (0.02 small)
SATAQ Total	.20 (0.01 small)	.39 (0.01 trivial)	.10 (0.02 small)	.06 (0.03 small)
SMBQ Daily Hours	.33 (0.01 trivial)	.78 (0.00 trivial)	.88 (0.00 trivial)	.12 (0.02 small)
SMBQ SM Literacy	.29 (0.01 trivial)	.53 (0.00 trivial)	.64 (0.00 trivial)	.67 (0.00 trivial)
SMBQ SM Attitude/Behaviour	.34 (0.01 trivial)	.52 (0.00 trivial)	.45 (0.00 trivial)	.48 (0.00 trivial)

Note. Values shown are p-values for the associated model term, and in brackets the effect size (eta-squared).

Figure 7.4

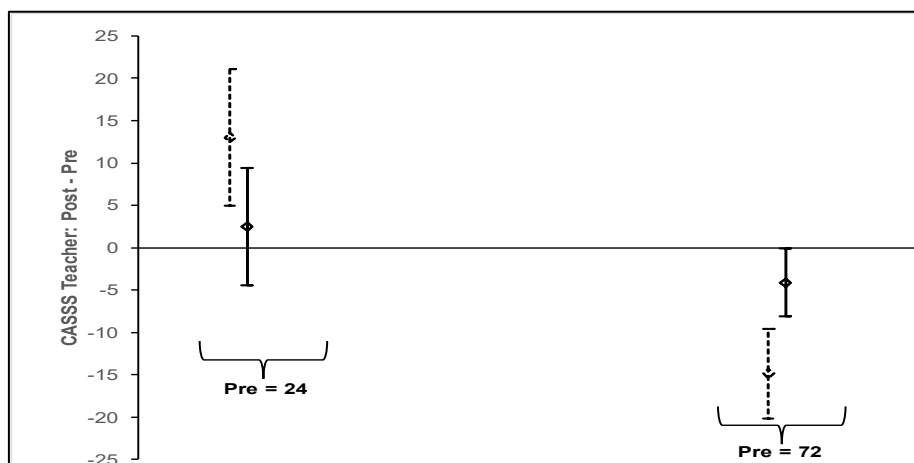
*Estimated marginal mean 95% confidence intervals across all Group * Sex combinations (evaluated at CASSS Parent Pre = 27 and 72, respectively).*



Note. The dashed lines represent the control group, while the solid lines represent intervention group data. The blue lines represent males, while the pink represent females. Confidence intervals not crossing the horizontal axis represent statistically significant effects at the 5% significance level.

Figure 7.5

Estimated marginal mean 95% confidence intervals across Groups (evaluated at CASSS Teacher Pre = 24 and 72, respectively).



Note. The dashed lines represent the control group, while the solid lines represent intervention group data. Confidence intervals not crossing the horizontal axis represent statistically significant effects at the 5% significance level.

Figure 7.6

Internalisation of Muscular/Athletic Ideal by Sex

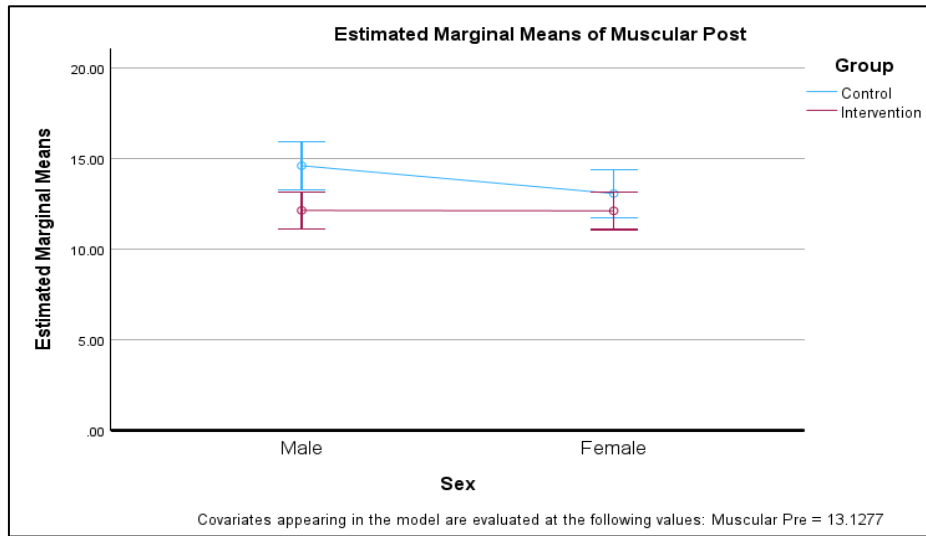
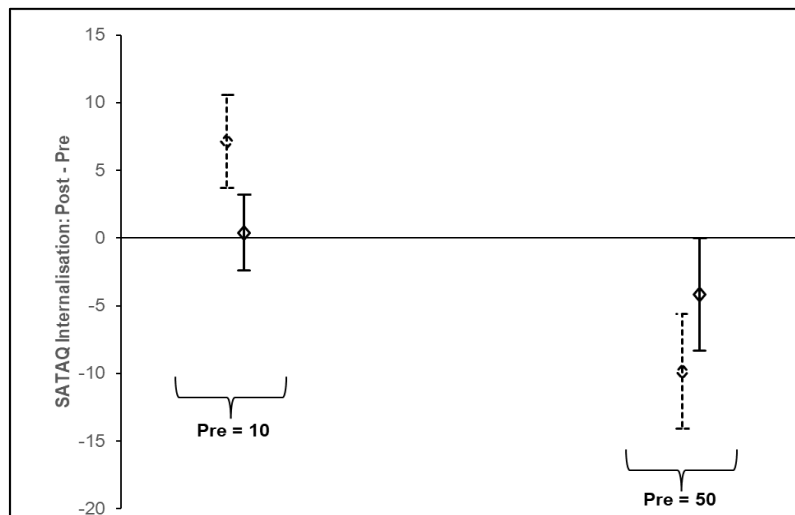


Figure 7.7

Estimated marginal mean 95% confidence intervals across Groups (evaluated at SATAQ Internationalisation Pre = 10 and 50 respectively).



Note. Formatting is as in Figure 7.5.

7.4.2: Post-hoc results

As this is an exploratory study, all post-hoc tests were reviewed for additional possible effects regardless of omnibus test results. Post-hoc confidence intervals for the Pre – Post estimated marginal mean differences are presented in Table 7.8 and all results were evaluated at the corresponding Pre mean.

Only the SATAQ Muscular effect from the previous section was seen in the post-hoc tests when evaluating only at the pre mean. This may be a further indication of regression to the mean effects at low and high pre values. A larger sample would be required to further investigate this. Results that suggest statistically significant effects warranting further investigation are outlined below.

- **CASSS Teacher Support:** Males in the intervention group reported higher levels of perceived teacher support (medium effect size).
- **CASSS Close Friend Support:** Males in the intervention group reported higher levels of perceived support from friends (medium effect size).
- **SATAQ Muscular/Athletic:** Males in the intervention group reported reduced interest in muscularity ideal (medium effect size).
- **SATAQ Family Pressure:** Females in the intervention group showed lower perceived appearance-based pressure from family (small effect size). The mechanism by which perceived family pressure was reduced may have been the discussion of family pressure within the programme and/or perhaps discussion of the topics at home or with friends.
- **Social Media Daily Use:** Intervention group males reported statistically significantly reduced mean daily social media use following completion of the programme (small effect size).

- **Social Media Literacy:** Intervention group females reported statistically significantly reduced mean social literacy following completion of the programme. A lower score on these items (which included questions such as: 'I compare myself to photos on social media and feel like I'm not good enough' and 'I think social media gives a clear picture of real life' as described in Chapter Six) was desirable, thereby suggesting that the intervention had increased critical awareness of social media in this group (but not in males) (although the overall effect was small).
- Contrary to expectations, no significant changes were noted on the SATAQ internalisation scales for females, although as noted earlier, females did not overly identify with the thin ideal at baseline.

7.4.3 Summary of Pre-Post Intervention Findings

Collectively, the above findings suggest that males and females responded differently to the intervention, with the intervention group males reporting reduced internalisation of the muscular/athletic ideal when compared to the control group and with intervention group females showing some improvements in terms of their perceptions of appearance-related pressures from family and social media literacy. There were also changes to perceived social support in intervention group males in relation to teacher and close friends. It is not clear, however, to what extent, the increased reports of social support in the intervention group males are due to the intervention or to other factors. These findings will be discussed later in Chapter Nine.

Table 7.8

Pre-post intervention changes in estimated marginal mean outcome variables by sex (evaluated at pre = mean for each variable)

Scale (Baseline/Pre score)	Group: I – C [95% CI] p value (<i>d_s</i>)	Male: I – C [95% CI] p value (<i>d_s</i>)	Female: I – C [95% CI] p value (<i>d_s</i>)
Rosenberg Post (19.8)	[-0.4, 1.6] .26 (0.20 – trivial)	[-0.3, 2.7] .11 (0.28 – small)	[-1.5, 1.5] .99 (0.00 – trivial)
CASSS Parent Post (58.2)	[-1.6, 4.0] .40 (0.16 – trivial)	[-3.3, 5.0] .69 (0.07 – trivial)	[-2.2, 5.3] .41 (0.15 – trivial)
CASSS Teacher Post (55.2)	[-0.6, 7.2] .10 (0.30 – small)	[2.3, 13.4] .006 ** (0.50 – med)	[-6.7, 4.2] .65 (0.08 – trivial)
CASSS Classmates Post (51.5)	[-4.0, 2.9] .75 (0.06 – trivial)	[-6.6, 3.4] .52 (0.12 – trivial)	[-4.3, 5.3] .84 (0.04 – trivial)
CASSS Close Friend Post (60.3)	[-1.7, 4.8] .35 (0.17 – trivial)	[1.0, 10.0] .02 * (0.44 – small)	[-7.2, 2.4] .32 (0.18 – trivial)
CASSS School People Post (50.4)	[-1.0, 6.6] .15 (0.26 – small)	[-2.8, 8.5] .32 (0.18 – trivial)	[-2.4, 7.9] .29 (0.19 – trivial)
CASSS TOTAL Post (277.2)	[-9.7, 11.9] .84 (0.04 – trivial)	[-17.9, 15.3] .87 (0.03 – trivial)	[-10.2, 17.4] .61 (0.10 – trivial)
SATAQ-Thin Post (13.0)	[-1.4, 1.4] .96 (0.01 – trivial)	[-1.3, 2.6] .49 (0.12 – trivial)	[-2.8, 1.3] .46 (0.13 – trivial)
SATAQ Muscular Post (13.1)	[-2.9, -0.5] .005 ** (0.50 – med)	[-4.1, -0.8] .004 ** (0.52 – med)	[-2.6, 0.7] .26 (0.20 – trivial)
SATAQ Family Post (7.4)	[-2.6, -0.5] .005 ** (0.50 – med)	[-2.9, 0.2] .08 (0.31 – small)	[-3.3, -0.2] .03 * (0.40 – small)
SATAQ Peers Post (7.3)	[-1.7, 0.5] .26 (0.20 – small)	[-2.3, 0.9] .38 (0.16 – trivial)	[-2.1, 1.0] .48 (0.13 – trivial)
SATAQ Media Post (7.7)	[-1.4, 1.0] .75 (0.06 – trivial)	[-2.2, 1.2] .56 (0.11 – trivial)	[-1.6, 1.8] .89 (0.02 – trivial)
SATAQ Internalisation Post (26.2)	[-3.9, 0.5] .12 (0.28 – small)	[-4.9, 1.2] .23 (0.22 – small)	[-4.7, 1.6] .33 (0.18 – trivial)
SATAQ Pressures Post (P22.6)	[-4.6, 0.8] .18 (0.25 – small)	[-5.7, 2.1] .36 (0.17 – trivial)	[-5.7, 1.9] .32 (0.18 – trivial)
SATAQ Total Post (48.6)	[-7.5, 1.1] .15 (0.27 – small)	[-8.8, 3.6] .41 (0.15 – trivial)	[-9.9, 2.3] .22 (0.23 – small)
SMBQ Daily SM Use – Hours (2.3)	[-0.6, 0.1] .16 (0.26 – small)	[-1.2, -0.1] .01 * (0.46 – small)	[-0.4, 0.7] .55 (0.11 – trivial)
SMBQSM Literacy (7.1)	[-1.1, -0.2] .010 ** (0.47 – small)	[-1.2, 0.1] .10 (0.30 – small)	[-1.4, -0.0] .04 * (0.36 – small)
SMBQ Attitude/ Behaviour (11.6)	[-1.4, 0.3] .19 (0.23 – small)	[-1.6, 0.8] .47 (0.13 – trivial)	[-1.9, 0.5] .27 (0.20 – trivial)

Note. The baseline/pre score value in brackets is the value of the pre score at which the test was conducted. *Significant at <.05, **Significant at p < .01. Where *d_s* values do not seem to match the interpretation, this is due to rounding to 2dp. The given interpretations are based on the exact *d_s* value and not the rounded value. Effect size Cohen's *d_s* is estimated here from the formula $\frac{2t}{\sqrt{df_{error}}}$.. Abbreviation: Med =medium.

7.5 Section Four: Experiences and Views of the #MTAS Intervention

This final section presents the findings on participants' experiences and views of the intervention and its delivery. As outlined in Chapter Six, these data were collected using: (a) the PEF completed by intervention group participants at follow-up; (b) a focus group with intervention group participants; and (c) the TFF completed by teacher participants. The student experiences are described first below.

7.5.1 Overall Student Views and Experiences of the Intervention (PEF)

As described in Chapter Six, the PEF includes 15 open-ended and two closed questions designed to elicit feedback on all aspects of the programme. An inspection of the responses to the two closed questions in the first instance, showed that the vast majority of participants (91%, 77/85) felt that the #MTAS programme was 'good for their class', with only some small variations by school type (all boys' school: 89%, mixed School: 91% and all-girls school: 94%). Likewise, most respondents (88%, 75/85) indicated that they would like a younger sibling or friend to receive the programme (88%, all-boys school: 86%, co-educational school: 89% and all-girls school; 88%).

The PEF also included an open-ended field to enable participants to elaborate on their answers. For example, several participants felt that the programme was valuable for their class for the reasons outlined below:

"It helped me feel good about myself and would help a lot of people with body image".

"...because it might help people with their self esteem".

“It made me feel better about my mental health”.

Others indicated that the #MTAS lessons had increased their knowledge relating to mental health issues and had helped them to learn and “to cope with mental health and eating disorders” whilst also enhancing their overall awareness and the availability of support options. Many participants also alluded to the positive impact of the #MTAS programme on their perception of media and social media; for example, one student stated that:

“It showed us that social media isn’t real and we don’t have to look like the people on it”.

Positive comments were also received with regard to a young sibling or friend receiving the programme, as illustrated by the following comments:

“I don’t want [siblings] to hate themselves and their bodies or social media to pressure them”.

“It is very helpful as if they have any problems, they will know how to get over them”

“It gives them good advice for the future”.

As described in Chapter Six, the responses to all of the open-ended questions were examined in a detailed two-part process involving, in the first instance, a preliminary summative content analysis to identify any clear or recurring initial patterns (Hsieh & Shannon, 2005) and secondly a more in-depth RTA (Braun and Clarke, 2019) to identify key themes and subthemes in the data to promote a greater understanding of the perceived effectiveness and impact of the intervention. Both approaches were used to support and amplify the quantitative (closed question) findings and to facilitate the reporting and dissemination of the results to diverse audiences, including the Bodywhys board who explicitly expressed a preference for quantitative information. As mentioned earlier in Chapter Three, the researcher was also keen to ensure that the youth voice was accurately reflected and that her experience or expectations would not bias interpretation of the findings. Lastly, given the dearth of information relating to body image and social media literacy interventions, and the absence of participant feedback in previous studies, it was considered paramount to conduct a thorough analysis of the PEF data in order to promote a greater understanding of the experience and perceived impact of the intervention.

Research suggests that quantifying qualitative data such as open-ended questions allows researchers to integrate the depth of qualitative insights with the rigour of quantitative analysis (Fetters et al., 2013; O’Cathain e al., 2007). Thus, a summative content analysis of responses to each question in the first instance was combined with an RTA, to enable a more comprehensive and nuanced understanding of the intervention, whilst also strengthening the overall validity and reliability of the findings.

7.6 Summative Content Analysis of Responses to Each Question

Three overall categories were identified from the preliminary content analysis including observations that the #MTAS programme: (1) makes people happier about body image; (2) improves social media literacy; and (3) provides a better understanding of key issues around body image. Overall, these preliminary findings suggest that the main objectives of the #MTAS programme (i.e. to promote positive body image, improve social media and media literacy, and promote awareness of eating disorders and related issues) had been achieved. For example, two-thirds of the responses to whether the programme was ‘Good for Your Class?’ indicated a positive perceived impact on participants ‘understanding’ and ‘body satisfaction’ (Figure 7.8). It was also interesting to note that proportionately more females than males reported that the #MTAS “makes people happier with their body”, (i.e. improves body image) (Figure 7.9).

Figure 7.8

Participant Responses to ‘Do you Think the Lessons Were Good for Your Class?’

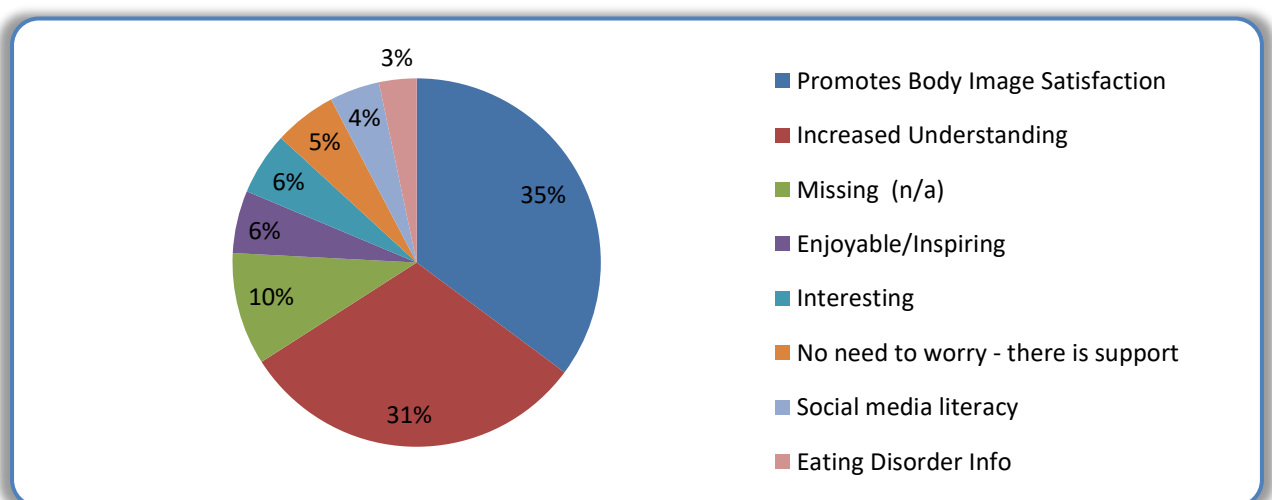
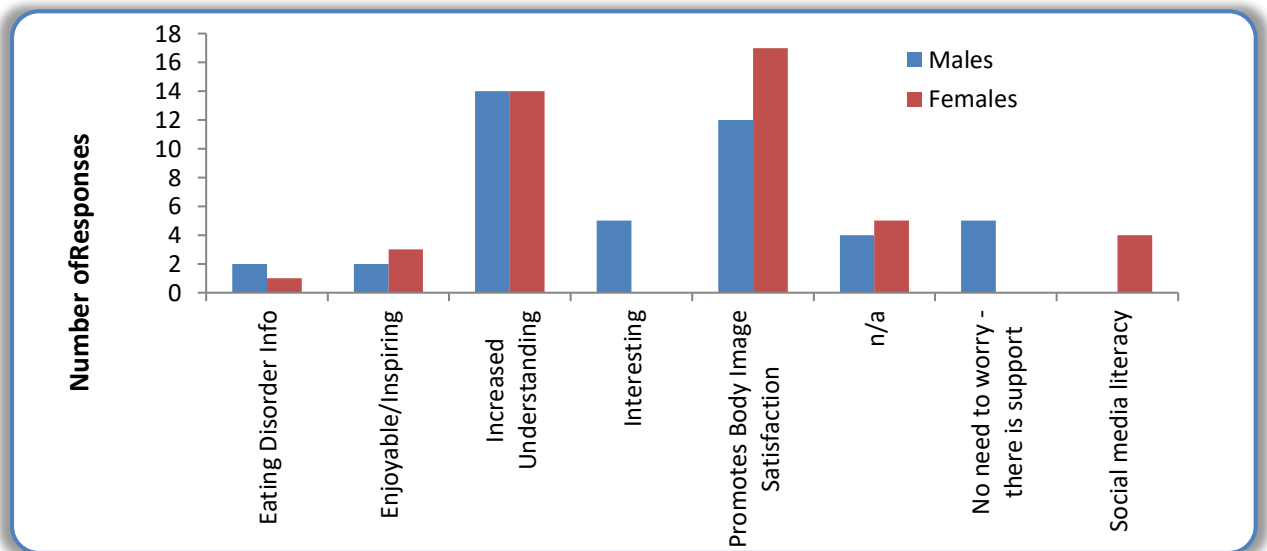


Figure 7.9

Responses by Sex to the Question: ‘Do you Think the Lessons Were Good for Your Class?’



The reasons for recommending the #MTAS programme to younger friends or siblings were also explored through the content analysis of participant responses. The main categories generated (respectively) were that the programme was considered “very helpful for dealing with life” (42%) followed by “provides good advice for the future”, (18%) and “to learn about body image” (12%) (see Figure 7.10). These suggest that participants felt the programme would be relevant and helpful to their younger siblings or friends when they were in First Year. A further analysis showed no obvious patterns by sex (Figure 7.11).

Figure 7.10

Reasons for Recommending the #MTAS for Younger Sibling or Friend

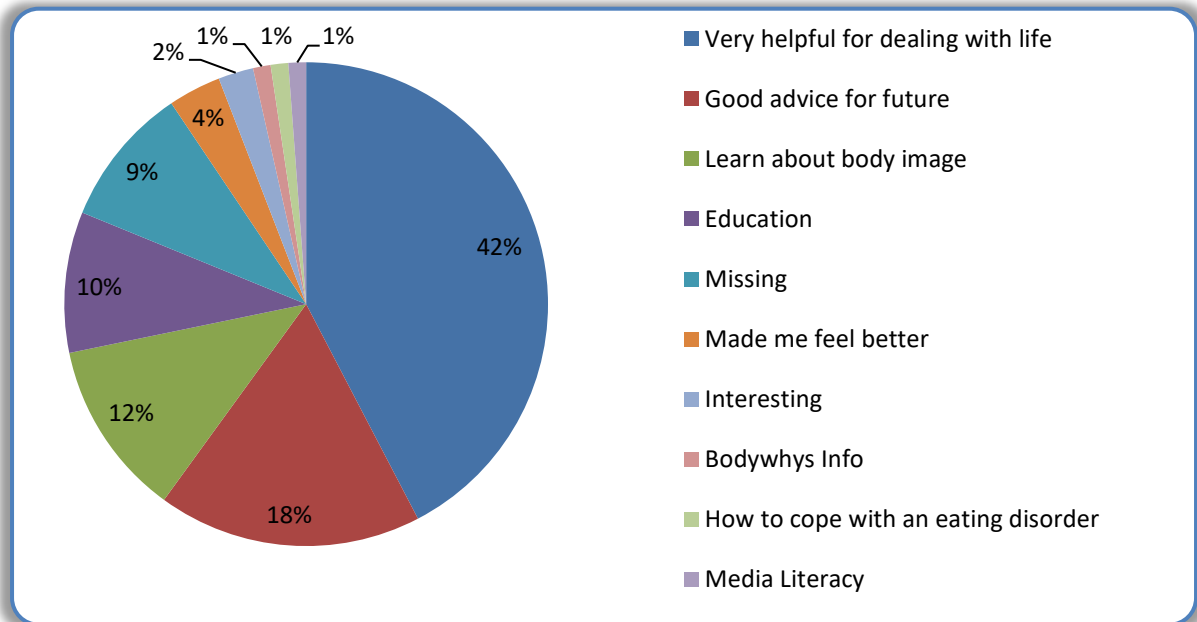
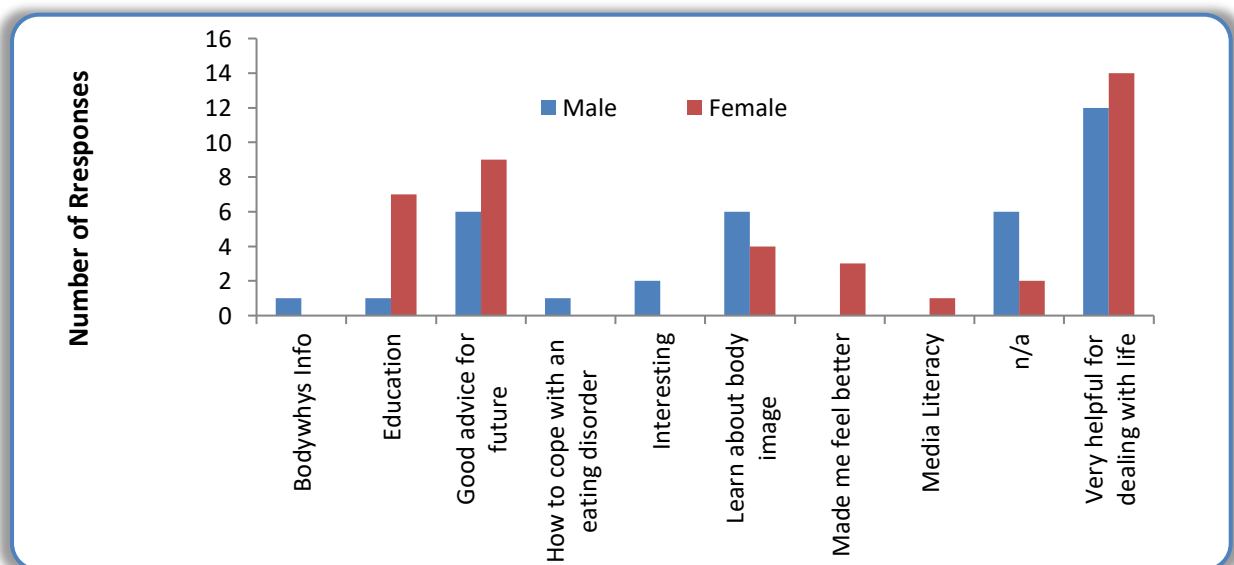


Figure 7.11

Breakdown by sex of 'Reasons for Recommending the #MTAS for Younger Sibling or Friend



7.6.1 Responses Related to 'What Participants Remembered Most'

When asked to indicate what they remembered most about the programme, the largest proportion of respondents (21%) indicated that they remembered The Strypes most, followed by the information on eating disorders (18%), the 'Right Fit' video (11%) and the "be yourself - don't change to fit in" message (10%) (Figure 7.12) and breakdown by sex (Figure 7.13)

Figure 7.12

Responses to "What Do You Remember Most about the #MTAS Lessons?"

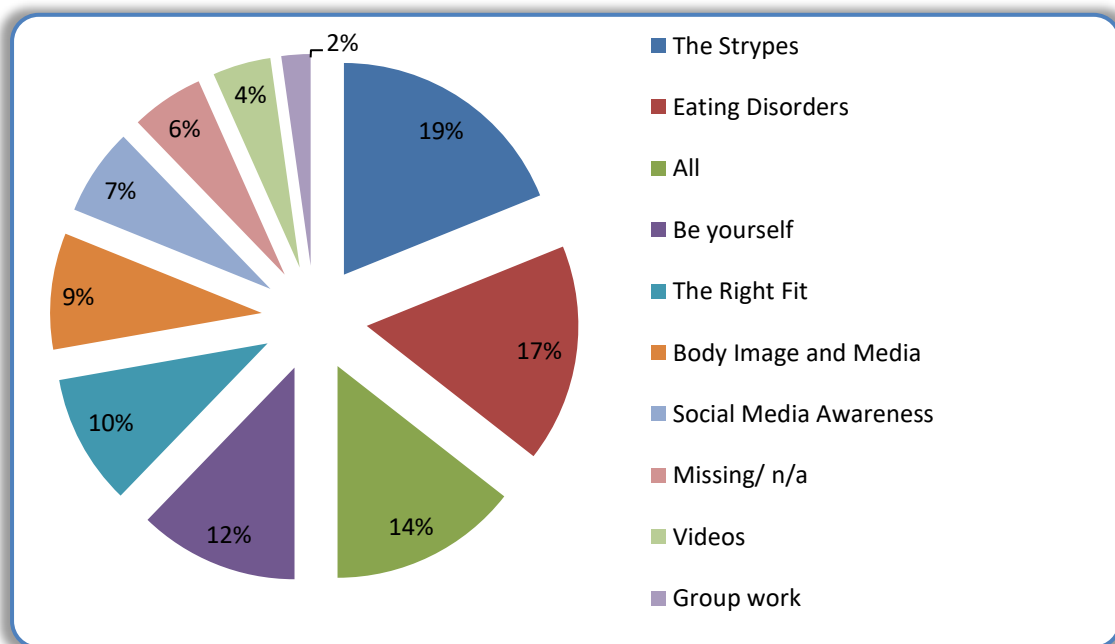
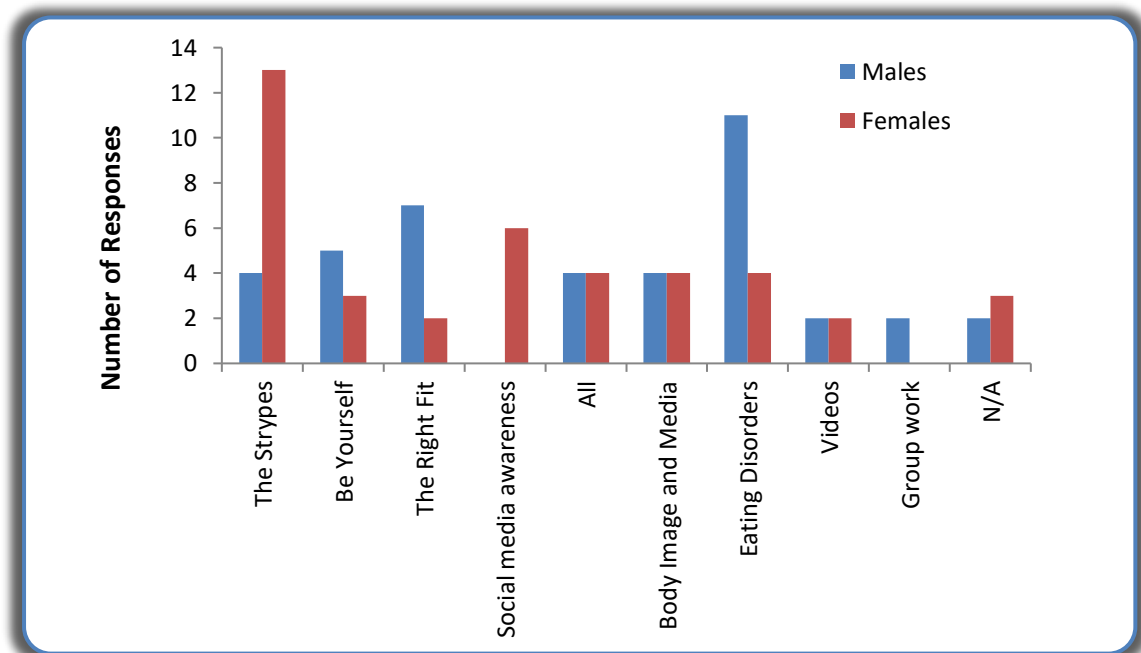


Figure 7.13

Breakdown of Responses to What Participants “Remember Most About the #MTAS Lesson” by Sex

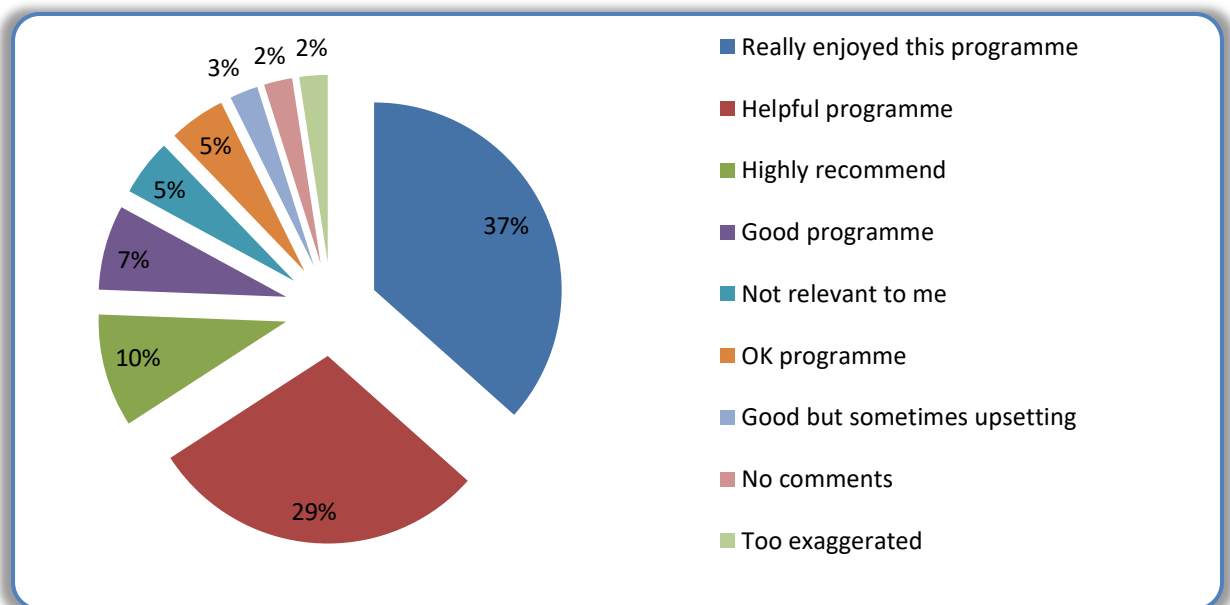


There were also some interesting patterns by sex, in that more girls than boys had remembered The Strypes most, while more of the boys remembered the eating disorder content most as well as the ‘Right Fit’ video (Figure 7.13).

Participants were also given the opportunity to provide any general comments on the programme, most of which, again, were positive. The main category identified from the summative content analysis mirrored the sentiments expressed earlier, in that two thirds mentioned their overall enjoyment of the programme and the extent to which they had found it helpful (see Figure 7.14). However, one in ten of the responses were more negative in tone, with respondents indicating that they felt the programme was not relevant to them, was ‘good but a little upsetting’ or contained exaggerated content. No obvious patterns by sex were identified in this regard.

Figure 7.14

Patterns Identified from General Comments Relating to Participants Experience of the #MTAS Lessons



While the comments made by both males and females were broadly comparable, males provided typically more detailed and expansive responses than their female counterparts, as illustrated below:

“I really enjoyed every lesson and found it very helpful. I would highly recommend this to other schools.”

“It was really good because it will make us feel more confident, make us feel better about ourselves, we can tell our brother and sisters about it, which will make them feel good about themselves and make them have less pressure.”

Typical responses from female participants were briefer and generic, referring to the helpfulness of the lessons and their enjoyment in participating in the programme.





This suggests a potentially higher level of enthusiasm/engagement from male participants, although comments were broadly positive overall.

7.7 Overall Lesson Preferences

Next, the participants were asked to indicate which lesson they preferred and why. Although details on the #MTAS lesson content were presented in Chapters Four and Five, a brief reminder summarising lesson content is provided below (Figure 7.15). The largest proportion of participants (38%) indicated a preference for Lesson Four (see Figure 7.16) which, as described earlier in Chapter Five, focused on body image and mental health and included videos of the researcher providing information on eating disorders as well as a short (4.2 minutes) animated video entitled ‘Kate’s Story’ (which portrayed a personal story of a teenage girl developing an eating disorder and her journey to recovery).

Figure 7.15

#MTAS Lesson Summary

 <p style="text-align: center;">Lesson 1</p> <p style="text-align: center;">Body Image & The Media</p> <p>Video extracts from interview with The Strypes on body image and the media.</p> <p>Videos to promote awareness of media production techniques.</p>	 <p style="text-align: center;">Lesson 2</p> <p style="text-align: center;">Body Image & The Media</p> <p>Media and social media literacy.</p> <p>Additional video extracts from The Strypes’ interview on body image.</p>	 <p style="text-align: center;">Lesson 3</p> <p style="text-align: center;">The Right Fit</p> <p>Videos and lesson plans related to individual identity & ‘fitting in’.</p> <p>Group discussion to foster peer supportive environment to promote positive body image and self esteem</p>	 <p style="text-align: center;">Lesson 4</p> <p style="text-align: center;">Body Image & Mental Health</p> <p>Videos and lesson content to promote awareness and understanding of mental health issues and eating disorders and the supports available</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Lesson Three was the next most popular lesson, which was preferred by approximately one in five respondents, followed by Lessons Two and One respectively. A small number of young people (6%) were undecided between Lesson One and Two as their preferred lesson ($N=5$, 6%) (see Figure 7.16). Approximately one in ten (and marginally more girls than boys) indicated that they liked all lessons equally. A further examination by sex indicated proportionately more boys than girls preferred Lessons One and Three (see Figure 7.17).

Figure 7.16

Responses to 'Which #MTAS Lesson Did You Like Most?'

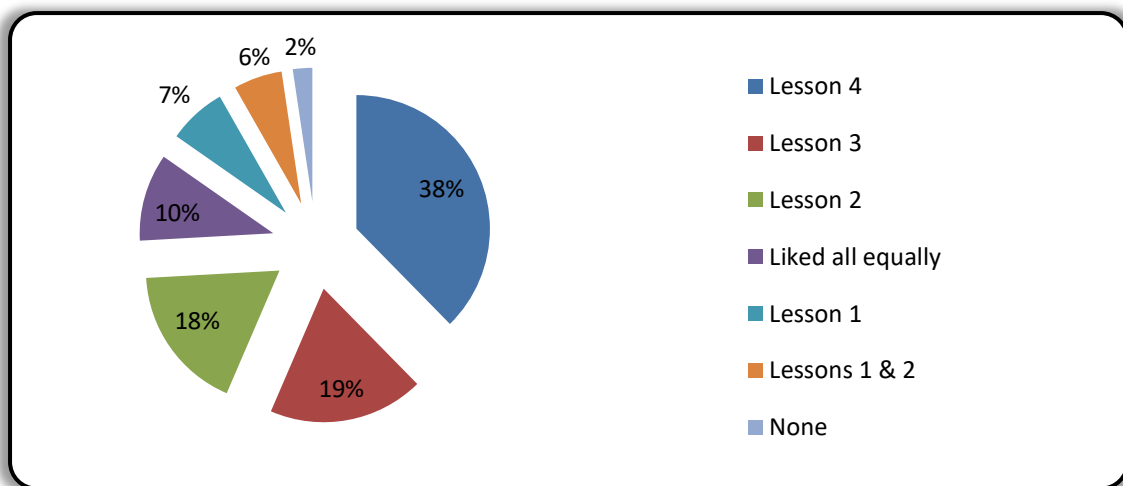
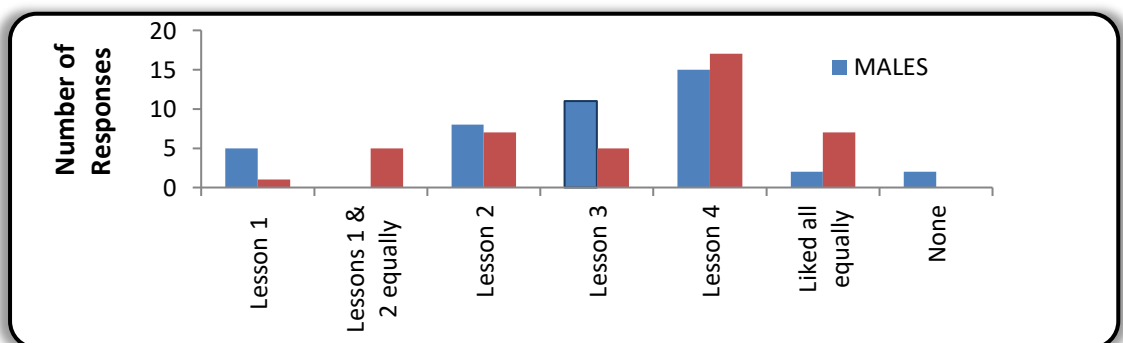


Figure 7.17

Breakdown of Responses by Sex to 'Which #MTAS Lesson Did You Like Most?'



When asked which lesson they ‘liked least and why’, approximately equal proportions opted for lessons one and two, and three and four respectively. Approximately one in five indicated that they had enjoyed all of the lessons equally, although proportionately more males had least preferred lessons one and three (Figures 7.18 and 7.19).

Figure 7.18

Responses to ‘Which of the Four #MTAS Lessons Did You Like Least?’

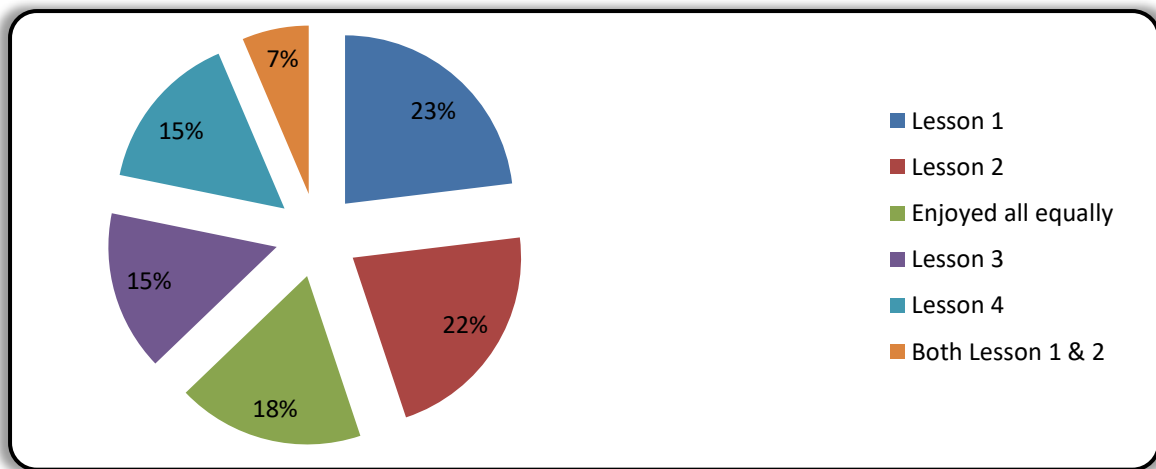
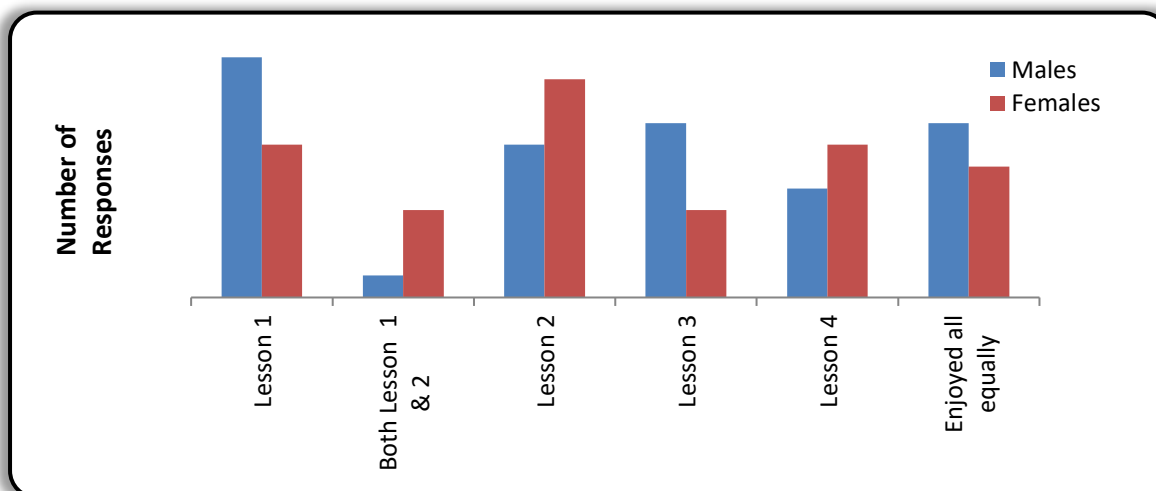


Figure 7.19

Breakdown of Responses by sex to ‘Which of the Four Lessons Did You Like Least?’



7.8 Individual Analysis of Programme Elements/Lessons

Participants were asked for their specific views on each of the four lessons due to a need for feedback on all individual components/ingredients of the programme and its perceived impact as well any marked patterns by sex. The response rate here was an encouraging 97%. Each lesson is discussed, in turn, below.

7.8.1 Lesson One: *Body Image and the Media*

The responses regarding **Lesson One** overall, were varied and no dominant category was identified. Responses from male respondents included: “because it was interesting”; “it helped me understand”; and “I learned it doesn’t matter what people think”. Females cited a number of reasons relating primarily to addressing body image concerns and media literacy, which appeared to be relevant and interesting for them including “body image, it made me feel better” and “body image and the media was fun”.

An examination of the responses regarding what students liked most about the lesson, included mainly references to: education on both body image and social media literacy (28%); the ‘real world’ perspective offered by the Strypes boy band (15%); and the enjoyable and interesting content (13%) (see Figure 7.20). Smaller proportions of participants (14%) also reported improvements in their self-esteem and a recognition of “the importance of ‘being yourself’”. A further breakdown of responses by sex showed that body image education was highlighted by proportionately more boys while more girls emphasised the social media literacy element of the lesson (see Figure 7.21).

Figure 7.20

Responses by Participants to ‘What did you like most about Lesson One?’

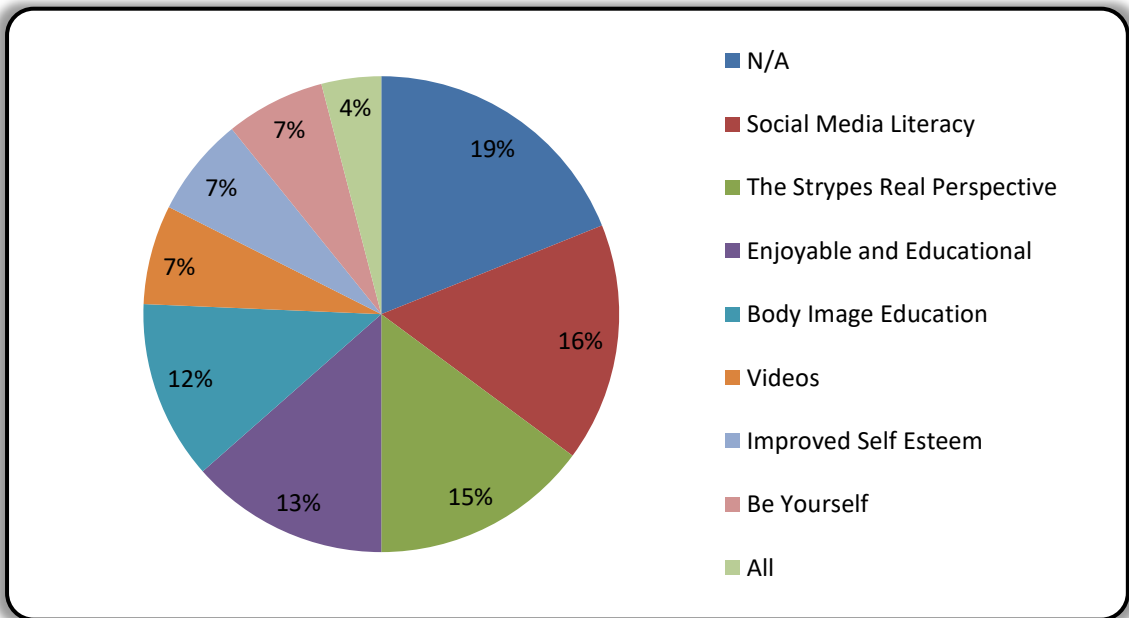
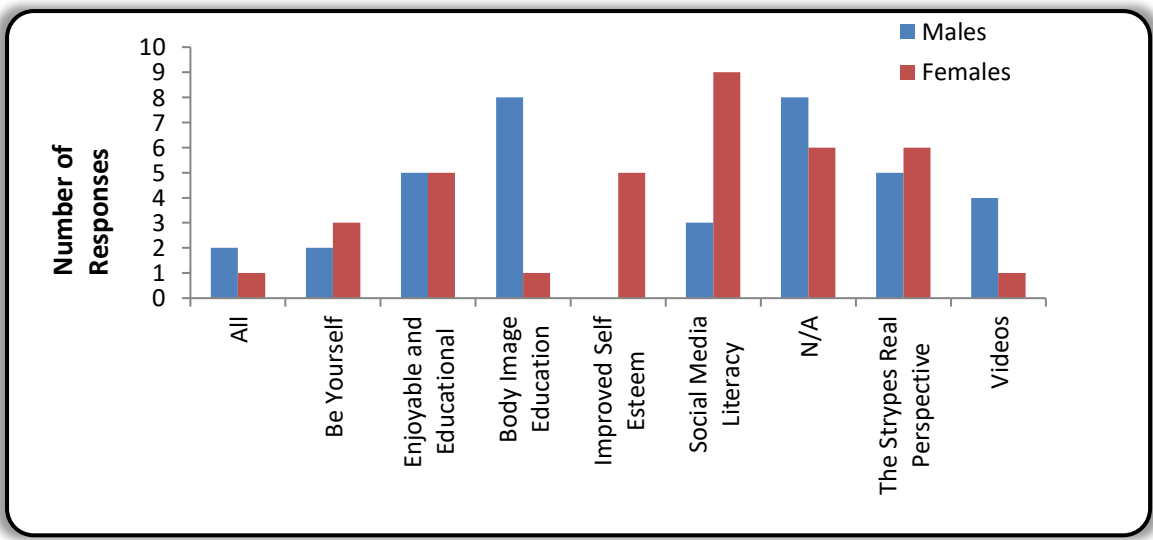


Figure 7.21

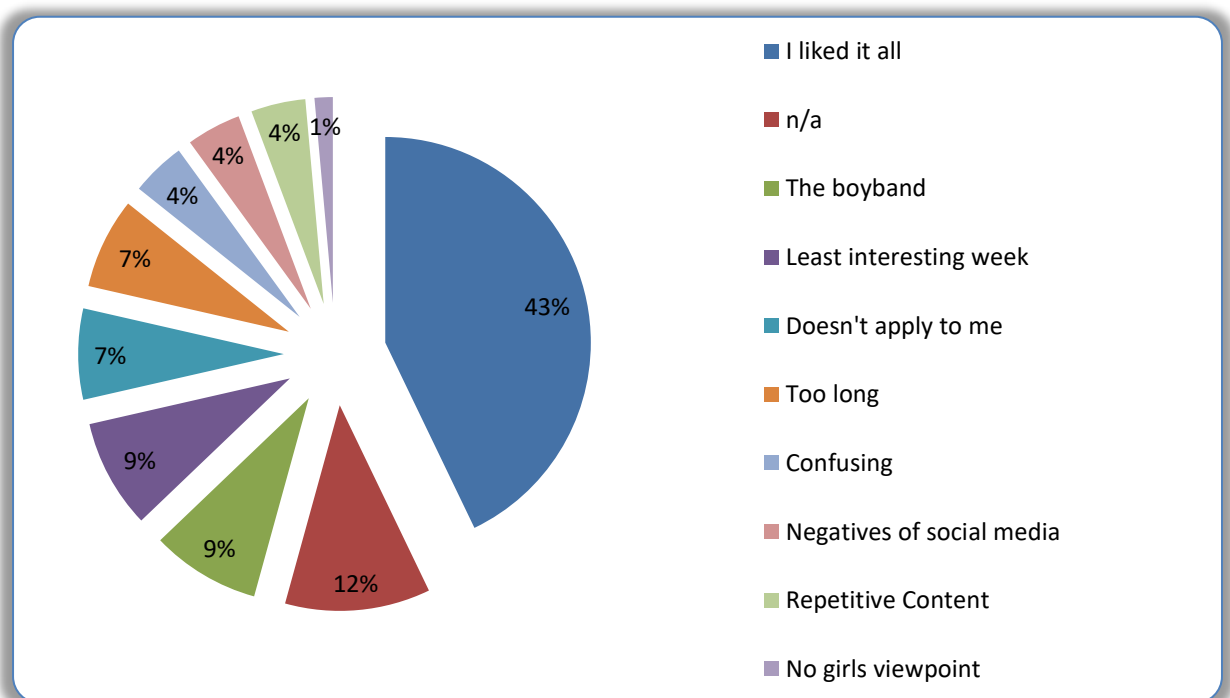
Breakdown of Responses by Sex to “What did you like most about Lesson One?”



When asked what they liked least about lesson one, approximately one in five participants indicated, for example, that they felt the lesson was too long, confusing or repetitive, while a small proportion did not like the boyband and felt that the lesson lacked a female perspective. However, over half of the participants (55%) and marginally more males than females, had no negative comments at all, indicating instead that they liked all of the programme, or that the question was not applicable to them (Figure 7.22). There was very little variation in responses by sex.

Figure 7.22

Responses to What Participants ‘Liked Least’ about Lesson One.



7.8.2 Lesson Two: Body Image and the Media

Body image and media literacy were the dominant categories which were identified from responses related to why the participants preferred **Lesson Two**. Some responses from female participants here, suggested that Lesson Two had been helpful with regard to their self-esteem and body image because “it made me feel good about

myself”; “because it showed you shouldn’t worry about how your body looks”; and “I learned you don’t have to care what people think about you”. Responses by male participants who preferred Lesson Two tended to focus marginally more on “learning more about body image and the media”. With regard to what participants liked most about Lesson Two, approximately one third (see Figures 7.23 and 7.24), and especially females, reported enjoying the social media literacy aspects such as learning “that social media isn’t reality” and how “people put up the good stuff” as well as the videos and images on media retouching techniques: “It was cool to see the pictures of ads that were edited” and “how lots of things go into making the perfect picture”. Both male and female participants indicated that The Strypes had “provided good advice”, which “definitely encouraged me” and “it was good to “see modern young adults talking about body image” particularly because ‘they were so honest about how they felt”.

Figure 7.23

Participant Responses to ‘What Did You Like Most About Lesson Two?’

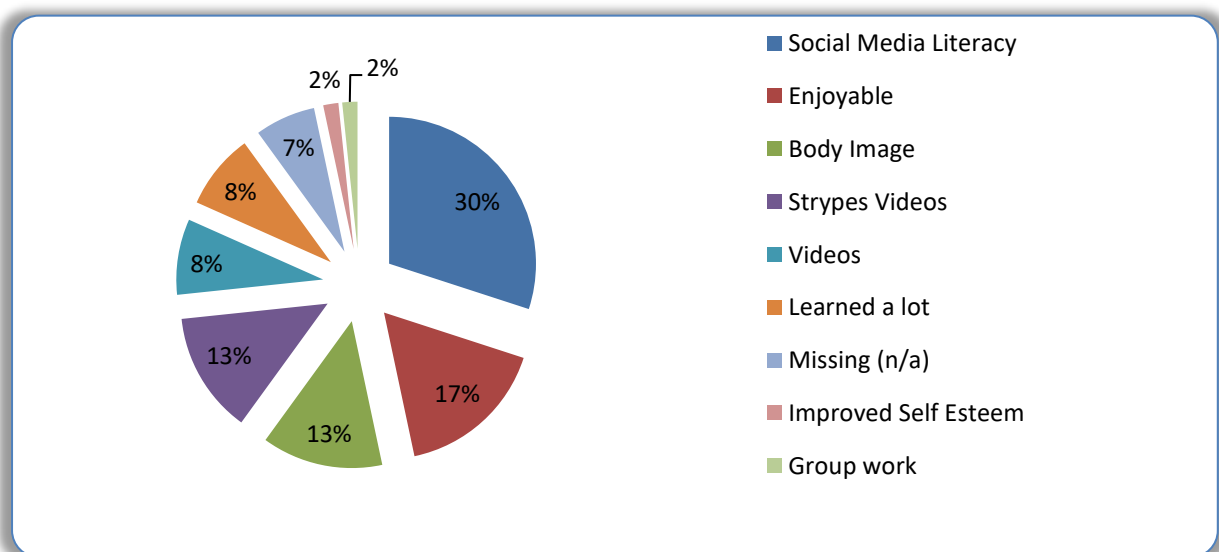
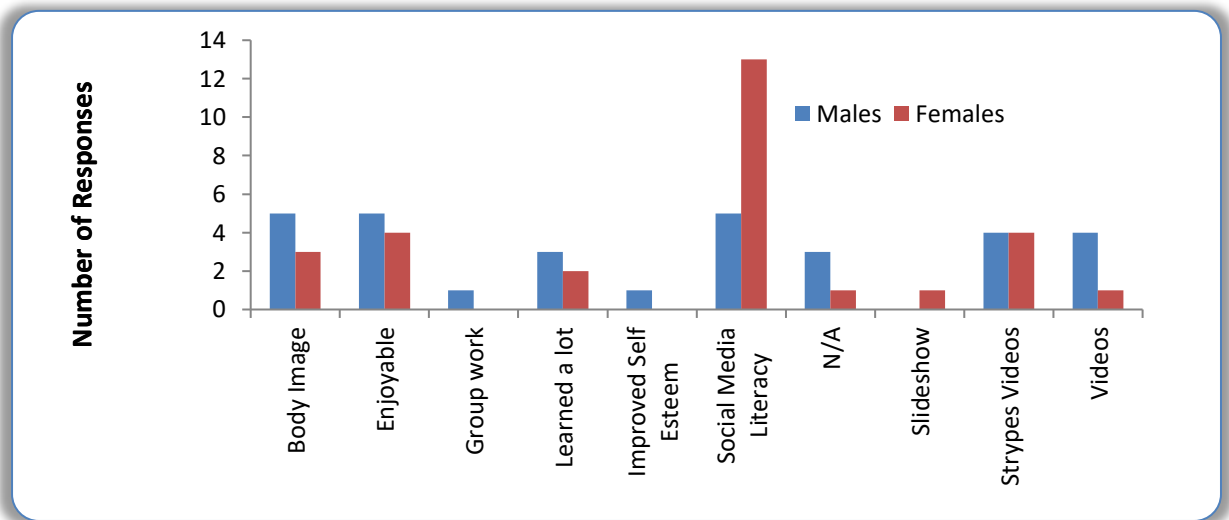


Figure 7.24

Breakdown of responses by sex to ‘What Did You Like Most About Lesson Two?’



When asked what they liked least about Lesson Two, over half (53%) reported no negative comments, with others referring to, for example, repetition of content from Lesson One. Although Lessons One and Two included a range of videos on different aspects of social media and media literacy including the ‘Insta Lie’ video and airbrushing videos, they also included several videos of the Strypes talking about aspects of body image and social media pressure (Figure 7.25). The breakdown of responses by sex suggests that the Strypes videos resonated more with the male participants (Figure 7.26) as only female participants indicated that this was the aspect, they liked least about Lesson Two.

Figure 7.25

Responses to “What Participants Liked Least about Lesson Two”

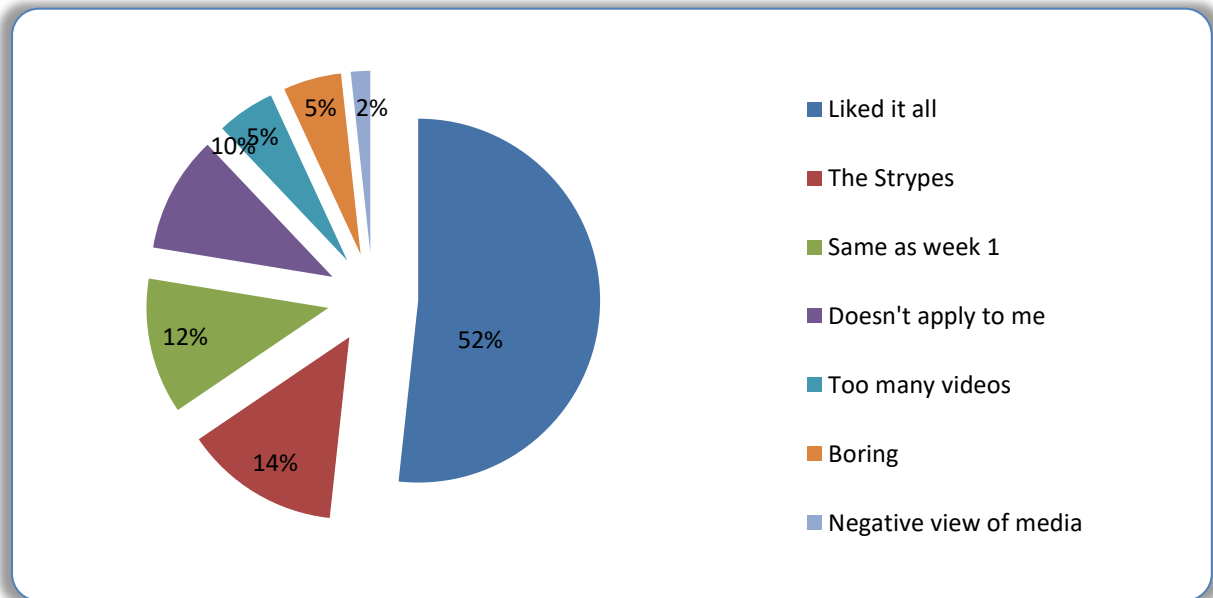
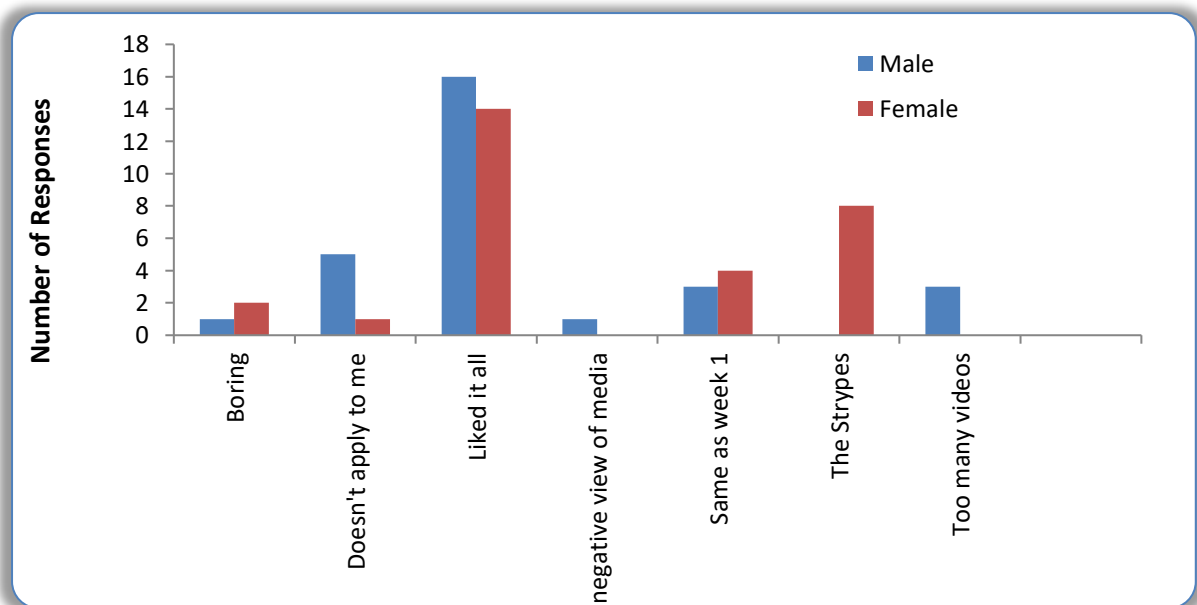


Figure 7.26

Breakdown of Responses by sex to ‘Least Liked Aspects of Lesson Two’



7.8.3 Lesson Three: 'The Right Fit'

Approximately one quarter (26%) of respondents indicated that what they liked most about this lesson was learning to be themselves and not feeling that they have to change “to fit in”. The ‘Jigsaw Video’ was also popular with more than one in five of the sample (21%) which suggests that it is relevant and engaging for this age group. Over a quarter indicated that they “enjoyed all of the lesson”, (29%). There was a wide range of responses from those female participants who selected Lesson Three as their preferred lesson, including descriptions such as: “inspirational”; “relevant to our generation”; and “it made me think about who I am close to”. There were no common categories identified in the responses from female participants. However, most male respondents referred to, for example: “being yourself”, not changing “to fit in” or “to be liked”. It was evident from these responses that this central message of ‘being yourself’ had resonated with participants and especially the boys (see Figures 7.27 and 7.28).

Figure 7.27

What participants liked most about Lesson Three

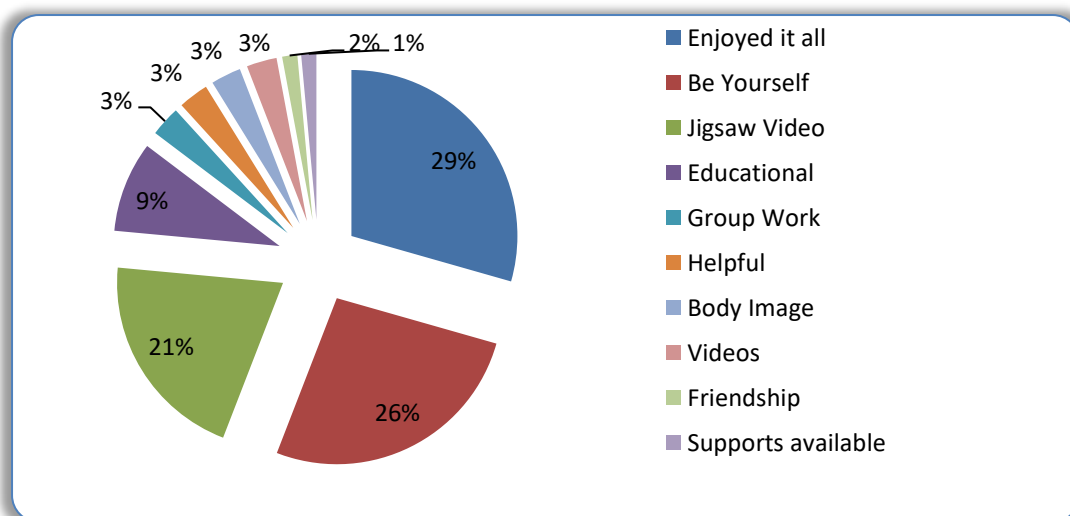
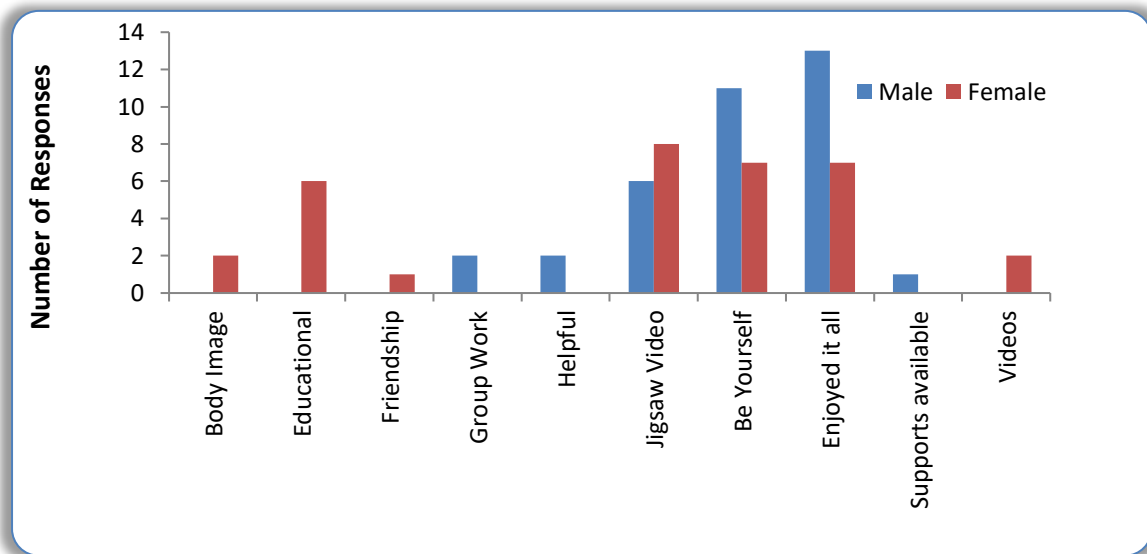


Figure 7.28

Breakdown of responses by sex to 'Liked most about Lesson Three'.



As with previous lessons, participants were asked to comment on what they liked least about Lesson Three. More than half (52%) indicated that they liked it all and a further 18% responded with 'n/a'. The remaining categories identified from their responses are presented in Figure 7.29. A breakdown of categories by sex is presented in Table 7.30.

Again, similar categories were identified with three female participants indicating that they would prefer additional content from “a girl’s perspective” or to “have the story about a girl”. The Jigsaw Video in Lesson Three involved both male and female actors and was designed to represent body image concerns affecting both sexes so it was interesting that it was perceived by some female respondents as more relevant to males.

Figure 7.29

Responses by Participants to 'Least Liked Aspects of Lesson Three'

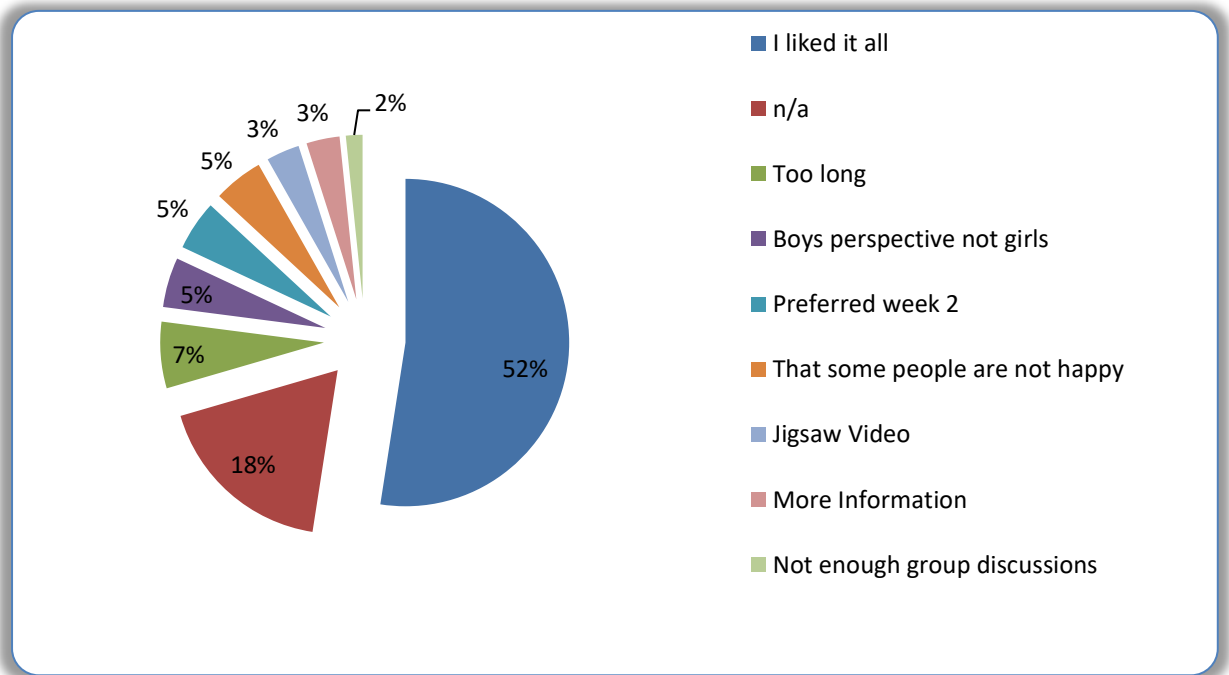
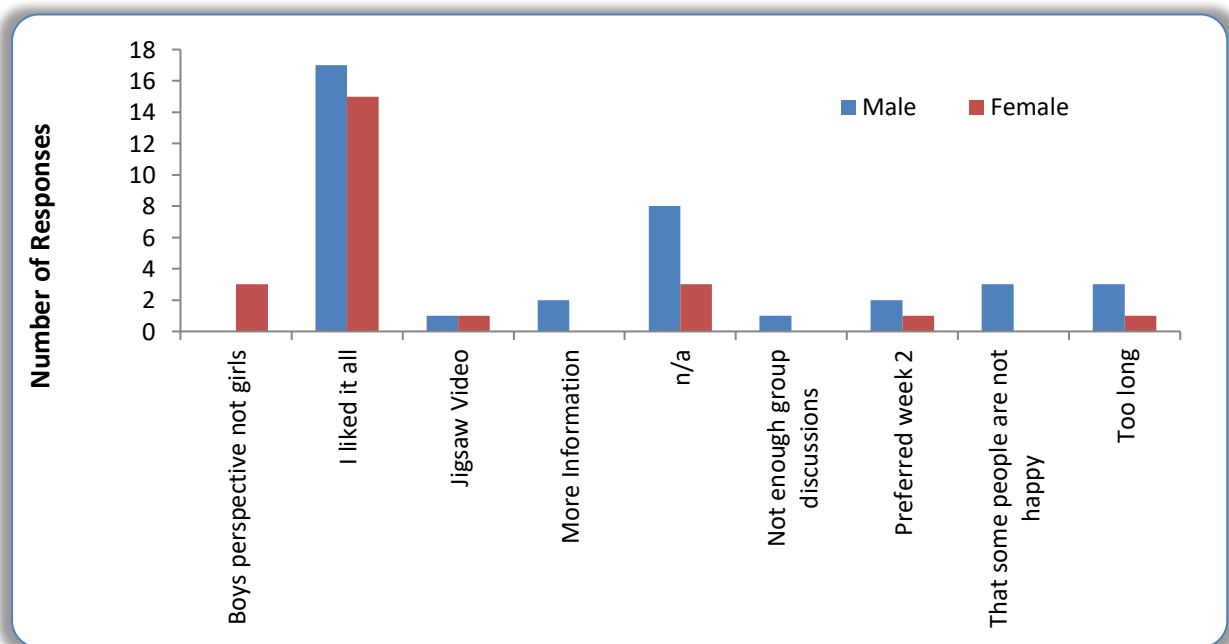


Figure 7.30

Breakdown of Responses by Sex to 'Liked Least About Lesson Three'



7.8.4 Lesson Four: Body Image and Mental Health

As mentioned earlier, Lesson Four was the preferred lesson by both male and female respondents. In examining their responses, 'learning about eating disorders' was identified as the dominant category (see Figure 7.31). The young people said that they liked "learning about the different types of eating disorders", that the lesson "addressed them clearly and showed the effects", that they found it "very interesting learning how to deal with eating disorders", that they "didn't know most of that stuff before" and the lessons "showed you how you can get help if you need it". They also alluded to the "easy to understand" content that "made a lot of sense". Overall, these comments suggest that that the content was relevant and necessary for this age group and that video content may be an effective way to convey information on sensitive topics within the school setting.

It was also interesting to note that more boys considered it important that students were aware of the supports available (see Figure 7.32). The 'No need to worry – there is support' category was identified as important for male participants only. For example, several young males commented that there was "no need to worry because there are people to help", that it was good "to know that they're not alone if they are having trouble" and "we learned to cope with mental health issues and eating disorders if we ever got them".

Figure 7.31

What participants 'Liked most' about Lesson Four

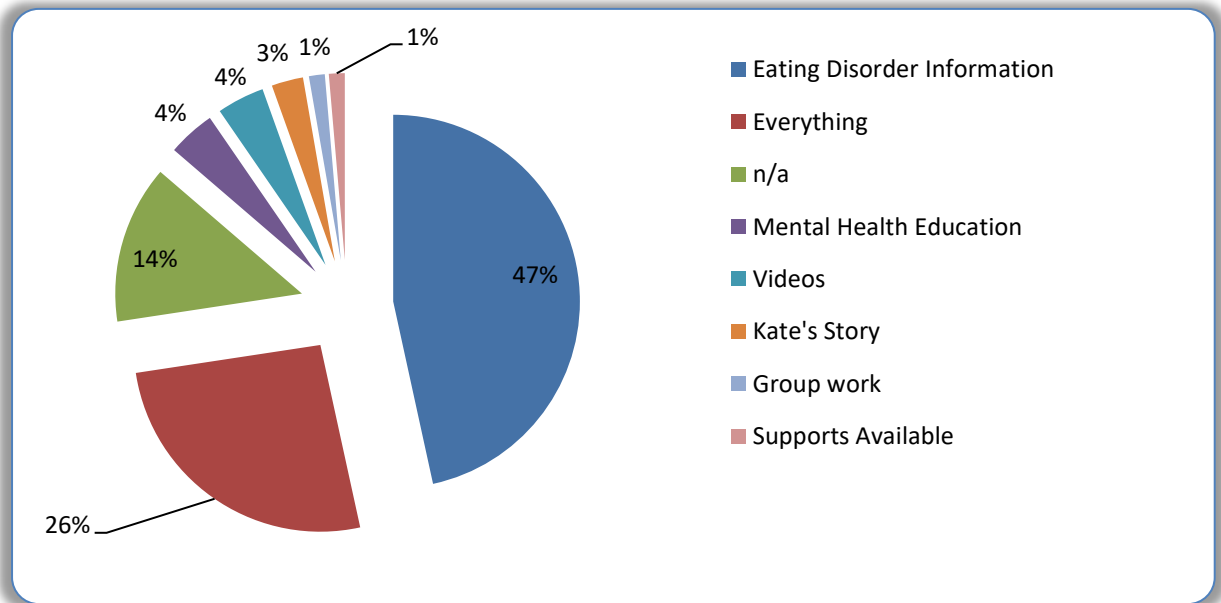
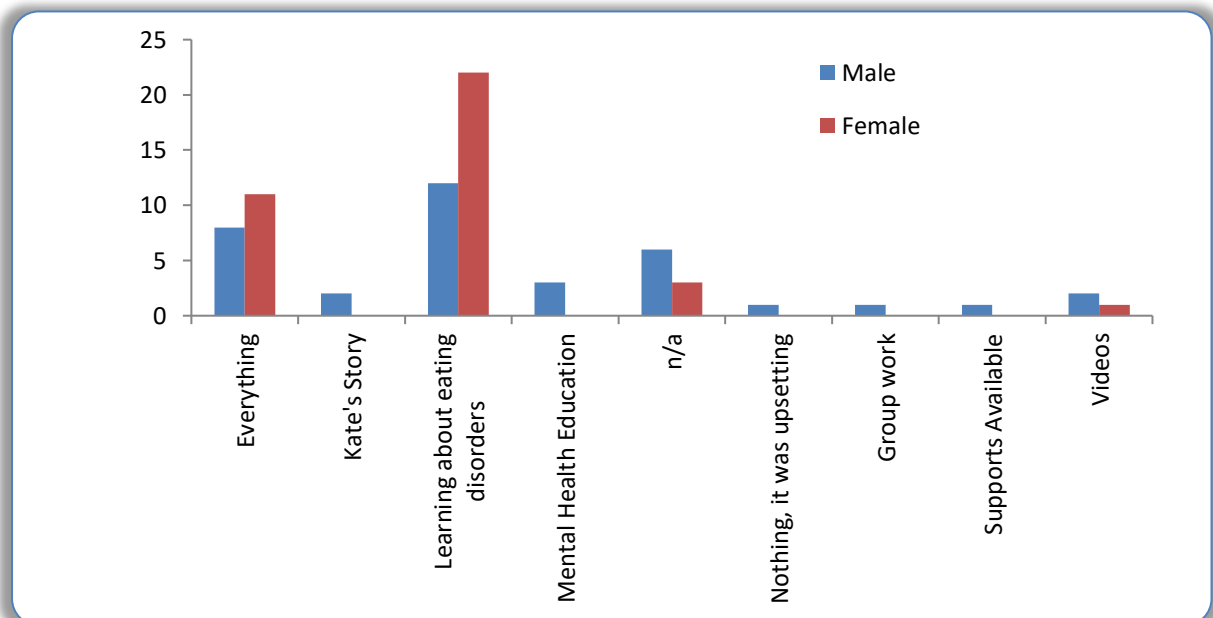


Figure 7.32

Breakdown of Reasons by Sex to 'Most Liked' Aspects of Lesson Four



The responses regarding which aspects participants liked least, showed that most found “It was all helpful” (20%) or that they could not identify a ‘least liked’ aspect and responded that this was not applicable (19%). The remaining patterns identified are shown in Figure 7.33 with variations by sex illustrated in Figure 7.34.

Figure 7.33

Breakdown of Responses to What Participants ‘Liked Least’ about Lesson Four

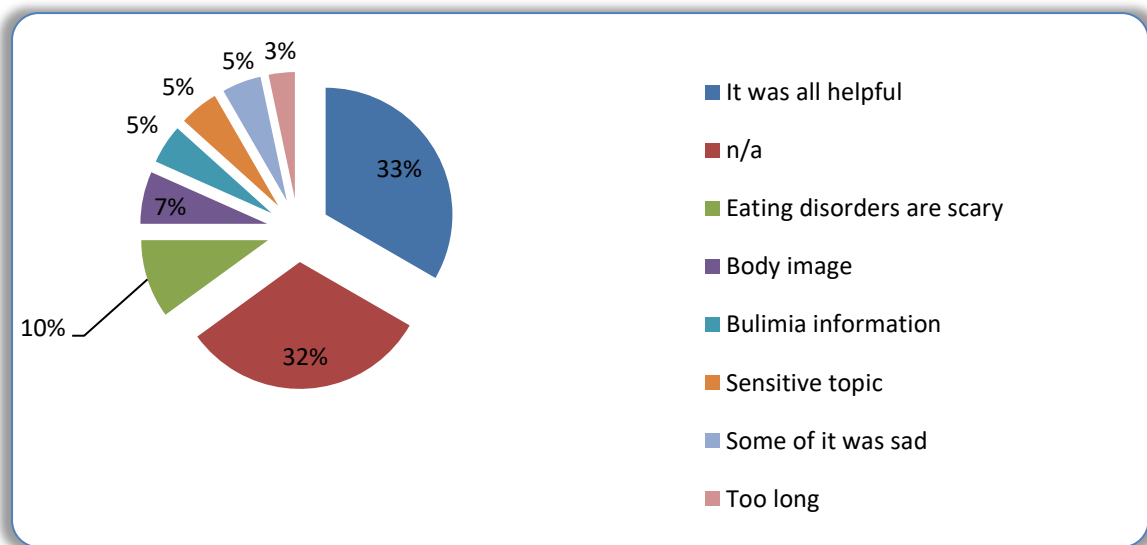
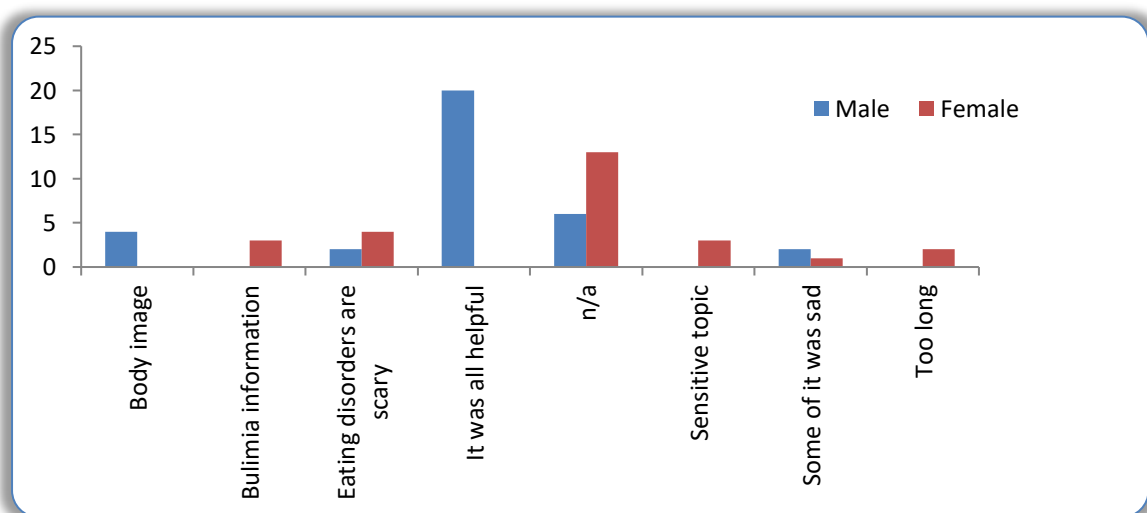


Figure 7.34

Breakdown of Responses by Sex to ‘Least Liked’ Aspects of Lesson Four



It was interesting to note that the 'It was all helpful' category comprised only male participants. Some responses from male participants included: "How dangerous eating disorders can be - they can cause serious damage"; "It helped me understand"; "It was great, like other weeks". Female respondents also indicated that they were satisfied with the lesson by indicating that there was nothing they liked least. The 'sensitive topic' category, however, was based on responses from female participants only as reflected by comments such as: "It was a touchy subject – it could upset someone with an eating disorder here"; "the eating disorders part because it was emotional"; "I felt sick watching the eating disorders video". Some suggested reasons for these differences will be considered and discussed in Chapter Nine.

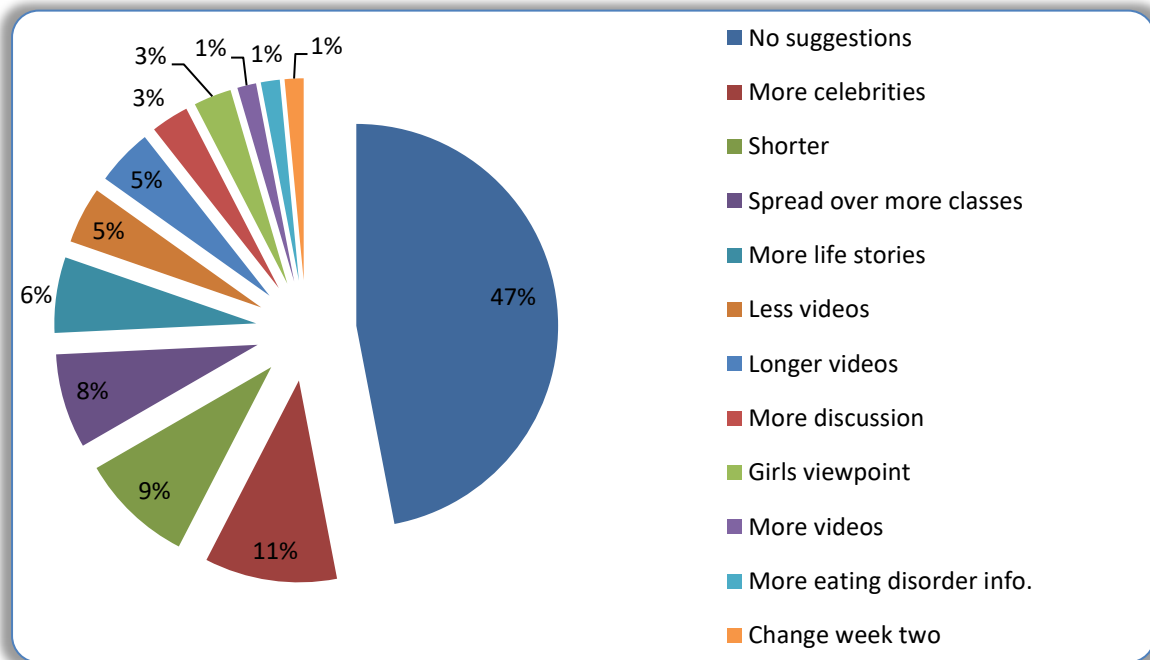
7.9 Suggestions for Improvements to the #MTAS Programme

Lastly, respondents were asked for their suggestions and recommendations as to how the programme might be improved (see Figure 7.35). Approximately one third (35%) had no suggestions, but others felt that the programme could include, for example, references to "more celebrities" (11%), that it could be shorter (9%) or contain more information on eating disorders (8%). Other smaller and quite diverse response categories referred to, for example, the use of the videos (e.g. fewer or longer) and incorporating more life stories or using content that better reflected a female perspective. An examination by sex showed no marked disparities, although the 'more celebrities' category was highlighted only by female participants who, for instance, commented: "Get well-known celebrities next time"; "More media stars"; "Get female football players or something instead of males"; "Do it from a girl's point of view". Responses from male participants focused more on allowing sufficient time to cover the material rather than any amendments to the programme per se. For

example, some of them commented: “It should be done across more lessons. There are a lot of things this could teach”; “Don't do four weeks together”; “Take more time”.

Figure 7.35

Participant Suggestions for Improving (or not) the Programme



7.10 Findings from the Reflexive Thematic Analysis of PEF Responses

7.10.1 The Analysis Process

The comprehensive summative content analysis conducted on the data was a helpful first step in exploring the data in preparation for a more detailed RTA as described earlier in Chapter Six (Method II). The first stage of an RTA, as described earlier in Chapter Four, involves familiarisation with the data, making notes and considering researcher reflexivity and preconceptions. A sample of the familiarisation phase with respect to the data here (including words and phrases highlighted,

observations made in relation to patterns and/or shared meaning) is included in Table 7.9.

Table 7.9

Sample of Observations from the Familiarisation Phase of the RTA

Recurring Words	Shared meaning	Positive	Negative	Other notes
<p>Q1. Which of the Four Lessons did you Enjoy Most and Why?</p> <p>Eating disorders; mental health; videos; body image; interesting; not to change; feel better; be yourself; Strypes</p>	<p>Never change to be liked. Don't have to be the same to fit in. Standing out is a good thing.</p> <p>Enjoyment. Useful. Relevant. Feel better.</p> <p>EDs– learning about EDs important – need to know – didn't know.</p> <p>Strypes: inspiring advice.</p>	<p>Interesting; Enjoyable; Feel good; Feel better; Realistic; Good advice; Learn to cope; New information; ED Talk</p>	<p>One – didn't enjoy – doesn't apply to me</p>	<p>Very balanced comments male and female – overall very similar – in order: 1. Value of the ED talk – interesting, useful and needed. 2. Don't worry about looks, don't change to fit in. 3. Girls seem to enjoy media literacy more – girls mentioned media and fun -</p>
<p>Q15. General Comments.</p> <p>Enjoyed. Good. Teaches a lot. Interesting Important to our lives.</p>	<p>Helpful Made me feel better.</p> <p>Enjoyable</p> <p>Improved wellbeing / mental health</p>	<p>Excellent. Interesting. Educational. Made us feel better, more confident. Important for us. Highly recommend.</p>	<p>Not relevant to me.</p> <p>Get more popular band.</p> <p>Make it less exaggerated.</p>	<p>At a glance very positive – longer responses from boys to the general comments questions and seemed to really think it was important. Girls' comments more generic – good, helpful, interesting – boys' comments deeper – highly recommend – makes us feel better, more confident, teaches us new things, very important, will help our mental health and help us understand social media more.</p>

As described in Chapter Six, codes were developed at the semantic level from the surface meaning of words and also based on ‘underlying codes or implicit meaning – or what Braun and Clarke (2019) refer as ‘latent codes’. These were then further distilled in order to categorise/group similar items. The findings from this stage are summarised below in Table 7.10.

Table 7.10

Summary of Findings from the Coding Phase

Semantic Codes	What does this capture?	Latent Codes	What does this capture	Notes
Be Yourself	Reduced Peer and Media Ideal Comparison.	Self-acceptance/ Improved peer relationships	Reduced peer and media comparison	Changed attitudes to media ideals and possible reduced internalisation of same.
Feel Better	Improved body image.	Improved wellbeing/self esteem	Self-compassion	
Videos	References to Strypes videos and the ‘Right Fit’	Peer influence Intervention Impact. Good Advice	Reliance on peer references to body image	Seemed to really value the peer advice from Strypes. Age-relevant
Social media fake	Airbrushing and social media related content	Critical Thinking	Critical appraisal of media and social media content	‘Social media is not real’ and reduced pressure to look like ‘perfect image’.
Eating Disorder Awareness Mental Health	Participants receptive to ED information, considered it important and needed.	Identification of mental health needs Awareness of supports available	This seemed to be new info for many participants but meeting a definite need.	Videos may be a good way to deliver sensitive content in the school setting.
Repetitive	Over reliance on same video content	More girls video	Sex differences in impact	See teacher comments here

The codes were organised into potential themes by mapping similar codes to capture the meaning in the data. The initial/potential themes generated, are outlined in Table 7.11.

Table 7.11

Mapping of Initial/Potential Themes

Potential Themes	Notes:
Be Yourself	Frequently mentioned and attributed to Strypes advice and 'Right Fit' video and in a few cases to peer discussion.
Peer comparison	It's ok to look like we look. No need to change.
Changes to Body Image Pressure	Palpable – we don't need to look like that. Sense of relief 'these images are not even real'.
Peer Relevant Content	The videos were mentioned so often their influence is beyond dispute. Good to know this can happen to anyone, good advice for now and future – honest content appreciated.
Social media Literacy	Overlap with peer comparison – reduced internalisation of media ideals? We don't need to look like these – airbrushing content valuable, social media video 'insta-lie' not directly mentioned – why was this?
Intervention Effectiveness	Relevance of videos mentioned frequently.
Mental Health Awareness	Surprising to the researcher how well this aspect was received by the participants. It was expected that this would be considered boring in comparison to the other 'lighter content', but it was continually mentioned as important, 'we need to know this', that it made them aware of mental health and impact of social media and content consumed on mental health. Also, acutely aware of their appreciation of knowing about supports available and that this knowledge seemed to be new to them.

7.10.2 Description of themes

A total of three overarching themes and subthemes were identified from the above process, as outlined below.

Theme 1: Just Be Yourself (including peer comparisons and body image pressures). Overall, a clear and recurring theme identified from the data, was the post-intervention shift reported by participants in relation to a perceived pressure to look or be a certain way and to fit in. The internalisation of the 'Be Yourself' message was mentioned frequently, with associated changes to perception of self in relation to peers and media as well as a palpable shift in perceived pressure. This messaging seems to have had a considerable impact on the participants in terms of influencing a shift in their perception of appearance-based pressure from their peers as illustrated by the following comments:

“It actually doesn't matter what people think.”

“I don't need to change to fit in”.

“I don't need to look like these perfect images”.

“I don't need to post perfect pictures of myself”.

Participants also widely reported shifts in their attitudes to fitting in, or changing, in order to be accepted by peers. They seemed particularly impacted by the messaging on 'be yourself' and 'not changing to fit in' as evidenced in comments such as “standing out is a good thing” or “you don't have to care what people think” and “It's OK to look the way we look”. Some participants also indicated that the programme content had encouraged helpful reflection on their personal peer relationships as demonstrated, for example, by the following comment:

'It made me think about who I'm close to'.

Reported changes to perceived body image pressure as a result of the intervention, were also commonly reported. It appeared from participant comments that their participation in the intervention had led to changes in their expectations of how they 'should look' and an attendant reduction in perceived pressure in this regard. Comments such as those below, all suggest the beginnings of a shift away from perceived body image pressure from peers and media ideals.

"You shouldn't be pressured to look perfect".

"You don't need to look like the photoshopped images online".

"It [the intervention] makes you more aware of how you think about your image."

Subtheme 1.1: Relevance of Peer-Related Content. The inclusion of video content where the 'boyband' Strypes spoke "honestly" about body image pressure, seemed to resonate strongly with the participants, with many indicating that they 'gave good advice', that it was helpful to see that "anyone can feel bad about themselves", "even famous people" and that seeing "real people talking about these pressures" and that their advice to "be yourself" was really 'inspiring'. The reiteration of the 'Be Yourself' messaging in the 'Right Fit' video seemed to amplify this sentiment. Indeed, the video materials were mentioned frequently in responses from both male and female participants. The videos were cited to be the most memorable programme element overall. This finding supports the earlier recommendations made by those young people who were involved in the development of the intervention (in Chapter Four) and who alluded to the importance of using videos of young people to convey "positive body image messaging".

The group discussion aspect of the #MTAS programme was also mentioned, but much less frequently while the 'Insta-lie' video was not mentioned at all by any of the participants. This is a generic video (available on YouTube) illustrating the difference between social media and real life. It is worth noting here that the Insta-lie video was also used in the SoMe programme piloted in Australia in 2021. Overall, while the feedback on the video materials was very positive, some young people indicated that they would prefer to have seen some content from a 'girls' viewpoint'.

Theme 2: Social Media Literacy A new post-intervention perspective on social media was also mentioned, with many participants referencing their realisation that 'social media is fake', and that they 'don't need to look like the people on social media'. An overall increased understanding and awareness of the techniques used to produce the images in mainstream and social media was noted frequently, coupled with a reported reduction in perceived negative social media-driven pressures on body image and wellbeing. Three subthemes were identified here, each of which is described below.

Subtheme 2.1. Critical Awareness of Social Media Content. Participant reflections on social media and an increased awareness that 'social media is not reality' were frequently mentioned. Many participants reported an increased critical awareness of media production techniques and, for example, the (positive) realisation that images online and in mainstream media were 'edited to look like they do'; this knowledge appeared to have a positive effect in terms of reducing perceived body image pressure from the media/ social media. Many of the young people also reported an increased awareness that 'social media isn't real' and that this, in turn, had helped them to "not feel bad" about themselves. However, here were also a small number of

comments to suggest that they considered the representation of social media in the #MTAS programme to be overly negative or 'exaggerated'.

Subtheme 2.2: Self-comparison to Idealised Social Media Content. A second subtheme identified in relation to social media literacy, was the perceived impact of the intervention in helping to reduce self-comparisons with 'social media and media images'. For example, one female? commented:

"It showed us that social media isn't real and you don't have to look like the people on it".

Many participants felt that the programme was important because it helped 'people to get a clear picture' and 'shows you that you shouldn't be pressurised to look perfect'. For instance, one participant commented:

"It taught us that you shouldn't compare yourself to the images you see online because they're not real... and we don't need to look like other people".

Many participants indicated that the programme content was new to them and that 'it teaches you things that wouldn't be covered in a normal class' and that this was 'useful' in 'teaching them how to handle situations'. Overall, many of the young people indicated that the social media literacy component had improved their self-esteem, made them 'feel good' about themselves and 'more happy' about their body image.

Subtheme 2.3: Variations by Sex in Media Literacy Content Preferences
The earlier quantitative findings from the pre-post intervention analysis indicated some differences by sex with regard to social media and media literacy content. These findings were mirrored by comments here relating to the content on airbrushing and social media between males and females. For instance, the males made frequent

references to the advice from the Strypes in relation to social media pressure and discussion of social media choices. Conversely, the content on airbrushing, images of advertisements and celebrity before-and-after photoshop images on social media and group discussion, were mentioned more frequently by females. It is possible that the males related more to The Strypes (as an all-male boyband), although very few mentioned the airbrushing of images which also include male celebrities. This subtheme will be further explored in the context of the quantitative findings later in this chapter.

Theme 3. Increased Understanding of Mental Health & Eating Disorders

An increased understanding of eating disorders and the impact of body image concerns on mental health, was identified as another key theme. Many participants indicated that lesson four on body image, mental health and eating disorders was their favourite part of the programme. It was expected that this lesson might be considered too serious or less interesting when compared to the other lighter, more 'fun' content on body image and social media literacy. However, Lesson Four was repeatedly highlighted by participants as important, interesting and enjoyable.

. Participants widely reported an increased awareness of eating disorders and related issues and appeared deeply appreciative of the opportunity to 'shed light on important issues' in the classroom setting, as illustrated by the following comments:

"We learned loads!", "taught me stuff I didn't know before".

"It made us [more] aware."

"I didn't know about it [eating disorders] before the programme".

"It addressed serious issues and gave ways to solve them".

Some of the young people mentioned potential improvements in their mental health as a result of the intervention and increased knowledge of behaviours which would support their mental health. For example, many reported an increased awareness of the need to 'take care of your body' and that that the #MTAS programme 'educates you on how you should treat yourself'. Others commented:

"I found out the bad things that can happen when you don't eat".

"knowing about these things and how to avoid them could help people with their self-esteem".

"it helped me feel good about myself"

"I used to have very bad mental health but now I feel great".

Subtheme 3.1. Awareness of Available Supports. The information on support options and how to access help was also frequently mentioned and many of the young people indicated that the programme had equipped them with practical information on it 'how to get help if you need it', as well as reassurance that there are supports to 'solve the problem', 'that they're not alone if they're having trouble with their body' and clear guidelines on 'who to go to for help and how to tell them' to 'help a classmate if they feel bad about themselves. Both males and females appeared very appreciative of this information.

7.11 Focus Group Findings

This section presents the findings from the focus group which, as mentioned earlier in Chapter Six, was conducted only in the boys' school ($N = 6$). The six-stage reflexive thematic analysis process, as described in the previous section (Braun & Clarke, 2006) was utilised to explore the data from the focus group. Three final themes were identified from the RTA, each of which is described below.

Theme One: Body Image Pressure. The first theme to be identified, based on a consensus amongst participants, was that body image and appearance-related pressure were an issue for boys, but that they experienced it more in relation to having the 'latest brands' rather than having a particular body shape. This was summed up by one 13-year-old boy who commented: "feeling like you need the latest brands and all, like you want it and you feel like you need it". Another agreed, also indicating that failure to live up to appearance ideals related to clothing would prevent him from participating in, or attending, events: "When you look at your clothes and you don't have the latest, you just don't want to go out". This was echoed by other participants. Although everyone indicated that this was a form of pressure, it seemed that it was more salient for some more than others: "Some people can't go out without the latest stuff, but like I wouldn't like ALL the latest brands"; "But you still feel the pressure though". The participants reported feeling this pressure both from peers and social media: "Mainly like how all my friends are looking now"; "Yeah, online, on Instagram or something like that, people would post the pictures and you want the stuff like that". All participants were in agreement that appearance pressure related to looking a certain way and having the latest brands/labels, was important to them, to the extent, in some cases, that failure to have these brands would seriously impact on how they felt about themselves socially.

Theme Two: Social Media Use and Popularity. Unsurprisingly, given the results from the baseline analysis, all participants indicated that they were regular social media users and that Snapchat was the frequently used social media app. All used Snapchat daily, although five of the six participants also used Instagram a few times per week. This was seen as more popular amongst girls. “Snapchat is a popular messaging app that enables users to exchange pictures and videos (called ‘snaps’) that are intended to disappear after they are viewed. It differs from other types of social media such as Instagram or Facebook in that it requires knowledge of usernames in order to follow them. The number of views, comments and screenshots are private on Snapchat in contrast to Instagram where comments, likes and shares are visible to everyone.

The male participants indicated that they followed peers on Instagram including close friends and people from other schools; they also reported following sports stars and soccer players. They commented further that social media was used by some people to indicate status or popularity. For example, one male student commented: “People have competitions saying who has more followers and stuff” with another boy agreeing that “they would post that and say like ‘I have like, a thousand followers’”. The young people felt it this important to some of their peers to be able to “buy followers.” This provides an interesting avenue to explore in the future, in terms of participants’ perceptions of their classmates or peers who buy followers and their underlying motivation. There appeared to be a consensus that people do this as a “boost of confidence” and “to make them feel more popular”. The boys also mentioned that they did not consider this to be good idea, that it was “just wasting money” after which the person was likely “gonna feel a lot worse” knowing that these new followers “are not really their friends”.

Theme Three: Feedback on the #MTAS Programme. When asked about the #MTAS programme, all participants agreed that it had been beneficial and also, that they would recommend it to a younger sibling, because, for example, it made them “more aware of how other people felt and you can’t just slag people cause how they look, ‘cause it’s like their own body”. They were also reportedly impacted the most by the videos, albeit different ones, including ‘The Right Fit’, ‘The Strypes’ and ‘Kate’s Story’ (see Table 7.13). Overall, they mentioned the Strypes video content as most relevant to them describing it as ‘inspirational’ and useful in term of ‘good advice’ as well as their comments diminishing the importance of social media.

When asked which if any of the lessons had been most useful and/or made them think differently about body image and eating disorders, they chose Lesson Four and specifically the explanations therein about eating disorders, including the animated video depicting a girl with anorexia and her recovery (‘Kate’s Story’). They also indicated that the video entitled ‘The Right Fit’, was also helpful. Regarding possible improvements, the students felt that the Strypes videos could be shortened, as shown by the following comments: “The second lesson by The Strypes – I didn’t really enjoy it. They kept going over and over and I didn’t really know where they wanted to make a point”; and “maybe we could speed up the first lesson”, “or even take parts of each one”. They also stated that they would like more advice from people whom they admired, such as “sports people that you follow, that they would say you shouldn’t want to be like them, just be yourself”.

Overall, the findings from the focus group support the results from the larger sample who completed the PEF, both in terms of youth participant views about the individual lessons and elements of the programme, as well as their experiences and

perspectives of the programme overall. The next section considers the views of the three teachers who delivered the programme in each of the schools.

7.12 Feedback from Teacher Participants

As described earlier in Chapter Six, the TFF was completed by the three participating teachers. All three felt that the #MTAS programme was well received by students, that they had enjoyed the lessons, and that the lesson content and discussion points had stimulated useful discussion in the class group. For example, the teacher in the all-male school said that: “The lads were very engaged talking about the band videos, what they were wearing, what they said - good group discussion”. These sentiments were echoed by the teachers in the other two schools who also added that the students “loved the airbrushing images”. However, all teachers also reported that they had found programme delivery to be stressful due to the timing so close to the end of the school year. This had clearly required additional work on their part which they would not typically do when on the ‘wind-down’ to the summer holidays. All three teachers suggested that the programme would be “better earlier in the year”, that it was “a bit too close to end of term, but students seemed to enjoy it”. They indicated that they “would usually have more relaxed lessons at this time - it was a lot to fit into a lesson – especially this late in the year” and suggested that it would be advisable to “prompt teachers to deliver this programme early in the school year as it’s a lot of work for the last few weeks”.

The lesson content was also considered “too rushed” for the assigned SPHE class period, in the sense that the teachers felt they had to “skim over parts to fit it in” and suggested perhaps to “shorten the lessons” or “spread them over more weeks”. Two teachers suggested that perhaps some videos could be omitted and that some of

the Strypes videos were repetitive (also mentioned in the student focus group). The teacher in the all-female school also suggested, as indeed had the female youth participants, that it would be preferable to have more content specific to female body image.

At the same time, however, the teacher feedback showed that the lessons were easy to use, that they had “No problems with access” and that they would recommend these lessons for use by another SPHE teacher. They also commented that it would be helpful for teachers, if the resources were made available online and that additional information would be helpful in terms of better supporting teachers to promote positive body image and media literacy within the wider school context. In addition, they felt that it would be helpful to have age appropriate and user-friendly information related to body image online and to which students could be directed if so required. These data supplement and mirror, for the most part, the student-related findings reported earlier in this chapter.

7.13 Summary and Conclusion (Including a Comparison of the Quantitative and Qualitative Findings)

This chapter presented the results of the evaluation of the intervention including the findings from the baseline analysis, the pre-post intervention results and the student and teacher experiences/views of the intervention and its delivery. The baseline results presented here indicate, firstly, that social media use in the sample of young adolescent participants was very common and regular. Some interesting findings by sex were observed, with higher levels of social media use amongst females who were also more likely to engage with appearance-related content. The pre-post intervention findings suggest that participation in the intervention had some positive

effects on students' attitudes towards their body image, particularly with regard to reductions in the desirability of a muscular or athletic body in males and in perceived pressure from family about body shape amongst females, as well as improvements for males in relation to aspects of social media use and for females, in terms of social media literacy.

The qualitative findings support and extend these results whilst also highlighting other positive perceived impacts and experiences. For instance, the relevance of the programme content to the participants was demonstrated throughout in the mostly positive feedback from participants on the programme videos and materials, as well as the new knowledge they felt they had gained. Attendant positive impacts on body image, self-esteem, social media literacy and awareness of relevant mental health issues, were also reported.

However, there were some notable differences with regard to the quantitative and qualitative findings reported here. For example, some positive changes were reported by both males and females in their PEF responses relating to reduced perceived body image pressure from both media and peers, but these were not observed on the SATAQ Peers or Media subscales (i.e. the primary outcome measure), although some modest pre-post intervention-control group differences on the SATAQ-4 were observed. Furthermore, and contrary to expectations, no significant changes were noted on the SATAQ internalisation scales for females. It had been expected that, in line with the literature, girls would identify with the thin ideal and that a reduction in internalisation of the thin ideal would be observed in female participants post-intervention. However, no direct references were made in the qualitative findings to 'thinness', or the thin ideal, in line with the SATAQ findings, suggesting that either this was not affected by the #MTAS programme and/or that this

was not accurately detected by the SATAQ. However, it is more likely to be due to the fact that the girls in this sample did not overly identify with the thin ideal at baseline and, therefore, that this construct was not relevant to them.

On the secondary outcome measure, the SMBQ, significant positive pre-post intervention changes by sex were noted in the ANCOVA, with male participants reporting reduced overall time spent on social media at post-intervention when compared to their control group counterparts; positive changes in social media literacy were also seen in the female intervention (versus control) group. These findings were reflected in the open-ended responses on the PEF; for instance, the males often alluded to, amongst other things, the advice from The Strypes (e.g. to 'be yourself') messaging which seems to have led to less internalisation of the muscular ideal and a reduction in time spent on social media. The positive changes regarding the increased post-intervention levels of social media literacy were also reflected in the females' comments on the PEF with girls frequently mentioning social media, 'airbrushing' and photoshop. This sex-related variation in social media literacy was also evident in responses from teachers on the TFF who referred (post-intervention) to the frequent references by female students to the 'the airbrushing images' while 'the lads were very engaged talking about the band videos'.

As described earlier, participants also described, in the qualitative element of the research, a post-intervention shift in their attitudes regarding body image pressure, and specifically appearance-based comparisons with their peers. Furthermore, while no between-group differences were seen on the Rosenberg Self Esteem scale, the PEF responses showed that many participants, both male and female, reported that they had experienced positive changes in this regard, referring to post-intervention

changes in 'feeling good' about themselves helping 'people with their self-esteem' and learning 'to love themselves'.

Additionally, it was considered possible that the intervention might lead to significant post-intervention change in perceived social support from teachers and close friends, but this effect was only seen in control group males. Comments on the PEF by boys in the all-male school indicated that one aspect they liked least about the programme was that they had lost P.E. time during this period which may explain the between group variation, although other elements may also have been at play. Furthermore, the PEF responses suggest that the intervention may have encouraged a more peer supportive environment. For example, intervention group participants indicated that one aspect they liked most about the #MTAS programme, was 'learning about what people are going through' so that they could help others, and that the #MTAS had showed them how to 'help a classmate if they feel bad about themselves', or how to relate to and empathise with 'what people are going through'.

It is difficult, without conducting further research, to explain some of the discrepancies between the quantitative and qualitative findings reported here, but they may be due, at least in part, to methodological issues including, for example, the precise measurement of outcomes, underpowered studies and statistical anomalies (Bell et al., 2022, Wollast et al., 2021). Nonetheless, these collective findings provide important contextual information for ongoing research into the development of resources to support schools in promoting positive body image and self-esteem, both in Ireland and elsewhere. These results will be discussed in more detail in Chapter Nine and considered both in the context of the available literature and in terms of how they may inform the future development/adaptation of the #MTAS programme and/or

more generally, school-based interventions designed to promote positive body image and social media literacy.

CHAPTER EIGHT

Knowledge Translation and Dissemination

8.1 Introduction

This penultimate chapter outlines the development of additional resources as part of a wider knowledge translation strategy underpinning the research. This included the development of a dedicated body image website to facilitate the sharing/dissemination, and to support the delivery, of the #MTAS intervention which was developed and piloted as part of the current research. As mentioned earlier, research indicates that interventions to promote positive body image in adolescents should ideally also include a focus on parental involvement as well as education professionals (Marengo, 2018); thus, the newly developed website includes comprehensive sections for schools, parents, and adolescents on fostering positive body image. This chapter outlines the design and development of the website as an effective dissemination tool and the development of additional, complementary resources to support schools, parents, adolescents, and the wider community as part of a holistic, ecological approach to promoting positive body image. A brief note on knowledge translation is provided first below.

8.2 Knowledge Translation

Knowledge translation (KT) refers to ‘the process of disseminating and/or implementing research evidence’, (Canadian Institute of Health Research [CIHR], 2004). The process and strategies for sharing research evidence have been described using numerous terms in the international literature, many of which are applied interchangeably (O’Connor, 2021). McKibbin and colleagues (2013) found that there are more than 100 terms, often with unclear definitions and varying

emphases, used by health research and practice communities across the world, who are interested in applying the best possible evidence. For example, these include 'knowledge translation', 'knowledge transfer', 'research dissemination', 'implementation science', 'diffusion of innovations', and 'technology transfer. Knowledge Translation (KT) appears to be one of the most commonly used terms to describe the process of sharing evidence in healthcare (Armstrong et al., 2007; CIHR, 2016). KT is also the term used in the recent Health Service Executive (HSE) guides for strategy and research in the healthcare context in Ireland (HSE, 2021). The HSE guides define KT as "the process involved in reducing the gap between research and practice and making sure effective innovations are used in policy and practice". These resources indicate that KT is about "finding, creating, sharing, and using knowledge, and is an interactive process between those who create knowledge and those who use it" (HSE, 2021. p.2).

Likewise, there is ample evidence from the international literature to suggest that health and health-related research evidence will not benefit children, adolescents and communities unless the findings are communicated appropriately to the intended knowledge users (CIHR, 2004). Indeed, one of the most consistent findings from health services research over many years, is the failure to effectively translate research into practice and policy (Banner et al., 2019; Grimshaw et al., 2012). The "know-do gap" (i.e., the gap between what is known and what is done in practice) (Leggat et al., 2021; Raghavan, 2018) is a global health concern. This gap persists, in part, due to research findings being predominantly shared through peer-reviewed publications, reports, and conference presentations without being adapted for non-academic audiences (Brownson et al., 2018).

KT aims to maximise research findings through a range of processes and strategies that make evidence more accessible and understandable to numerous knowledge users, including policy makers, practitioners, researchers, and service users/the public (Barwick et al., 2012; CIHR, 2016; Gagliardi et al., 2016). KT research indicates that careful consideration must be given to how research knowledge is disseminated, as inappropriate or ineffective dissemination can, in turn, impede the realisation of optimal health outcomes (Li et al., 2018; Moore et al., 2017). For example, Hayes and Comiskey (2012) propose that researchers working in public health settings have an ethical obligation to ensure that the results of the work carried out within a community are fed back to those involved in the knowledge production process and shared with knowledge users (KUs) and stakeholders as appropriate. The available evidence indicates, however, that despite improvements, only a limited number of KT studies focus on the experiences, preferences, and views of service users themselves (Eljiz et al., 2020; Gagnon et al., 2020), even though service user involvement in research and evaluation may increase the reach, responsiveness, relevance, and impact of the findings (Gagliardi et al., 2016). Indeed, service users or recipients have been identified (and are increasingly being recognised) as important KUs in the health research process and the successful dissemination of health-related evidence (Ocloo & Matthews., 2016).

KT-dissemination (KT-D) to all relevant KU groups was an integral objective of the current research. 'KT-D' is the targeted distribution of information and intervention materials to a specific audience with the goal of spreading knowledge and promoting associated evidence-informed or evidence-based interventions (O'Connor et al., 2021). This may include promoting awareness or enhancing the

understanding of research evidence, promoting KU engagement, and/or informing other research as well as KU decision-making.

8.3 Knowledge Translation Strategies

There is an emerging consensus in global health and health-related research that tailoring the sharing of research findings to audiences is effective in “getting knowledge [to be] used by stakeholders” (Siron et al., 2015). Thus, KT strategies may be grouped broadly into written, electronic, and visual categories, as well as interpersonal communication activities (Hall, 2019; Lafrenière et al., 2013). Existing literature indicates that these strategies may be executed in isolated or multi-faceted ways to achieve a range of goals and, ideally, involving engagement with multiple KUs throughout the course of a research study (Barwick et al., 2016., Vedel et al., 2018).

The current research used an integrated knowledge translation (iKT) approach which refers to a process of KT whereby researchers and knowledge users work together to solve problems by collaboratively generating knowledge (Kothari & Wathen, 2017), typically through community-based participatory and consensus-based approaches, such as think tanks, priority setting exercises and consensus workshops. In each of these examples, researchers and knowledge users come together to discuss relevant ‘real world’ issues, to reach a new understanding and then apply their co-developed knowledge. The outcomes of these activities might take the form of a report, recommendations, practice guidelines or priorities (Kothari & Wathen, 2017).

8.4 The Current Study

It was considered vital, when developing the KT strategy for the current study, to consult with all relevant KUs to ensure that the website and attendant resources

were relevant, accessible, and likely to be widely shared and used within relevant settings. The design and development of a dedicated body image website aimed at several different audiences including parents, educators, and adolescents themselves, was identified early in the research as important and useful KT strategy for the current research and also aligned with the youth development objectives for Bodywhys. Additionally, it was seen as essential in supporting the wider dissemination and delivery of the #MTAS programme.

The inclusion of information for adolescents which was relevant and accessible was mooted in Stage One of the current research by youth participants in the focus groups and the CCWs (see Chapter Four). Youth participants had suggested that a website with relevant information for adolescents “by adolescents”, and including videos and engaging content, would be very useful in helping to change beliefs and attitudes related to body image and/or relevant aspects of media literacy. The teachers involved in Stage One of the research had also indicated they would welcome additional information on body image to enhance their own knowledge, as well as to provide information to which they could signpost students (See Chapter Four).

Relevant research on body image suggests that, although peer influence increases throughout adolescence, both parents and the school environment continue to play an important role in attitudes and behaviours regarding social media and body image (Burnette et al., 2017). As outlined earlier, the body image of children and adolescents is influenced by a range of environmental factors including attitudes and behaviours about eating, exercise and physical appearance modelled by parents, teachers, and peers, as well as opportunities to learn new habits and social praise for healthy choices (Burnett et al., 2008). Hence, the TI model of body

image (Thompson, 1999) described earlier in Chapter Two, posits that the appearance ideals promulgated by mass media are reinforced by family and peer influence (Amaral and Ferreira, 2017; Thompson, 2017). It was crucial, therefore, to consider the wider context in which body image beliefs, attitudes and behaviours may be learned to ensure that the KT strategy incorporated all potential KUs.

Thus, the key objectives for the development of the website as a KT-strategy were to: **(1)** include relevant and engaging content (developed in collaboration with KUs) for adolescents on all aspects of body image and media literacy; **(2)** develop a comprehensive section for teachers including: relevant research on body image; clear accessible practical information to support teachers in promoting positive body image and media literacy in schools; and access to the #MTAS resources and/or related resources for use in the classroom; and **(3)** develop a comprehensive section for parents including: clear practical information on promoting positive body image and media literacy in children and adolescents; advice on talking about body image and or related concerns with adolescents; videos and engaging content that could be used to promote open discussion with adolescents on aspects of body image and/or media literacy; links to relevant articles; and research in clear, accessible language (including the findings from the present study).

In the current research, KUs included educators, adolescents, mental health professionals/parents and key decision makers (e.g. Mental Health Professionals, Education Advisors). Available evidence suggests that researchers and knowledge translators need to identify the key messages for different target audiences and to present these in simple and accessible language and using KT strategies that are easily assimilated by the relevant audiences (Grimshaw et al., 2012). Therefore, it was considered that, in order to help ensure that the #MTAS intervention would be

widely disseminated and would help to support parents and educators in promoting positive body image, information would need to be communicated using appropriate language.

It was also considered important to consider the wider context. As mentioned earlier in Chapter Two, body image issues are becoming more prevalent across the lifespan, not only amongst females, but also males, and including increasingly younger children (Carlisle et al., 2018; Gordon et al., 2020; Mitrofan et al., 2019; Modica et al., 2020; Swami et al., 2017). Therefore, it was considered important to also provide, as part of the new website, information/resources to support positive body image in younger children, thereby extending the KU context to primary school children, teachers and parents, and supporting them in promoting positive body image and media literacy from an earlier age and preventing problems from emerging in later years.

8.5 An Ecological Model of Body Image

Ecological strategies to promote healthy body image among children and adolescents, suggest that in considering outcomes such as improved body image and enhanced media literacy, a range of family/community, institutional and interpersonal factors such as 'students as advocates during learning projects' and students as active 'members of wellness teams' should be considered (Burnett et al., 2008). For example, family/community related factors might include parental attitudes to food, weight and understanding of social media and media literacy, while interpersonal factors might encompass a peer supportive environment or student engagement in promoting awareness of body image and media literacy issues.

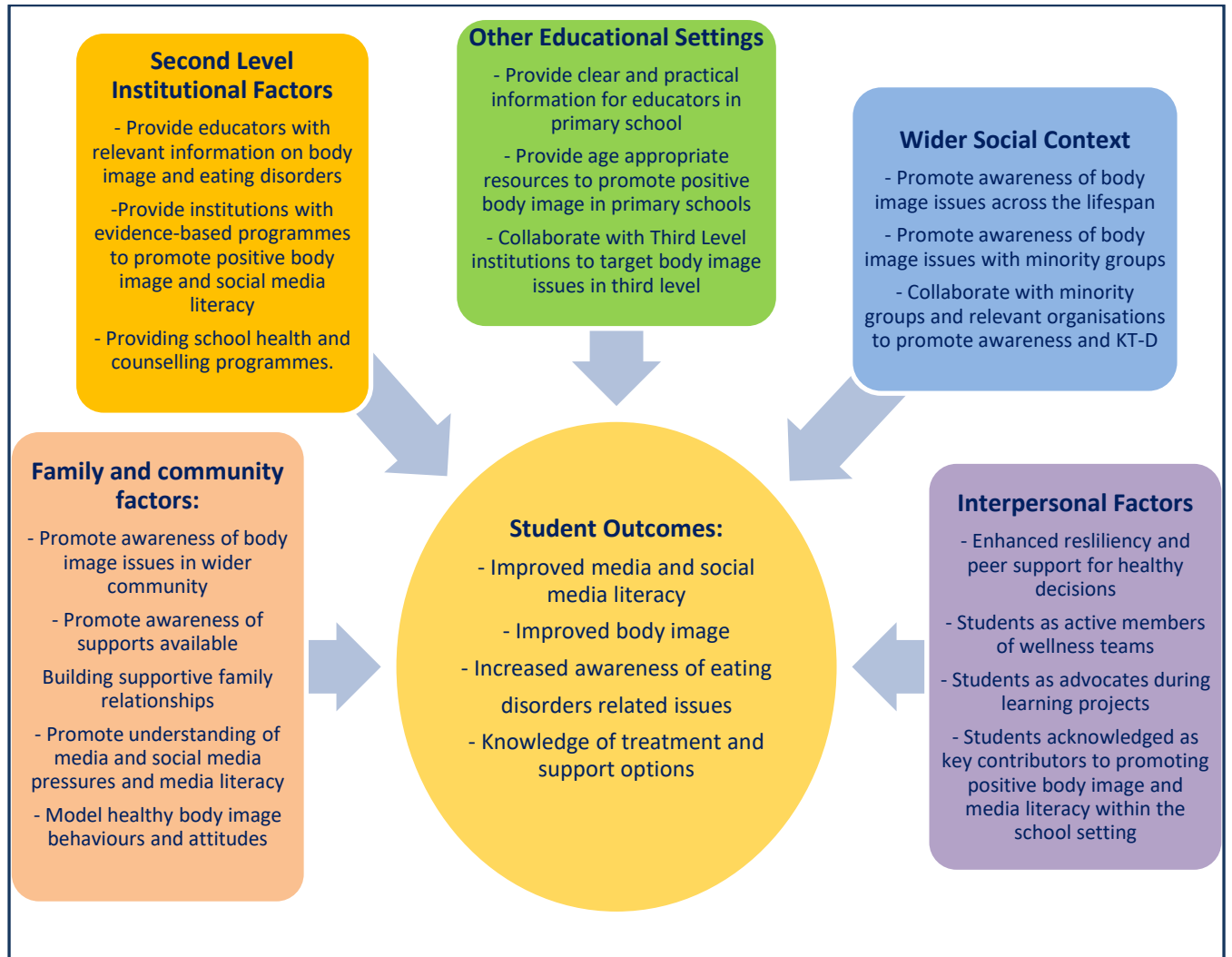
An ecological model of body image (see Figure 8.1) was developed for purposes of the present study to: (a) provide a framework to guide the design, development and targeting of relevant information and resources (including research); and (b) to support KT-D to all potential KUs, in recognition of the need to provide relevant and accessible information for different groups in order to promote awareness and understanding. This model was developed on the basis of the earlier review of the literature on body image influences (see Chapter Two) and with particular reference to an ecological framework developed by Burnett and colleagues (2008) to highlight the many factors that impact the development and maintenance of positive body image in children in school settings (see Appendix 8a). This incorporates three key domains relating to the influence on student outcomes of 'family/community', 'interpersonal' and 'institutional' factors, and the actions/activities needed within each domain to promote healthy body image.

As described earlier in Chapters Two and Five, psychological theories of body image suggest a number of key factors which influence body image in the earlier years, including family environment and learned attitudes and behaviours (Grogan, 2022, Michael et al., 2014) as well as later influences such as peers and the media, both of which, in turn, affect socio-cultural ideals (Thompson et al., 1999). Thus, the Burnette model was adapted and extended to take account the full range of factors specific to body image in the context of social media (and its potential influence). This includes an emphasis on: (a) social media literacy (Makama et al., 2019); (b) promoting positive body image at an earlier age and specifically within primary schools (Steinhausen & Jensen, 2015; Watson et al., 2016); (c) providing relevant information for parents (Frith et al., 2017); (d) provision of relevant information relating to body image and supports available for other educational settings including

third level (Veldhuis et al., 2020) and; (d) considering the wider social context (including the needs of minority groups) (APA, 2023, Gordon et al., 2022).

Figure 8.1

Ecological Model for Promoting Positive Body Image in Adolescents (adapted from Burnett et al. (2008))

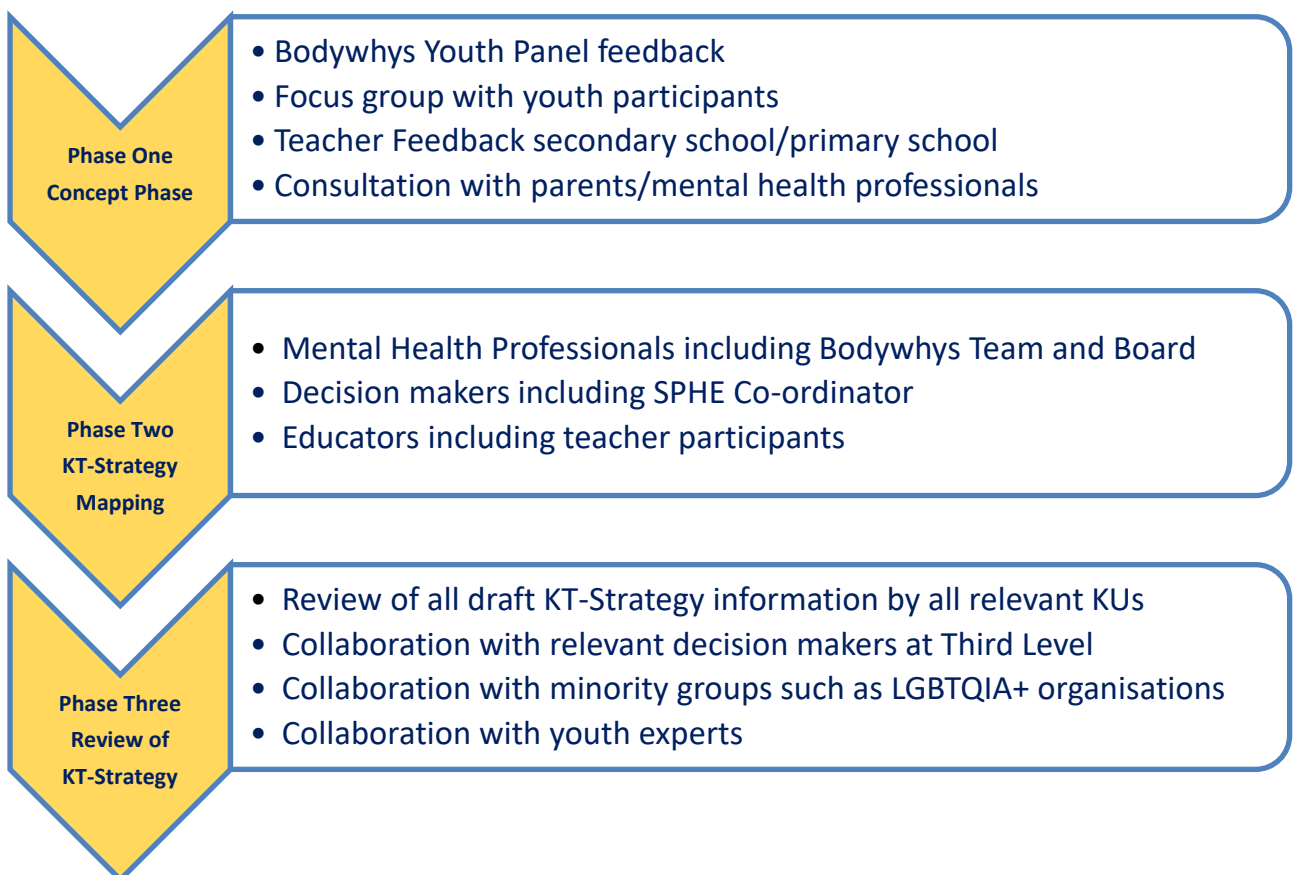


8.6 Knowledge User Input and Collaboration

While the initial planning for the development of the website as a KT-Strategy commenced in the early stages of the #MTAS intervention development, and its conceptualisation involved KUs, the specific involvement of KUs as key contributors in the review of the website, occurred later in the process. This involved three key phases progressing from conceptualisation, through to KT strategy mapping and then consideration of the wider community context. The activities undertaken in each of the three stages are outlined in the figure below and described separately in the sections that follow.

Figure 8.2

Knowledge User Involvement in the KT Development Process



8.6.1 KT-Strategy Phase One: Concept Phase

Recent research exploring ecological strategies to promote positive body image in adolescents, suggests that social/multi-media and public education may be used effectively to promote positive body image in adolescents. For example, a sample of parents in a recent qualitative study by Koulanova et al., (2021), suggested that online information could be an effective strategy to share targeted messaging for children and especially given the significant time they spend online. The youth participants from the focus groups in Stage One of the current study indicated, likewise, that they would like information in an online format, in language that was accessible, and which included “the real views of adolescents on body image pressures” and solutions/advice for “how to challenges these pressures” via school programmes and online resources. Consultation meetings (online) with the Bodywhys youth panel further indicated that a body image website which contained links, articles, videos and podcasts alongside research in accessible language, would be more attractive and more likely to be shared. Teacher feedback from the development (Stage One) and evaluation (Stage Two) of the #MTAS programme (described in Chapters Four and Six) also suggested that relevant information which included guidance on promoting positive body image, and links to share with students and parents, would be very helpful.

In considering information for inclusion in the parents’ section, the researcher consulted with two members of the Bodywhys team (Training & Development Manager and Support Services Manager), both of whom were involved in the delivery of support services and training to parents and also parents themselves. This consultation was conducted via an online meeting to discuss issues arising in the Bodywhys PiLaR (Peer Led Resilience) Programme for parents (see Appendix

8b) and on attendant support services, and to refine needs and requirements for the parent section of the website. Collectively, this information from adolescents, teachers and Bodywhys representatives was used to inform the initial concept of an online KT-D strategy to include several elements aimed at adolescents, teachers and parents in the first instance.

8.6.2 KT-Strategy Phase Two: Mapping Phase

A draft initial 'map' of the website as a KT-Strategy, was devised by the researcher using the information obtained during Phase One (see Figure 8.3). The primary aim of the website was to embed the new #MTAS intervention so that it would be easily accessible to teachers and to provide relevant information for teachers on using these resources within schools. This was extended to include relevant research on body image and attendant concerns in adolescents. Thus, the initial draft 'map' of the website included three distinct sections aimed at: (i) secondary school teachers including the #MTAS resources, instructions for use, synopsis of relevant research and items for consideration in the school setting; (ii) adolescents themselves, including relevant information to promote positive body image and media literacy; and (iii) parents, including general information on promoting positive body image and media literacy in children and adolescents. All initial content for the youth and education sections of the website was drafted (by the researcher) using the guidance from KUs in Phase One, as well as the review of literature and review of other relevant websites and layouts.

This 'mapping exercise' involved a presentation of the draft website and content to the Bodywhys Team. This included a brief overview of relevant online resources internationally and was followed by a discussion to brainstorm on all aspects of the website, establish priorities, gain consensus on any additional

requirements and agree on appropriate KUs for collaboration and review of key sections. This occurred during the COVID-19 restrictions, so all meetings and presentations were carried out online. It is worth noting, at this juncture, that the COVID-19 pandemic had increased the need for online resources which could be easily accessed and shared with relevant groups, and, to this end, all members of the team were keenly aware of the requirement for appropriate and highly accessible resources and were fully engaged in the mapping process. The inclusion of body image content across the lifespan was raised due to the recent evidence suggesting an increase in body image issues in all age groups and especially in pre-adolescent children (Petkova et al., 2018; Chua et al., 2019). Moreover, at an anecdotal level, the Bodywhys services team had observed an increase in calls related to pre-teens with eating disorders and/or body image concerns. Therefore, it was agreed that the *'Happy To Be Me' (HBTM)* resources for primary schools (described later in this chapter) which were under development for printing, should be reconfigured and made available as an additional online resource, albeit in a specific 'primary school' section of the website alongside information and advice pertaining to promoting positive body image in the primary school setting.

The provision of separate sections for primary and secondary school resources/information was considered important given the unique age-related needs of these groups. For example, interventions to promote positive body image in early primary school are largely designed to celebrate diversity (i.e. to promote acceptance of appearance diversity), prevent the development of potentially harmful negative attitudes and to promote positive self-esteem (Damiano et al., 2018; Dohnt & Tiggemann, 2008). Body image interventions for older primary school-aged children, on the other hand, frequently target appearance-based teasing (Diedrich et al., 2015)

while promoting body size diversity acceptance (Chua et al., 2019), and media literacy (Bird et al., 2013). Likewise, the HTBM programme is designed to encourage children (aged 4-7) to embrace individual differences and diversity, and to promote a positive peer supportive environment to facilitate development of positive body image. Media literacy lessons are introduced gradually from Second Class (age 8-9) onwards to reflect the average age that children encounter new technology and become more exposed to media ideals and media messaging. Guidelines are also included to support teachers in identifying students who may be in distress with regard to body image issues, as well as school protocols and advice on approaching parents and signposting to age-appropriate supports.

The secondary school section of the website includes the #MTAS resources and attendant information to support secondary school teachers and staff in understanding body image pressures specific to adolescence, including appearance-related pressure from peers and the role of social media/media as well as the potential risks to mental health posed by each (Kurz et al., 2022; Gordon et al., 2023; 2022). Other information for teachers includes clear guidance on media, peer and socio-cultural pressures on body image in adolescence, advice on supporting students in navigating these and clear information to support teachers in identifying students who may be at risk and the identification of appropriate support options.

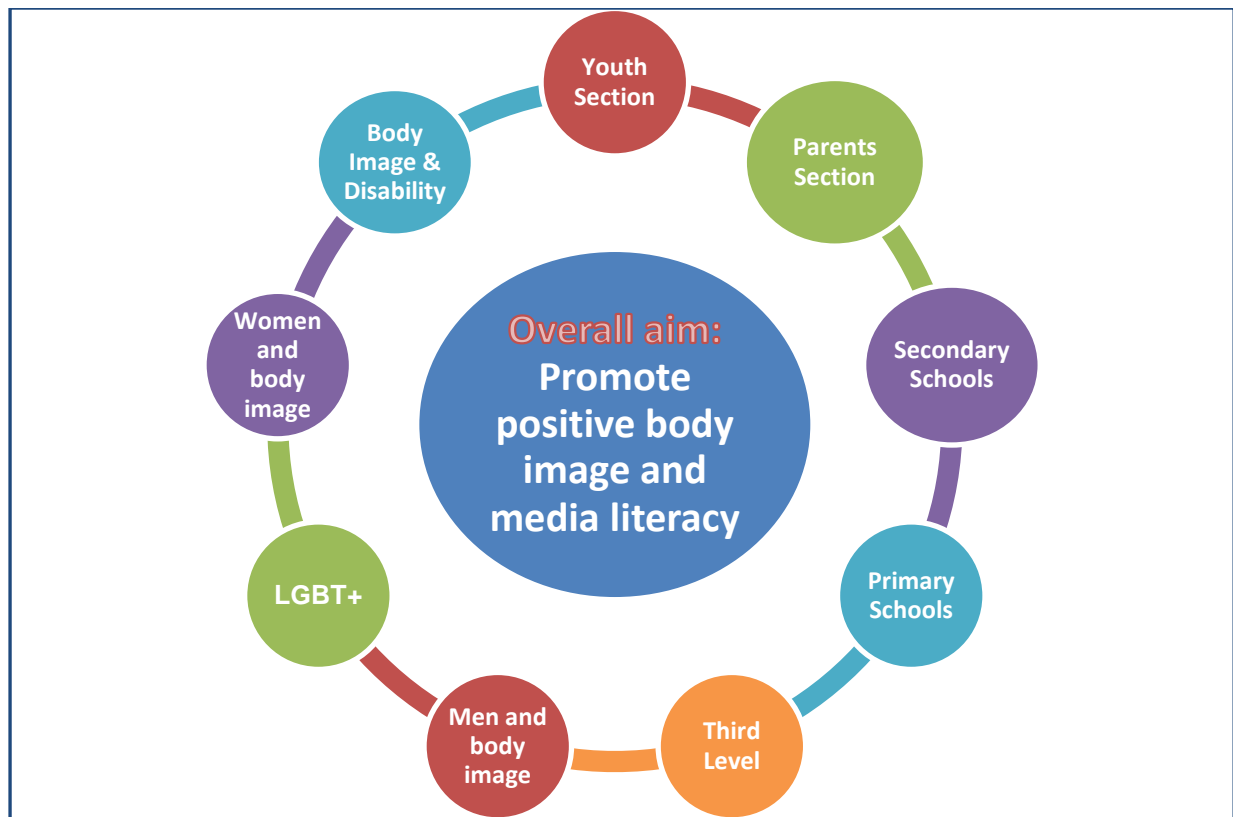
The provision of information for students at Third Level was also discussed, as well as the inclusion of relevant information on body image for men and women of all ages, including those with disabilities and in the LGBTQ+ community. Each of

these areas was also allocated their own specific section on the website (see Figure 8.3).

The website as a KT-Strategy was intended as a 'one stop shop' for promoting positive body image, with each section to include links to additional research, podcasts, videos or articles relevant to that section. For instance, the section for secondary schools would include the #MTAS resources and information for teachers, while the primary school section would include the new '*HTBM*' resources. Content relevant to Third Level had been highlighted as an area of particular concern during the COVID-19 restrictions, with the researcher receiving a number of invitations to deliver body image webinars for Third Level students during this time; thus, an additional section for Third Level was included. Separate sections for men and women were also included. Some research suggests that stigma relating to male body image concerns precludes men from accessing support (O'Gorman et al., 2020) and so the inclusion of a section specific to men, was intended to mitigate stigma associated with male help seeking. The section for women was also expanded to include post-partum body image concerns as well as information on menopause and body image.

Figure 8.3.

Map of Website as KT-Strategy



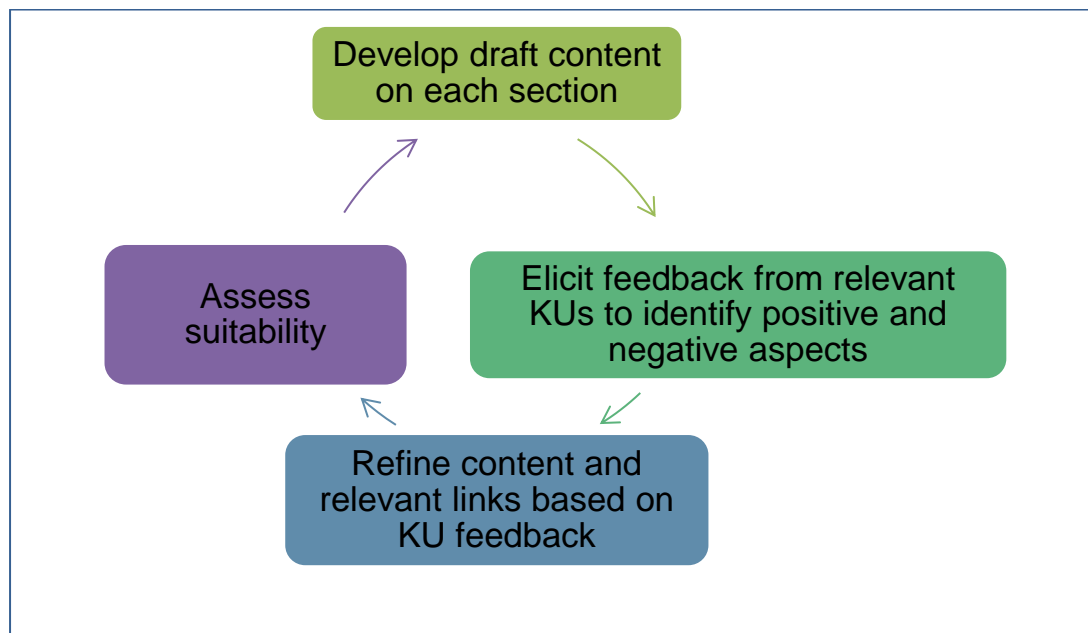
8.6.3 Phase Three: Review of KT-Strategy

All KUs were subsequently invited to collaborate and review draft materials as part of the third and final phase of the work. The involvement of KU groups was critical to gaining insight into how KUs interpret the presentation of research findings to ensure the language used was accessible and that research, while important, was kept jargon free and couched in knowledge and information which would encourage the uptake of the new resources and the sharing of the website and content. Interventions that are easy-to-implement, affordable and compatible with existing policies and infrastructure may be more likely to be adopted in practice (Milat et al., 2013).

Thus, an iterative cycle of KT-Strategy development was used (see Figure 8.4) with draft content developed and then reviewed by relevant KUs, after which it was refined and reassessed for suitability before finalisation. All KU involvement in the development of the website as a KT-strategy, occurred during the COVID-19 restrictions, the effects of which, in an Irish and international context, have already been described in Chapters One and Two. Thus, the development of the KT-Strategy during this protracted period of time was seen as very timely and was well received. KUs were eager to be involved and the process was smooth and efficient.

Figure 8.4

Iterative Cycle of KT-Strategy Development & Review



8.6.3.1 Youth Section Development. Due to the extensive nature of the youth resources, there were numerous phases to the iterative cycle of development. The researcher devised a brief feedback form (see Appendix 8c) to guide the key informants to carefully consider content, accessibility of language, graphics, style and supporting resources such as podcasts, video content, articles and research.

Ten members of the BYP (f = 9, m = 1) were involved in the review of the youth section. The youth KUs were invited to complete all aspects of the form and also to submit links to articles, podcasts, videos and images as supplementary information for each section of the website. The feedback forms were then reviewed by the researcher and discussed in a series of five subsequent meetings with the youth KUs, and any suggested amendments considered/discussed and finalised until all sections were complete. Once all amendments had been made, the website was sent for review to two members of the Bodywhys team. Both responded by email with only minor amendments related to formatting and suggestions for inclusion of images (e.g. with facemasks) in the COVID-19 section.

8.6.3.2 Review of Parents Section. A detailed review of the parents' section of the new website was conducted initially by the two (female) mental health professionals who were working with Bodywhys, and who had been involved in Phase One. As mentioned earlier, both were involved in delivering the Bodywhys Pilar Programme to support parents of children with an eating disorder, and they are also parents themselves. The researcher discussed the objectives of the website with them in advance in a brief 'priority setting' meeting and they were also provided with a link to the draft website and asked to review and comment on all areas as appropriate. Each reviewed the parent section of the website in its entirety and provided detailed comments on all aspects of the content, including additional items for inclusion (e.g. advice on talking to a child with body image concerns) and rewording of these. Their replies were provided by email and all suggested amendments were carefully considered before the content was finalised. There was no requirement for an additional review meeting.

The amended draft section was then reviewed by a Child Psychologist who regularly supports clients with body image issues and/or eating disorders. This psychologist was asked to review the parents' section of the website and provide feedback on the content and advice therein as well as the accessibility of the language used. The key areas identified for consideration were: information on 'speaking to your child about the media'; 'identifying early signs of negative body image'; and guidance for parents on 'talking to your child about body image'. The psychologist reviewed the website and indicated in his email response that it was "an excellent resource" and that he had "no recommendations for improvements to these sections". However, he added that "It might be useful to include a reminder to 'put on your own oxygen mask first' which we often forget to do in times of stress". This was subsequently added to the relevant section.

Lastly, all members of the BYP were also invited to volunteer to review selected sections on the parents' website pertaining to aspects of discussing body image and or media literacy with children or adolescents (e.g. relating to promoting media and social media literacy in children/adolescents and 'talking to a young person who has body image concerns'). The BYP were instructed that the review process would involve reading all the relevant sections and ensure that the language and content (in their view) would support a positive discussion, that no relevant areas were omitted and that there were no references which may be inadvertently 'jarring' to a youth audience. Three (female) members of the BYP volunteered to complete this review. No additional recommendations were made.

8.6.3.3. Review of the Secondary School Section. One telephone conversation was conducted with the SPHE stakeholder who had been involved in the interview described earlier in Chapter Four. She welcomed the suggestion to

develop a website, especially in light of the COVID-19 restrictions and the need to have more resources available online. She provided in a follow-up email, several links to relevant 'easy-to-use websites which teachers had recommended, and she also suggested contacting the National Council for Curriculum and Assessment (NCCA) to ensure that the new project resources and website were included in the list of available resources which would be circulated to teachers and made available on the NCCA and SPHE websites in the coming year. She further indicated that both the SPHE and NCCA would support the launch of the new resources via their social media channels. Two telephone conversations were subsequently held with the NCCA representative who indicated that she had no additional suggestions and sent on a template (see Appendix 8d) to be completed in order to provide a brief synopsis of the resources as well as relevant links for inclusion, both on their website and on information sheets for teachers.

8.6.3.4 Development of the Primary School Section. As mentioned earlier, the *HTBM* resources which had been underway for primary school were redesigned for inclusion on the website. These resources were developed by the researcher in 2016 prior to commencing her PhD, tested in the school environment and subsequently reviewed (during the same year) by the Professional Development Services for Teachers (PDST) Team for Health and Wellbeing in Primary School the same year. The PDST team (see Appendix 8e) had endorsed the *HTBM* resources for inclusion in the primary school SPHE (Social, Personal and Health Education) curriculum. However, they were not subsequently distributed due to the high cost of printing and delivering all resources and attendant books to over 3,300 primary schools nationwide. There was an ideal opportunity, therefore, to incorporate these resources into the new website and especially given, as already mentioned, the

increasing prevalence of body image concerns and attendant social media use in pre-teens during the pandemic (Trott et al., 2022).

The *HTBM* programme was developed to counter pressures to body image in children, taking into account the average age that children start using new technology and become more exposed to media ideals and media messaging. Research indicates that it is important that teachers are aware that such issues can occur in primary school children and that they are equipped to deal with them should they arise (Hutchinson & Calland, 2019). The *HTBM* Resources (see 'Overview' in Appendix 8f) were reviewed as part of the development of the primary school section of the website.

The school resources and online resource were also reviewed positively by two teachers, four parents, a school principal and two members of the Bodywhys team for ease of use.

8.6.3.5 Development of Third Level Education Section. The information and resources designed to support Third Level students were developed in close collaboration with the Union of Students in Ireland (USI), who had expressed concern around this topic. Two initial telephone conversations were conducted with USI representatives to discuss needs at third level, after which a draft content document was sent to USI for review. This was followed by two virtual meetings. Additional supplementary information was also discussed, and the USI representatives agreed that video content for inclusion on the website would be invaluable. Two video interviews were subsequently developed in collaboration with USI. These featured the researcher and the USI president in online interviews which were subsequently edited. The first, entitled '*Body Image at Third Level*' discussed

common concerns related to body image at third level. It also included information on accessing supports and useful practical advice. The second video interview, entitled '*Preparing for College*', was aimed at Sixth Year students in secondary school and was designed to provide clear and practical information for students who may have an eating disorder or body image concern, with a focus on supporting them in making the transition to college. It included information on accessing supports, guidance on negotiating body image concerns while building new connections in college and practical advice on moving away from home. The USI team was also involved in reviewing all supplementary information, including links to articles, podcasts, videos and research.

8.6.3.6 Process of Reviewing Additional Sections. As described earlier, relevant general information was also included for men and women of all ages and including the LGBTI+ community and people with disabilities. All of these sections were drafted by the researcher and, again, reviewed by relevant members of the Bodywhys team. The LGBTI+ section was also reviewed by BeLongTo, the national organisation supporting lesbian, gay, bisexual, transgender, and intersex (LGBTI+) adolescents in Ireland. This involved an initial virtual meeting followed by their offline review of the draft information sheet. They were happy with the content and had no additional comments or suggestions. This section was also reviewed by a TV Presenter and LGBTI+ advocate who contributed a quote and image for inclusion (see Figure 8.5) on the relevant page and supported the launch on social media.

Figure 8.5

Use of Relevant Quotes and Imagery



People assume that men are fine and don't suffer with issues with their body or want to lose weight. I think we have a long way to go until we recognise that men struggle too."

Darren Kennedy (TV Presenter + Columnist)

8.7 Measurement of KT-Goals

An additional focus in developing the website was the inclusion of a metrics-based system so that data on use of the new #MTAS (and *HTBM*) resources could be collated and assessed. A recent review of the KT literature highlights the importance of considering KT measurement in order to assess the impact of any KT strategies/approaches (Barwick et al., 2020; O'Connor, 2021). According to Sullivan and colleagues (2007), KT-D goals can be measured using several indicators, including reach (i.e. the accessibility of research), usefulness, and/or use. Reach indicators can include: logging the number of online downloads of research findings; the number of presentations made by a research team; media coverage of research findings; research website traffic; and referrals (e.g. sharing of the research evidence by other websites) (Barwick et al., 2015).

In considering the measurement of KT-Goals in the current study, the researcher worked closely with a web designer to develop an online form for

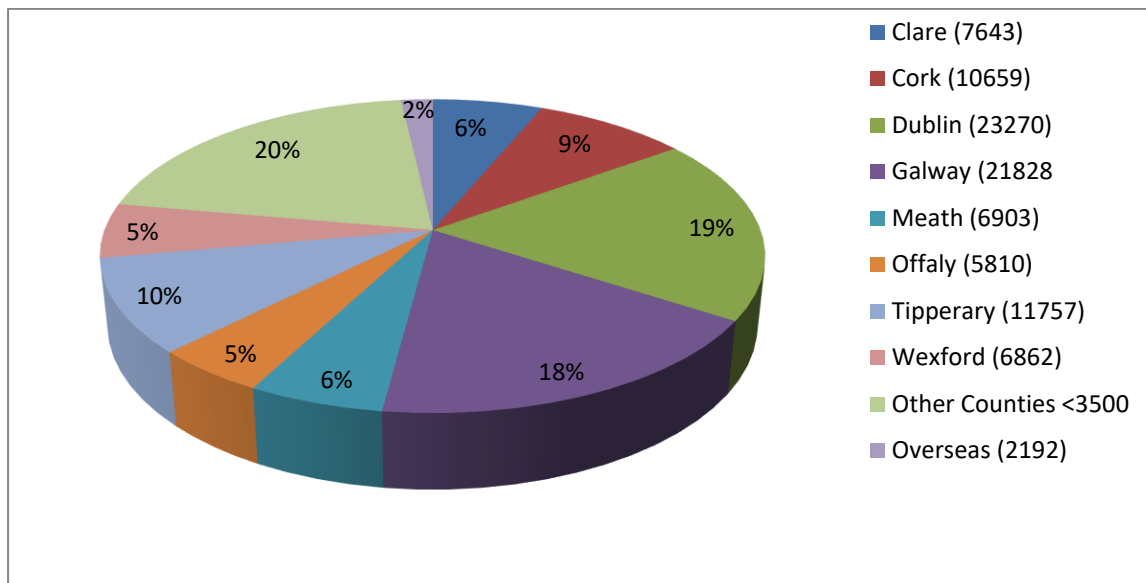
teachers to complete in order to access the resources, so that data related to location of the school, year group receiving the #MTAS programme and number of students in the group, were included as essential fields. The form also included optional fields for teachers to disclose numbers of students of whom they were aware, with body image issues, eating disorders and/or related concerns. Traffic to the website in general and specific sections could also be recorded by location and date time so that any spike in usage could be identified and/or linked to promotional or other events to identify additional factors which may promote usage and dissemination.

8.7.1 KT Measurement Results

By October 2022, the #MTAS programme (which was launched in late 2020) had been accessed 790 times and delivered to 217,182 secondary school students. In 2021 alone, the #MTAS resources were accessed 409 times by teachers and delivered to 125,625 students. This included 2192 students outside Ireland, from, for example, New Zealand, Australia, Saudi Arabia, Thailand, Europe, the United States, Canada and Israel. In Ireland, the #MTAS programme was delivered nationwide and in mixed, all-girl and all-boy schools. The breakdown of #MTAS usage by location is presented in Figure 8.6.

Figure 8.6

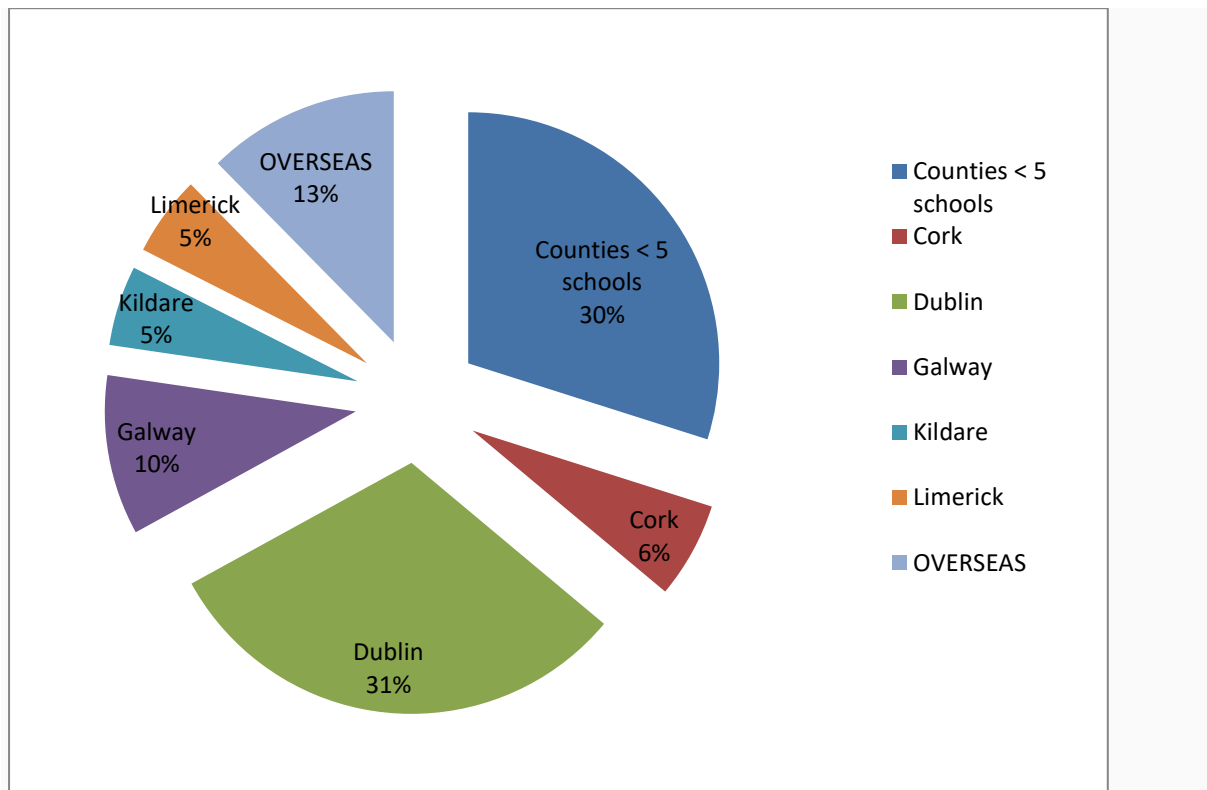
Breakdown of #MTAS by Location in 2021 Only



The same process was used for collecting data on the use of the *HTBM* programme. The form required for completion by primary school teachers in order to access the *HTBM* lessons, comprised essential data fields including class group, location (by county), and number of students, as well as additional data fields should teachers wish to disclose the approximate number of students, they are aware of in the class group with body image and or eating disorders or related concerns. Statistics generated on the use of the '*HTBM*' Programme in 2021 indicate that by the end of that year, over 4,200 primary school children had received the programme nationwide and it was also used overseas in the UK, Spain, Dubai and in Colorado, USA (see Figure 8.7).

Figure 8.7

Breakdown of HTBM Use by Location



8. 8. Launch of the KT-Strategy (Website)

The website and #MTAS resources were launched in October 2020 during the COVID-19 restrictions. The launch was promoted on social media (see Figure 8.8) and via direct invitations to relevant groups, including schools and education centres, youth, community, and mental health organisations. All KUs who had been involved in the development process were also instrumental in KT-D by promoting the launch of the new #MTAS resources and new website (www.bodywhysbodyimage.ie) via their respective social media channels. The homepage of the newly developed www.bodywhysbodyimage.ie website is presented in Figure 8.9.

Figure 8.8

Infographic to Promote Virtual Launch of Website

The infographic features a dark blue background. At the top, a blue banner with white text reads "VIRTUAL LAUNCH" and "EVERYONE WELCOME", flanked by globe icons. Below this, the title "UNDERSTANDING BODY IMAGE" is displayed in large, bold, yellow and white letters. To the right is a stylized logo of three figures in blue, yellow, and purple. The text below the title says: "Join Bodywhys for the launch of their **BODY IMAGE** website, packed full of information, tools and helpful advice for teachers, parents, clinicians and people of all ages." A purple box contains the date and time: "THURSDAY ... 15TH OCTOBER ... 12-1PM". Below that, it says "ONLINE ALL WELCOME". In the bottom right corner, the "BODYWHYS" logo is shown with the tagline "The Eating Disorders Association of Ireland".

Figure 8.9

Homepage of the Body Image Website

The screenshot shows the homepage of the Bodywhys website. At the top, a yellow banner contains the text: "Bodywhys asked young people about COVID 19 and body image: Click here to see what they said." Below this is a navigation bar with social media icons (Facebook, Twitter, Instagram, YouTube) on the left, the "BODYWHYS" logo (The Eating Disorders Association of Ireland) in the center, and a "TEACHER LOG IN" button on the right. A secondary navigation menu includes "Improving Body Image", "Teachers/Youth Workers", "Parents/Carers", "Resources", and "Contact Us". The main content area features a large background image of hikers on a mountain trail overlooking a lake. Overlaid on this image is the text "Improving Body Image" in large yellow letters, and a yellow box with the text "TEACHING RESOURCES" below it.

8.9 Additional KT-Dissemination Developments

Additional KT-dissemination strategies to support the uptake of the new resources, included an online public webinar series including a general webinar for parents on promoting positive body image. A more specialised webinar on promoting positive body image in a child or young person recovering from an eating disorder (see Figure 8.10).

Figure 8.10

Poster Advertising Parents Webinar



BODYWHYS LUNCHTIME WEBINAR SERIES

Promoting positive body image in children and young people who are recovering from an eating disorder

Why are Bodywhys providing this webinar?

Supporting family and parents has always been a core aspect of our work. Body image is a key issue affecting youth mental health and linked to the development of eating disorders.

It can be difficult to know where to start in promoting positive body image in children and young people. It can be particularly challenging to promote positive body image in a child or young person who may be recovering from an eating disorder.

This webinar intends to provide you with an opportunity to consider different approaches to promoting positive body image and how these may work in your family.

WHO CAN ATTEND?
This webinar is open to parents and carers who have completed the Bodywhys PiLaR programme.
The programme is for parents and carers only and does not provide CPD training.

WHEN?
Tuesday 24th November from 12.30pm to 1.30pm

DELIVERED ONLINE
Attendance is FREE but booking is essential.


Please contact Terri Coffey at info@bodywhys.ie for more information or to book a place.

A series of webinars for students in secondary school (see Figure 8.11) and teacher training webinars for both primary and secondary school teachers. Webinars were also provided for parents and adolescents as part of a public webinar series. All content was developed and delivered by the researcher. These webinars were promoted via the Bodywhys social media channels and via the established KU network and other relevant organisations. The content for all webinars was developed and delivered by the researcher. These included relevant research on body image (including the current research) in language tailored to the respective audiences.

Figure 8.11

Secondary School Webinar Series

Bodywhys | Webinar Series for Secondary Schools



Supporting Students with Eating Disorders
WORKSHOP

Body image is an issue affecting people of all ages and genders.

Body image concerns are so widespread in adolescent years that, in some ways, they have become somewhat normalised and accepted as a part of teenage life. The implications of negative body image however, can have a grave impact on a child or young person's life and mental health. Research indicates that negative body image is linked to the development of eating disorders and other mental health issues including depression, anxiety, alcohol and substance misuse and to higher levels of self-harm and suicidality.

Young people today are inundated with messages about how they should look. This growing focus on appearance is unhealthy and can be damaging to a young person's development and self-esteem. Schools and youth group settings are ideal places to **promote healthy body image, media literacy and to support students in developing positive behaviours** to support wellbeing and positive body image.

Let's Talk Body Image	Let's Talk Body Image	Understanding Eating Disorders	Promoting Positive Body Image in Your School Environment	Preparing for College
Wednesday 8th September 12 – 12.40	Thursday 9th September 12 – 12.40	Wednesday 22nd September 12-12.40	Wednesday 29th September 12- 12.40	Wednesday 24th November 12-12.40
<p>We'll explore challenges impacting body image, including:</p> <ul style="list-style-type: none"> • Media messaging, social media • And practical ways to lessen these 	<p>Starting secondary school can be very exciting but it can also bring with it a lot of change and pressures.</p> <p>This transition can be an anxious time, including for first years. For many, pressure to conform to a certain ideal body type increases during this period as they try to figure out who they are and where they fit in.</p>	<p>We'll explore:</p> <ul style="list-style-type: none"> • Risk factors • Signs and symptoms • How an eating disorder impacts a person's life – emotionally, psychologically and physically • Recovery and treatment • Supporting a friend • Support options 	<p>Transition year is often a very positive and life enhancing year. The alternative options for learning, career development and creativity it provides can open up new pathways and ideas.</p> <p>We'll outline how TY Students can promote positive body image within their school environment.</p> <p>This training will also suggest ways for TY students to support SPHE teachers in delivering the #MoreThanASelfie programme to First Year students to help support their wellbeing.</p>	<p>Third level students often feel pressure to conform to a certain ideal body type at a time when they're still trying to figure out who they are and where they fit in. This workshop will support students in considering how they can prepare for this exciting life stage and offer practical steps they can take to ensure the transition from school to college is enjoyable.</p>
All year groups	First Year Students	All year groups	Transition Years	Sixth Years

Due to the particular pressures on body image during the COVID-19 pandemic a webinar (see Figure 8.12) relating specifically to youth pressures to body image during COVID-19 was also developed. The researcher collaborated with the BYP and also with adolescents from the Spunout Action Panel. (SpunOut.ie is a youth information website created by adolescents, for adolescents. They work so that Ireland is a place where adolescents aged between 16 and 25 have the information, they need to enable them to live active, happy, and healthy lives). This live webinar was held during Eating Disorders Awareness Week (March 2021) and was well attended with many requests for the recorded webinar.

Figure 8.12

Public Webinar Poster

WEBINAR

BODY IMAGE & COVID 19

A YOUTH PERSPECTIVE

Tuesday 2nd March 2021: 12:00 - 1.30 pm **#EDAW2021**

The COVID-19 restrictions have impacted on all aspects of our lives. Many of the daily routines which brought us comfort have changed. It's really important to acknowledge that being out of our routine like that is very difficult. Our exercise and food choices may be different, we may have less time to ourselves and all of these changes can have an impact on body image.

12:00 FIONA FLYNN Youth Development Officer at Bodywhys <i>Research on Body Image and COVID 19</i>	12:50 AZRA SABIC Bodywhys Youth Panel Member <i>Exercise Pressure during COVID 19</i>
12:15 ROSSA GILSENAN Member of the Spunout Action Panel <i>Acceptance & Positivity Around My Body Image</i>	12:55 BLESSING DADA Member of the Spunout Action Panel <i>Culture Attitudes to Body Image</i>
12:25 SEAN SEXTON Member of the Spunout Action Panel <i>Body Confidence in Men</i>	13:00 CLARE AUSTICK Vice President for Welfare at U.S.I. (Union for Students in Ireland) <i>Body Image Issues at Third Level</i>
12:35 MARIE MALLON Bodywhys Youth Panel Member <i>Social Media, Media Literacy & Body Image</i>	13:10 LAURA WALSH Bodywhys Youth Panel Member <i>Practical Tips to Promote Positive Body Image</i>
12:45 CAITLIN GRANT Member of the Spunout Action Panel <i>How Running Changed My Perspective on My Body</i>	13:20 FIONA FLYNN Youth Development Officer at Bodywhys <i>Closing Remarks</i>

Please email youthdevelopment@bodywhys.ie to book a place on this webinar

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8.9.1 Be Body Positive Initiative

An additional KT-Dissemination strategy to promote awareness of the importance of body image in secondary schools was also developed. The Bodywhys 'Be Body Positive' Initiative for secondary schools was developed to promote student involvement in promoting awareness of body image. This was intended to encourage schools, and youth groups to actively promote positive body image in adolescents. It was designed to get students involved in promoting positive body image within the school setting. As mentioned earlier, research on ecological models to promote positive body image, suggests (as illustrated earlier in Figure 8.1) that student participation in 'wellness teams', as advocates in learning projects and as key contributors to promoting positive body image within schools, can help to promote positive outcomes (Burnett et al., 2008).

The Be Body Positive initiative includes an information sheet and application form for teachers and students as well as a checklist of activities (all devised by the researcher), including a clear framework for schools and youth groups to support them to promote positive body image within schools. The initiative is intended to reward positive action taken in relation to promoting positive body image. Schools who complete the tasks are awarded with a presentation of a 'Be Body Positive Initiative' Flag for display outside their school. The Be Body Positive initiative was launched in November 2021. In June 2022, the first Be Body Positive Initiative Flag was awarded to a school in Dublin (see Figure 8.13).

Figure 8.13

Be Body Positive Flag Initiative



Additional materials were developed to promote positive body image in schools, including posters for the staffroom (See Figure 8.14) and for classrooms (see Figure 8.15). All content for these posters was developed by the researcher in collaboration with a graphic designer. The draft posters were circulated by email to the BYP for feedback on the graphics and wording, but they had no suggested changes.

Figure 8.14

Poster for School Staffroom

Why is it important to promote positive body image in young people?

Negative body image is linked to eating disorders, depression, anxiety, self-harm and suicide. My World Survey, 2019

Body image is a key issue affecting youth mental health. Research indicates that most young people in Ireland are not happy with how they look. What's Wrecking Your Head Survey, 2017


As a teacher or youth worker there is a lot you can do to promote positive body image in your students. It is important to be mindful that students may have body image concerns you are not aware of and to be sensitive to this in discussing any related topics.

DO'S

- ✓ **DO** Reflect on your own attitudes to food and weight and be a positive role model.
- ✓ **DO** Encourage students to listen to their body, to rest when needed and eat when hungry.
- ✓ **DO** Emphasise that how we look is only one part of who we are.
- ✓ **DO** Focus on the things that bodies can do rather than how they look
- ✓ **DO** Praise students for their talents and positive attributes.
- ✓ **DO** Encourage your students to find activities they enjoy and emphasise that everyone will have different interests
- ✓ **DO** Emphasise that healthy bodies come in all shapes and sizes.
- ✓ **DO** (if mentioning healthy eating) focus on balance and eating a range of foods and remember that food is something to be enjoyed.

DON'TS

- ✗ **DON'T** talk about dieting in front of students.
- ✗ **DON'T** pass comment on people's bodies in front of students.
- ✗ **DON'T** promote 'No Sugar', 'Clean Eating' of any diet approach that results in guilt around food.
- ✗ **DON'T** encourage excessive exercise. Emphasise the importance of rest days and listening to what our body needs.
- ✗ **DON'T** encourage apps to monitor the number of steps we take or calories we consume. These can encourage obsessive tracking of body weight and appearance
- ✗ **DON'T** focus on beauty. Be sure to emphasise the value of personality traits and qualities over appearance.
- ✗ **DON'T** compare students to others. Emphasise that we are individuals and that we all have our own talents.
- ✗ **DON'T** endorse media beauty ideals by complimenting body shapes we see in the media.
- ✗ **DON'T** label foods as "good" vs. "bad".
- ✗ **DON'T** make comparisons between body types.
- ✗ **DON'T** be overly critical of students in general. Be supportive and ensure criticism is constructive and helpful.



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Figure 8.15

Poster for School Classrooms and Communal Areas

Body Image

TOP 10 TIPS



1. Remind yourself that media images are not real. Images we see in the media are airbrushed and edited to look the way they do. In real life people come in all shapes and sizes.
2. Remind yourself that body image is only one part of who you are. Think about the people you love spending time with and why. Often what we value about people has nothing to do with appearance – maybe they are good fun, kind or we have stuff in common. Remind yourself that they're the things people value about you too.
3. Be kind to yourself. Make it a habit to 'check in' with yourself and ask 'what do I need right now?' Maybe you need a rest, a cup of tea, a hot shower or a walk and some fresh air. Start to respond to what your body needs.
4. Become a critical viewer of the internet and social media. Notice content that makes you feel bad and 'unfollow'. You can control your social media feed. Make time online purposeful and avoid mindless scrolling. Keep the start and end of your day screen free to check in with yourself.
5. Turn your focus away from body image and think about what really interests you. Take time to find interests and activities you really enjoy and spend time doing them. You could make a list of 10 things that make you happy and do them more often.
6. Value yourself as a whole person. Make a list of 5 things you like about yourself that are not related to your appearance. Read this often and keep adding to your list.
7. Edit harsh self-talk. Everyone has negative self talk but unchecked it can really get you down. Make an effort to replace the negative voice in your head with the same kind, supportive voice you would offer a friend.
8. When you look in the mirror focus on the whole person rather than on specific body parts. Wear clothes and styles that make you feel comfortable and good about your body.
9. Make time to connect with people who make you feel good. Many people find video calls increase body concerns. If so, turn your camera off or connect with people in other ways: texts, voice notes, phone calls or go and meet them. Do what feels right for you.
10. Take time every day to appreciate your body for what it can do. Tune in to how you are feeling and move your body in ways that feel good. Make exercise choices that promote wellbeing.

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www.bodywhys.ie and www.bodywhysbodyimage.ie

8.10 Conclusion

This chapter outlined the design, development and co-creation of resources as part of a KT-Strategy to facilitate, primarily, the dissemination/sharing of the #MTASintervention which was developed and piloted as part of the current research, but also to make a range of attendant resources available to: parents; adolescents; primary and secondary school teachers; Third level students; the LGBTI+ community; and those with a disability. The development of the website as a KT strategy involved extensive collaboration and engagement with a wide and diverse range of KUs to ensure the information was practical, relevant and useful and appropriately tailored to the audience of interest. These include adolescents themselves (as in Stages One and Two of the current research), teachers, parents, mental health professionals, Bodywhys staff, representatives from a range of relevant community and minority organisations/groups and senior decision makers. The highly collaborative nature of the development and validation of the website content development, led to collaboration with several key organisations, including the NCCA, SPHE team for wellbeing, USI and BeLong To, and the recognition of their expertise was key to building a KU network to support KT-D.

Furthermore, the global outbreak of COVID-19 in early 2020, which resulted in a sudden and significant shift to remote working and communication (Kylili, 2020) had, in many ways, facilitated this collaboration process. For example, more traditional research dissemination and KT-D strategies, such as meetings, conferences and seminars, moved from in-person to online delivery, thereby reducing the time, resources, and costs involved in, for example, attending meetings or conferences (e.g. Crowley et al., 2018). Likewise, the launch of the website, which was conducted virtually, was very well attended and subsequently endorsed on

social media (with #MoreThanASelfie, #Bodywhys, #Body Image, #Schools, #Parents hashtags).As mentioned earlier, all KUs who had been involved in the development process, were also instrumental in promoting the launch of the new #MTAS resources and new www.bodywhysbodyimage.ie website. The final chapter, Chapter Nine, will reflect on these developments in the context of current and future international research.

CHAPTER NINE

Discussion

9.1 Introduction

This research involved three separate, but related stages including: Stage One, which pertained to the development of an intervention to promote positive body image and social media literacy in young adolescents; Stage Two, which related to the pilot evaluation of the intervention in the school setting; and Stage Three, which involved the development of a website as a knowledge translation strategy. These were undertaken to address the four primary and secondary objectives of the research which were to: (i) examine the narratives and experiences of adolescents in Ireland related to body image (Stage One); (ii) develop a school-based intervention (on the basis of the above findings), to promote positive body image and social media literacy (Stage One); (iii) pilot test the feasibility and initial effectiveness of the intervention (Stage Two); and (iv) to promote positive body image in young people more generally by providing relevant information and resources for educators, parents and young people themselves (Stage Three).

This final chapter provides an integrated synthesis and critical appraisal of the key findings from each stage of the study as outlined above. It situates the results within the broader psychological research literature on body image and social media, whilst also addressing the contribution of the research to relevant policy and practice. The key findings are discussed within the context of the design, implementation, and evaluation of school-based approaches to promoting positive body image and social media literacy in young adolescents. The strengths and

limitations of the study are also discussed along with some future directions for research and attendant policy and practice implications of the findings reported here.

9.2 The Narratives and Experiences of Adolescents in Ireland Related to Body Image and Social Media

The first objective of the current study was, as described earlier, to explore the narratives and experiences of adolescents in Ireland relating to body image and the potential influence therein of social media. As reported earlier in Chapters One and Two, negative body image is recognised as a key issue affecting youth mental health in the Western world (Bucchianeri & Neumark-Sztainer, 2014; Carlyle et al., 2018; Gordon et al., 2021) and it was important, therefore, to obtain insights into youth narratives in this regard while this was also important in informing subsequent approaches within the study. As described in Chapter Four, a number of research methods were used to optimise youth engagement and interaction, thus providing useful insights into the attitudes, beliefs and experiences of youth participants. The initial focus groups, as described in Chapter Four, were largely youth-led and, and covered a range of topics, including body image pressures, how these were experienced and managed and how they might be challenged.

Importantly, the Stage One focus groups conducted with young people as an initial part of the process of developing the intervention, were invaluable in highlighting, not only growing concerns about the relationship between negative body image and mental health in an Irish context, but also the need to address issues related to social media. The youth participants indicated that the profusion of body content on social media and self-comparison negatively impacted body image,

general wellbeing and mood, and the narrative in both focus groups indicated that appearance ideals and related pressures were “always on their mind”. This finding is in line with international research, as described earlier in Chapter Two, which indicates associations between appearance comparisons on social media and poorer body image (Chang et al., 2019; Fardouly & Vartanian, 2015; Fardouly et al., 2018; Jarman et al., 2020) as well as body dissatisfaction and related mental health concerns (Griffiths et al., 2018; Hogue & Mills, 2019; Holland & Tiggemann, 2016; Marengo et al., 2018). This is perhaps not surprising given that socio-cultural ideals are widely endorsed on social media with the most popular Instagram accounts belonging to celebrities who are seen as meeting these ideals (Brown and Tiggeman, 2020; Statista, 2021a).

The youth participants in Stage One also indicated that ‘likes’ were increasingly considered a numerical indicator of popularity and a measure of self-worth - also reported in other recent research (Prichard et al., 2021) - and that this was a source of stress and body image pressure. According to a number of researchers, photo-based activities (e.g., liking, sharing and commenting on photographs) are most salient in relation to body image disturbances (Holland & Tiggemann, 2016; Meier & Gray, 2014) and have also been linked to mood disorders (Twenge, 2019). Interestingly, Instagram recently augmented the visibility of its ‘likes’ on posts as a means of “depressurising” the platform and to “create a safe environment” (Scott, 2019), thereby suggesting that the influence of ‘likes’ is widely considered to be a source of pressure on social media users. The academic literature further suggests that supporting people to recognise the potential negative impact of social media ‘likes’ may be viewed as a form of media literacy (e.g., critical

thinking about social media) that can help to mitigate the negative impact on body image (Tamplin et al., 2018). Importantly therefore, video content and group discussions of ‘likes’ and comments were deliberately incorporated into the #MTAS, recognising the need to address this potentially negative aspect of social media use in programme development.

The above narratives and experiences were further explored and elaborated on through the baseline assessments and focus groups that were conducted as part of the pilot evaluation during Stage Two of the research. Thus, the baseline data (described earlier in Chapter Seven) were analysed to explore (and provide a quantitative measure of) the nature and extent of social media use in the young people who took part in the controlled trial. The findings were broadly in line with the international literature, indicating that almost all young adolescents use social media daily (e.g. Eurostat, 2019; Ofcom, 2021) and with, worryingly, a substantial proportion checking social media at night. The differences here with regard to sex (e.g. with girls using social media more frequently, more likely to check social media at night and to follow appearance-related content) are also in line with both qualitative and quantitative research conducted elsewhere (Bell, 2019; Marengo et al., 2018; Wang et al., 2021).

Interestingly, the young male participants involved in the focus group at follow-up indicated likewise, that they considered girls to be more avid users of social media. Their comments about ‘likes’ on social media posts are also supported elsewhere and described, for example, as “quantifiable, public signs of status” by Nesi & Prinstein (2018). For instance, research conducted in several countries including the U.S., Britain and Pakistan, shows that vulnerable teens may turn to

social media for validation to satisfy unmet needs for status or acceptance from peers (Graff, 2017; Mahmood et al., 2022; Rideout & Fox, 2018; Uhls et al., 2017; Yau & Reich, 2017). Furthermore, according to some authors, when the 'likes' do not measure up to those garnered by others, this may lead to feelings of rejection or inadequacy (Rideout & Fox, 2018). Reassuringly, the young males in the current study had a healthy insight into both 'likes' and the motivation and consequences of "buying followers" (which they described in relation to peers) as a confidence enhancing behaviour.

As described in Chapter Seven, further analysis of the baseline data demonstrated a significant (small) positive relationship between social media use and internalisation of the thin body ideal for female participants; likewise, previous research shows that higher frequency and longer duration of social media use are associated with increased exposure to socio-cultural ideals and their internalisation amongst females (Holland and Tiggemann, 2016; Saiphoo & Vahedi, 2019; Turner and Lefevre, 2017). The lack of any such relationship between increased social media use and internalisation of the muscular ideal in males in the present study has also been reported elsewhere. For example, while Edwards et al, (2014) identified links between social media use and body image dissatisfaction in males, research largely supports the notion that female adolescents are more at risk and that girls typically report more pressure from socio-cultural ideals than boys (Bell et al., 2022; Karazsia et al., 2017).

The sex-related differences seen in the current study in relation to external appearance-related pressures from family, media and peers, have also been noted in other studies. For instance, Zimmer-Gembeck et al., (2020) found that females

experienced more external pressures related to appearance than their male counterparts and especially from the media. No relationship was found in the present research, between increased social media use for either males or females and external pressures on appearance. Interestingly, although both the SoMe and Digital Bodies studies used the SATAQ Internalisation scales, they omitted the External Pressures subscales. In fact, there is a gap in the literature with regard to the relationship between increased social media use and perceived external pressures from family, peers and media on appearance. In addition, with regard to social support, the lower levels seen amongst males is an interesting finding in terms of school interventions to promote positive body image and/or wellbeing; this suggests a need to explore, through future research, how best to nurture a more peer supportive environment for boys in schools, and especially in terms of maintaining any positive effects that may accrue from body image or related wellbeing interventions (Malecki et al., 2014).

The current study findings also support those from elsewhere which demonstrate that peers and social media are the dominant body image influences for both males and females and that social media, in particular, has replaced more traditional forms of media in this regard (Gordon et al., 2021). This highlights an increasing need to focus on social media as part of the development of school-based resources to promote positive body image (Frith et al., 2017; Griffiths et al., 2018; Gordon et al., 2021; Bell et al., 2022). Indeed, the addition of a social media component in the current study was innovative at a time when this had previously not been considered in the wider literature (i.e. when Stage One commenced in 2016-2017), despite research showing a clear association between appearance

comparisons on social media and poorer body image (Fardouly & Vartanian, 2015; Fardouly et al., 2018; Jarman et al., 2020).

9.3 Developing a School Based Intervention to Promote Positive Body Image and Social Media Literacy

The Stage One focus group findings underlined, firstly, the need for a school based intervention to promote positive body image and to include a focus on social media literacy. Secondly, the results highlighted the importance of prioritising meaningful youth collaboration in the development of the #MTAS intervention to ensure that the content was relevant, useful and engaging. As mentioned earlier in Chapter Four, World Health Organisation (2022) research on the development of interventions to target youth populations emphasises the importance of youth involvement to yield “unexpected insights into the challenges young people face”. Previous research also strongly indicates that ‘young people are experts in their own lives’ and are uniquely placed, therefore, to guide researchers on what works best for them (e.g. James, 2007; Orłowski et al., 2015). However, Faithfull et al., (2019) argue that youth participation must become embedded in organisational culture to ensure that young people are engaged in genuine and meaningful ways so that research outputs remain relevant and responsive to their needs.

In the case of the current research, the researcher was (and is) keenly aware of the importance of youth collaboration and incorporates this as part of her ongoing work in her youth development role with Bodywhys; as an organisation, Bodywhys also places considerable value on privileging the voice of young people to help inform the development of its resources and supports. The researcher was keenly

aware, therefore, of the importance of ensuring that the views and perspectives of young people were elicited and used to inform the #MTAS programme content, and especially due to its relatively novel focus (on social media and body image, and related pressures).

As described in Chapter Four, the development of the #MTAS intervention involved a multi-stage mixed methods process, using engaged research practices and entailing a dialogue with key decision makers, teachers and youth stakeholders. Research questions and objectives were considered in the first instance in a dialogue with stakeholders and contextualised with reference to the needs of each stakeholder group. This dialogue, as described in Chapter Four, highlighted and reviewed: (i) contextual factors pertaining to the Irish school setting, such as SPHE curriculum requirements, existing HSE guidelines, practicalities within the school environment (e.g. timing), teacher knowledge and/or access to training; (ii) theoretical approaches to promoting positive body image, media literacy and research pertaining to related successful school-based interventions; and (iii) pedagogical models to enhance learning, stimulate active discussion and to promote attitude and behavioural change.

This process of development was expedited through, for example, an emerging consensus across all stakeholder groups on key issues including, in particular, a requirement for easy-to-use materials (including videos) and the need to include First Year students as the target age group. The youth participants further stipulated a need to ensure that programme content (e.g. videos) was engaging and relevant for young people. Indeed, the findings from the PEF as outlined in Chapter Seven, as well as the post-intervention student focus group (plus teacher feedback),

demonstrated that the programme was considered to be useful, relevant and interesting, thereby suggesting that youth involvement in the intervention development phase had been beneficial.

The stakeholder consensus in relation to the target age is consistent with relevant literature (as described in Chapter Two) which indicates that school-based body image interventions are most effective when delivered to adolescents in their early teens (Kurz et al., 2022; Warschburger & Zitzmann, 2018, Yager et al., 2013). The same is true for media literacy content (APA, 2023; Frith et al., 2017) and interventions to prevent eating disorders (Steinhausen & Jensen, 2015).

Thus, the overall aim of the development phase was to develop, in collaboration with stakeholder groups, an intervention for first year students in the school setting which would be effective at promoting positive body image, enhancing media and social media literacy and which would include a range of video and other easy-to-use materials devised in collaboration with young people. As described in Chapter Four, a number of theoretical frameworks were also used to guide the development of the intervention components relating to body image, social media literacy and mental health psycho-educational content respectively. For example, social learning theory (Bandura, 1977) and narrative theory (White & Epston, 1990) were considered when developing the video content related to body image pressures and navigating these in the youth context. Principles relating to cognitive dissonance (Festinger, 1957) were also used to inform the development of techniques designed to encourage adolescents to challenge socio-cultural ideals, reduce self-comparison and improve body image. Theoretical approaches to promoting media literacy, as outlined in Chapter Four, were also used to guide the development of draft materials

to encourage critical reflection and analysis of media messaging (Gordon et al., 2022). Likewise, the psycho-educational content relating to eating disorders incorporated elements of narrative, social learning and empowerment theories (Conger & Kanungo, 1998).

The inclusion of a wide range of stakeholder groups was considered important (in the spirit of engaged research) to further inform the development of the intervention. Factors that proved especially useful in the co-creation process with all groups included acknowledging and deferring to the expertise of the stakeholders and taking sufficient time to develop and build rapport throughout. Existing evidence suggests that building 'quality' relationships is a core component of engaged research, (Rycroft-Malone et al., 2016) and that initiating relationships with decision makers, in particular, is crucial due to their authority in practice (Zych et al., 2020). In addition, given the time commitment often needed to 'break the ice' and establish a positive and trusting rapport, the utilisation of pre-existing relationships (as in the present study) has been recommended by way of expediting the process (Bowen et al., 2017).

Teacher stakeholders were, in fact, the most difficult to engage, most probably because as mentioned earlier in Chapter Four, they did not volunteer to participate in intervention delivery, but instead, were assigned by their respective school principals. Their involvement in both intervention delivery and in the research was also an add-on to their existing workloads. Nonetheless, their input was invaluable in terms of guiding the process of intervention development and ensuring that the materials were in line with their (unanimous) preferences for video content, easy-to-use *Microsoft Powerpoint* slides (with all content embedded) and clear

Facilitator Guides. Their input was also important in identifying a clear need for additional information to support teachers in promoting positive body image in schools (information which also informed Phase One of Stage One and the Concept Phase in developing the website as a KT strategy as outlined in Chapter Eight). Some tangible acknowledgment of the teachers' time and efforts in hindsight (e.g. a 'thank you' gift), may have been helpful in promoting their more active involvement in the research.

Key strengths of the co-creation process were the identification of a large number of youth participants who were 'most likely to yield appropriate and useful information' (Kelly, 2010. p.10), and recognition of the importance of building a strong rapport both between researcher and participants and amongst the participants themselves (McKercher, 2020, Palmer et al., 2019; Tindall, 2021). For instance, the young people from the CnÓg youth groups involved in Phases One, Two and Three of intervention development (Stage One) were experienced in discussing youth-related concerns and were more familiar with mental health issues than a general youth population. The Bodywhys Youth Panel (BYP), likewise, had specialised knowledge of youth mental health and body image as well as experience of speaking in a group setting. Both groups also had an established rapport prior to their participation in this research and this, coupled with their experience in discussing and debating youth issues, resulted in easy engagement from the outset.

The school group, although known to each other, was more challenging to engage in terms of their willingness to contribute to the groups and openly express their opinions. It was considered important to include this stakeholder group as they were closer to the target demographic for the final intervention. While it was difficult

at times, to encourage the school participants to 'open up', their contribution was invaluable in terms of overall feedback, especially relating to some of the practicalities of the school setting, such as sound quality issues with classroom equipment and language comprehension; in addition, some students were not familiar with terms such as 'media', 'body image', and/or 'airbrushing'. All of this information was useful in terms of informing some of the content of the #MTAS programme and ensuring that it was user-friendly and accessible. Collectively, this work was also crucial in ensuring that the needs and views of these young people were heard and valued.

The researcher was keen in each subsequent CCW, to highlight how the participants' views and experiences had been utilised (including reiterating earlier feedback, such as content being 'too cringey') and including relevant changes to the materials/content, whilst also allowing sufficient time for review so that all feedback could be incorporated. Notably, the researcher was also highly attentive to non-verbal cues in the CCW groups. For example, in the first round of the CCWs, there were some periods of silence and shifting in seats which led to the researcher reiterating the requirement for honest feedback and asking the group directly if their silence was an indicator that they did not like the content. The researcher emphasised again the participants' pivotal role in ensuring that the final version of the programme was useful, effective and engaging. One student subsequently admitted that the body image videos involving young people talking about body image were 'a bit boring'. The researcher commended him for his honesty and asked the group for their views, at which point, a consensus emerged.

Thus, a failure to observe the non-verbal cues would have resulted in the inclusion, within the #MTAS, of video materials which were not relevant, and which may also have reduced subsequent engagement with the youth stakeholders. Likewise, it transpired that silence from the groups when the researcher opened discussion on 'media' influence in the school group, was due to a lack of comprehension and/or familiarity with some key terms. Failure to observe and later address and explain these terms in the #MTAS materials may have reduced 'buy in' from students in school settings. It is also worth noting that there is a gap in the literature on engagement amongst post-primary student populations in schools, with some research suggesting that schooling may create a 'culture of silence' whereby young people's voices are 'quietened' or ignored in mainstream education, thereby reducing the likelihood that they will openly express their views and opinions (Baroutsis et al., 2016).

On a practical note, the conduct of most of this stage of the research during the summer holidays was also very helpful because the young people were not under exam and/or time pressures so they had flexibility to attend multiple groups which were usually scheduled a few weeks apart.

9.4 Body Image and Social Media Interventions: The International Context

As described in earlier chapters, despite growing concern in recent years about the impact of social media use on body image (Bell et al., 2022; Carlisle et al., 2018; Wang et al., 2021), body image interventions thus far have been slow to target social media pressure (Bell et al., 2022; Gordon et al., 2021). Currently, as far as we are aware and as mentioned earlier in Chapter Two, there are only two other published interventions in this field including:(a) the 'SoMe' social media and body

image programme for adolescent boys and girls (Gordon et al., 2021) (and an earlier iteration of this programme called ‘Boost’ which was piloted with young adolescent girls (McLean et al., 2017); and (b) ‘Digital Bodies’, a recently developed body image and social media literacy intervention (Bell et al., 2022). A comparison of all three programmes was also provided earlier (see Chapter One and Appendix 1a).

Interestingly, all three interventions share common content. For example, all incorporate similar social media literacy content including: a focus on promoting critical awareness of the digital techniques used to edit images presented on social media; content to encourage critical reflection on the motivations, both professional and personal, for social media posting and the attendant tendency to present one’s ‘best self (McLean et al, 2016); and cognitive dissonance techniques to encourage critiquing of socio-cultural ideals. Notably however, there are differences in how the material is presented in each programme. While the #MTAS includes specific video content in each lesson to precede and stimulate group discussion, the other two interventions rely more heavily on facilitator involvement to engage participants. For example, the SoMe includes one ‘Instagram versus Real Life’ video in one session (entitled the ‘Insta-Lie’ video also included in the #MTAS), but there is no reference to video content elsewhere in either the SoMe or Digital Bodies interventions. The inclusion of video content in the #MTAS was based on a consensus among youth stakeholders (at all stages) - also supported by research in the field - that, in the school setting, “students won’t talk about this stuff for their teachers”. For example, much research on the student voice in schools, suggests that the typically results-driven culture in schools prioritises examination-oriented teaching, leaving less room, therefore, for creativity, expression, and ‘voice’ (Moynihan and O’Donovan, 2021).

Research in Ireland and elsewhere (Tancred et al., 2017) further indicates that SPHE content is often marginalised in favour of examination subjects.

Importantly, the #MTAS is the only one of the three interventions to have included youth stakeholders and the 'youth voice' in its development. The SoMe and 'Digital Bodies' interventions were each developed in collaboration with an experienced teacher stakeholder. 'Digital Bodies' was tested with a small group of adolescents in order to elicit (qualitative) feedback on the materials prior to the pilot phase (Bell et al., 2022), but there is no reference to youth collaboration otherwise. Likewise, there is no reference to any youth stakeholder involvement in the development of the SoMe. This is perhaps surprising given the unique way in which young people interact with social media (Perloff, 2014; Valkenburg and Peter, 2013) and the need, therefore, for more body image-specific strategies in this regard (Marengo, 2018; Perloff, 2014; Tiggemann & Slater, 2017). Furthermore, there is an increasing emphasis on privileging the youth voice in the literature (Memiah et al., 2022) in order to enhance the relevance of research results, benefit stakeholders, and inform future research (Campus Engage, 2018; Memiah et al., 2022; WHO, 2022).

9.4.1 Intervention Content and Design

Encouragingly, the similarity of the media literacy content used in the #MTAS and both the SoMe and Digital Bodies programmes, suggests that the new Irish programme is likely to have international relevance and that the lessons could easily be adapted for use elsewhere. By contrast, as described earlier, the #MTAS also included content to promote awareness of eating disorders and to identify the links between body image and mental health. Furthermore, it provides content on

mood/coping with difficult moods and the inclusion of information related to mental health and supports available for young people.

The youth-led commentary and feedback obtained during Stage One was important in informing the development of specific content on ‘coping with low-mood’, as well as information on available supports. As described in Chapter Four, youth participants indicated that exposure to lifestyle and body ideals on social media could negatively affect their mood (Twenge et al., 2019), leading to a greater likelihood of engaging in upward comparisons and harsh self-talk, as well as internalising these ideals with lower mood. Recent studies have, likewise, highlighted a bidirectional and self-perpetuating cycle between appearance-based social media engagement and negative mood and/or body image concerns (Davies et al., 2020; Mills et al., 2018). Thus, mood was seen as a key aspect mediating the influence of social media on body image. The #MTAS programme attempts to address both coping and mental health awareness, and while no pre-post intervention improvements were noted on the Rosenberg self-esteem scale, the open-ended responses on the PEF indicated that the programme had helped some of the group to “feel better” and with attendant self-reported improvements in self-esteem also noted in a small number of cases. The SEYLE Study authors in Ireland argue that all wellbeing initiatives in schools should aim to increase awareness of mental health issues, facilitate the discussion of coping styles and provide information on available supports (McMahon et al., 2017). Interestingly, as noted in Chapter Seven, many students indicated in their PEF responses, that learning about available supports as part of the programme, had been valuable and had inspired confidence.

It is worth noting that the #MTAS programme is the only intervention to address and promote awareness of the risks to mental health posed by body image and, in particular, eating disorders. Arguably, given the prevalence of eating disorders and the identified links between negative body image and their development (especially in light of the surge in such presentations since COVID-19), it appears important to outline the repercussions of negative body image as part of school-based body image-focused interventions. As described in Chapter Seven, the #MTAS content on eating disorders received very positive feedback from youth participants in all three participating schools, indicating that it is relevant and necessary for this age group. Overall, Lesson Four - which focused on promoting awareness of eating disorders - was highlighted by both male and female intervention participants as their preferred and "most memorable" lesson.

The professionally filmed content therein, was delivered by the researcher (an experienced mental health professional) in line with HSE Eating Disorder Model of Care Document (HSE, 2018) and Bodywhys guidelines. For example, all information was included in age-appropriate and accessible language. The researcher, who is experienced in delivering content of this nature in schools, is acutely aware of the need to avoid inclusion of any references to specifics such as 'weight details' information on use of laxatives, diuretics or diet aids, or any such information which may be triggering. The researcher is also aware of the importance of presenting factual information in a concise manner to young adolescents and of explaining the emotional and psychological impact of eating disorders,

There are also some interesting differences between the #MTAS and the other two programmes. For example, while the #MTAS and SoMe are both

designed to be delivered over a four-week period, Digital Bodies is a very brief intervention involving one single hour-long session only. Furthermore, both the SoMe and Digital Bodies interventions were delivered by (trained) researchers/facilitators, and it is not known to what extent teachers in the participating schools, would have had the capacity to deliver the same content.

9.4.2 Teacher Vs Expert-led Delivery of #MTAS Resources

Relevant literature in Ireland and elsewhere indicates that any new intervention/programme to promote positive body image and social media literacy should, ideally, be highly accessible and easy-to-use in routine classroom settings (Cybersafe Kids, 2023; APA, 2023). In fact, authors of the SoMe intervention argue that ‘perhaps external facilitators are not effective at delivering this type of content and that research should explore effectiveness of delivery by class teachers (p. 3825, Gordon et al., 2021), suggesting that teachers are likely to be familiar with “specific needs of students” and thus better able to deliver “content in a way that resonates” with young people.

The research literature also indicates, as mentioned earlier, that expert-led delivery of pilot programmes, may pose a barrier to widespread dissemination because, in the real-world setting teachers are unlikely to have the same level of expertise. In fact, research widely reports that teachers typically receive little or no training for social, personal or health content (Herlitz et al., 2020; Ofsted, 2019; Shepherd et al., 2013; Tancred, 2017). Likewise, literature suggests that ‘expert-led’ pilot evaluations are unlikely to achieve the same positive effects in the real-world setting (Warschburger & Zitzmann, 2018).

By contrast, the #MTAS pilot evaluation was conducted to mirror the real-world school environment in which teachers often receive no training to support their delivery of specific components of the SPHE curriculum and thus the facilitators guide, and inclusion of video content is designed to support teachers so that even teachers with no training (which is often the case) can deliver the programme effectively. Research indicates that ‘workability’ is key to the successful implementation of interventions in the school setting (Herlitz et al., 2020), thus factors such as ‘fitting into the timetable’ (Goh et al., 2017; Lytle et al., 2003), relevance to student’s needs (Nadeem et al., 2016) and interventions which can be easily delivered without a requirement for new equipment (Herlitz et al., 2020; Rauscher et al., 2015) have been identified as important. The #MTAS was thus designed to fit into a standard SPHE class time, to incorporate themes related to the SPHE curriculum and designed in collaboration with youth advisors and other stakeholders to ensure the relevance of the content to students and the desired formats for the school environment.

The researcher acknowledges however that the lack of training provided to teachers on delivery of important topics relating to mental health is far from ideal. Arguably this is a factor that needs to be addressed (Lowry et al., 2022). For example, in the UK, research by Ofsted in June 2021 found that poor teacher subject knowledge of social, personal and health topics remains an issue. In this report, teachers describe time constraints, lack of resources or adequate training as barriers to their delivery of social, personal or health topics. While changes to teacher training are warranted and advisable (Lowry et al., 2022; WHO, 2021, APA, 2023), given the urgent requirement for resources to support youth mental health (Gordon

et al., 2022, WHO, 2021), to promote positive body image and social media literacy (Bell et al., 2022; APA, 2023), the #MTAS resources were designed to support delivery in the current real-world environment.

There are conceivably many advantages to teacher delivery including; familiarity with the dynamic in their own classrooms and the specific needs of their students (Herlitz et al., 2020), trained educators who are experienced in the delivery of age-appropriate resources and may be better placed to structure activities in a way that aligns with the developmental needs of their students (Gordon et al., 2021). Research also suggests that benefits associated with teacher delivery may extend beyond the classroom environment (Lytle et al., 2003) leading to a more positive school culture (Goh et al., 2017; Herlitz et al., 2020) thereby providing consistent and continuous support for positive body image and social media literacy messaging over time.

Indeed, both teacher and decision maker stakeholders involved in the development of the #MTAS indicated the advantage of embedding the #MTAS resources in the context of additional knowledge to support teachers in promoting positive body image and social media literacy within the wider school environment, which suggests that the associated with teacher delivery of the #MTAS content may indeed extend beyond the classroom environment.

However, while teacher delivery has several advantages, there are also potential challenges and problems associated with this approach. For example, research suggests that barriers to effective delivery by teachers include: lack of training (Herlitz et al., 2020); school culture (Littlecott et al., 2019), limited expertise in mental health or in delivering content of a sensitive nature (Ofsted, 2019); and

time constraints (Egan et al., 2019). It is also important to acknowledge that teacher confidence can pose a barrier to sustaining health promoting initiatives over time. For instance, an interesting systematic review of public health interventions in schools across the world (based on 24 studies of 18 interventions) found that staff lacked confidence in delivering health promotion initiatives and programmes, and prioritised academic education over health (Herlitz et al., 2020). Thus, the sustainability of any intervention without the provision of ongoing training may prove challenging. It can also be difficult to determine the continued effectiveness of an intervention without routine collection of data or involving independent researchers (Keshavarz et al., 2010).

To overcome some of these obstacles, teachers delivering the #MTAS were provided with clear facilitator guides while all content which was considered potentially sensitive, was provided in video format (originally delivered by mental health professionals). Also, while the initial pilot was conducted by teachers who received no training, the #MTAS resources which are now accessible online, are offered in conjunction with Bodywhys teacher training and support. As described in Chapter Eight, the (three-hour) Bodywhys teacher training webinars provide teachers, school staff and youth workers with an understanding of eating disorders and body image issues and the correct pathways to follow should any concerns arise. They also provide an overview of the #MTAS resources, how to access and use these resources and an opportunity to ask questions. All teachers are also invited to use the Bodywhys support services should they require additional information to support a person in distress and provided with links and further support information.

9.5 Pilot Testing the Feasibility and Effectiveness of the Intervention

As described in earlier chapters, the primary objective of the #MTAS was to promote positive body image in the intervention group and, more specifically, reduce both the internalisation of socio-cultural ideals in males and females and perceptions of appearance-related pressure from media, peers and family. A related secondary aim was to promote social media literacy. The findings reported earlier in Chapter Seven, indicate several positive effects in the intervention versus control group, in terms of significant reductions in drive for muscularity amongst males, lower perceived appearance-related pressures from family in females, and an overall increase in social media literacy in females. These effects, albeit only in the short term and with small to moderate effect sizes, appear promising.

Likewise, both the SoMe and Digital Bodies interventions demonstrated small improvements on a number of outcomes (see Table 9.1), although these were not maintained at follow up, with the exception, in the Digital Bodies programme, of improvements in body satisfaction in the intervention group (Bell et al., 2022; Gordon et al., 2021; McLean et al., 2017). The SoMe authors argue that small effect sizes are not unexpected in the context of a universal intervention (Yager et al., 2013) and that given the “extensive negative impact of social media use in adolescents, even small effects may have scalable benefits” (Gordon et al., 2021).

However, with regard to effects by sex across all three interventions, neither the SoMe nor Digital Bodies evaluations found changes in male participants’ internalisation scores at follow-up (Bell et al., 2012; Graham et al., 2021). In fact, contrary to expectations, the SoMe trial - which used an adapted version of the

SATAQ - found an increased drive for muscularity in the male intervention participants at follow-up. The authors raise the possibility that “presenting examples of muscular appearances within the intervention may inadvertently have promoted upward comparisons to these images” (Gordon et al, 2021. pp. 12-13), thereby endorsing the ideal.

In the #MTAS evaluation, it was expected that a post-intervention reduction would be observed in internalisation of the thin ideal for females, but this did not materialise. It is difficult to understand the reasons for this without further research, but it may be due, at least in part, to a measurement issue. For example, some of the wording in the ‘Thin Idealisation’ scale, such as the word ‘lean’ from the statement ‘I want my body to look very lean’, may not have been familiar to this age group. Additionally, the statements related to thin-ness and body-fat were quite extreme such as: ‘I want my body to look very thin’ and ‘I think a lot about having very low body fat’. Positive responses to these statements may suggest a problematic level of body surveillance rather than just thin idealisation. The SoMe Trial also found no change for girls on the thin ideal internalisation subscale at follow-up, although the Digital Bodies evaluation found significant post-intervention change (at 8 weeks) in similar-aged female participants (Bell et al., 2022). These mixed results indicate a need for further research on this particular dimension.

With regard to the pressure subscales, however, females in the current trial, reported a significant reduction on perceived appearance pressure from family at follow up. As mentioned earlier, the SATAQ pressures subscales were not included in the other two studies. It is possible that the reduced scores in females in the

current study were due to talking with family about the intervention, although further research is warranted.

It was expected, in line with the literature, that there may be a reduction in the amount of time spent on social media in intervention group participants and that social media literacy would improve, as demonstrated by a greater reported awareness of selective and unrealistic presentations on social media, leading to more positive choices in social media use. The finding in relation to reduced overall time on social media in males is promising, although no such change was observed for females; this suggests that their social media use may be more engrained as shown by both their higher social media use scores at baseline and their greater likelihood of checking social media at night. This may lead, in turn, to some resistance to changing social media habits, as suggested by Gordon (2021). Despite this, however, positive changes were noted in the female intervention group with regard to increased awareness of the impact of social media choices on wellbeing and body image and making positive choices to support wellbeing. This tentatively suggests that some social media-related behaviour change may have materialised following the intervention, although questions remain as to whether this is likely to be maintained in the longer term and may require ongoing reinforcement by means of one or more 'refresher' sessions. A comparison of key findings from the evaluation of the #MTAS, Digital Bodies and So Me, is provided in Table 9.1.

Table 9.1

Comparison of Findings Across Programmes

	#MTAS	SoMe	Digital Bodies
Findings Overall	Significant differences were found between the intervention and control groups at follow up with regard to reduction in Muscular Athletic ideal, Reduced family pressures Improved Social media literacy. +++	No significant improvements were found in the intervention versus control group at follow-up regarding body dissatisfaction, dietary restraint, self-esteem, depressive symptoms or reduction in internalisation of ideals.	Improvements were observed in: Body satisfaction in all adolescents regardless of sex. This effect was sustained at the 8-week follow up. +
Males	Reduction in Internalisation of Muscular Ideal Reduction in daily time spent on social media. ++	Increase in Muscular Drive-in males at follow-up Increase in self-esteem in the intervention group at 12 month follow up. - +	No intervention effects were noted for boys on internalisation or self-objectification post intervention or at follow up.
Females	Reduction in perceived appearance pressure from family at follow up. Improvements to social media literacy at follow up. ++	Intervention participants reported a reduction in dietary restraint at 6 month follow up whereas the control condition increased dietary restraint. Increases in depressive symptoms in girls at 6 month follow up were less pronounced for intervention participants compared to the control condition. Neither of these changes were maintained at 12 month follow up stage. - +	Post intervention, girls reported significant reductions in internalisation of the thin ideal. The effect size was medium but did not persist at 8 week follow up. +
Qualitative Findings	Youth participants reported that they enjoyed the #MTAS, that it was useful and that they would recommend the	No qualitative study	No qualitative study post evaluation.

	<p>programme to younger siblings and same age friends.</p> <p>Teacher participants found the materials easy to use. ++</p>		
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Note: Positive effects noted = +, Negative effects noted = -, No change = blank.

9.6 Providing Information and Resources for Educators, Parents and Young People

As discussed in Chapter Eight, the #MTAS programme also encourages ‘whole school’ involvement in promoting positive body image, and the sharing of relevant information with parents. Previous research (e.g. Burnette et al., 2017) suggests that parental involvement is key to the success of school-based well-being approaches, and this is even more relevant in the context of body image development which, it has been shown, is influenced by family socialisation processes (Levine & Smolak, 2006; Ruffman et al., 2016). No studies, to date, have been identified, that promote positive body image and social media literacy in schools while also incorporating a focus on promoting awareness of these issues within the wider family and social context. Given the increase in body image issues in increasingly younger populations throughout the developed world, the importance of providing relevant information to support parents and educators at all stages, is key (Marengo, 2018).

As described earlier in Chapters Two and Eight, available evidence suggests that interventions to promote social media literacy and positive body image in young people should, ideally, target parents and teachers to promote awareness of the key

issues (Frith, 2017; Marengo et al., 2018). Thus, as described earlier in Chapter Eight- and as a key strength of the study - the researcher adapted and expanded Retta's model (2008) to provide an ecological framework within which to examine body image and social media in order to consider the wider context in which body image develops. This is also relevant to the wider implementation and scaling up of any intervention. The collective findings from the study, based on both the trial and the generally very positive feedback obtained from youth participants and teachers, was deemed by the Bodywhys and SPHE decision makers to be sufficient to warrant the wider circulation of the #MTAS materials to schools nationwide (as an evidence-informed programme), provided that it was also supported by a dedicated body image website.

The dissemination of the #MTAS programme nationwide based only on the pilot evaluation, required careful consideration and extensive discussion. For instance, it was recognised from a research or evidence-focused perspective, that while the results of the evaluation were promising, any new intervention should, ideally, be evaluated rigorously within at least one high-quality RCT to assess its overall effectiveness and potential replicability and generalisability across different school settings and with more diverse populations (Aarons et al., 2017), for example, in the UK, the Early Intervention Foundation (EIF) (now called What works for Children's Social Care) which provides information about early intervention programmes that have been evaluated and shown to improve outcomes for children and young people will not usually include an intervention unless it has evidence from at least one good RCT (EIF, 2023).

Other factors to consider prior to disseminating/scaling-up a programme include logistical challenges, such as the training and support available to ensure successful implementation (Herlitz et al., 2020). This was discussed at length and at several junctures with the supervisory team and with key stakeholders, including teachers, mental health professionals, Bodywhys and the SPHE. A collective decision to disseminate the programme, was based on a review of the findings from the pilot phase (including the very positive qualitative feedback) coupled with the careful co-creation process and a weighing up of the potential risks and benefits involved. Furthermore, the weight of evidence from the study indicated a high level of need for such an intervention in order to address the body image challenges experienced by so many young adolescents and especially during the COVID-19 pandemic (see below). It is also worth noting here, that the Digital Bodies programme was used by teachers the UK due to the requirement for relevant resources at that time (Bell et al., 2022) despite less strong findings than reported here. At the same time, however, it was recognised that the #MTAS intervention would not be the definitive version, would likely change and evolve over time and would be subject to further evaluation.

COVID-19 also played a significant role in this regard, in terms of the increasing interest in digital health and wellbeing resources (Roland et al., 2020; Strudwick et al., 2021; Walker et al., 2021), as well as recognition of the increasing mental health needs of young people (Swami & Gupta, 2021). Digital health technologies refer variously to websites, web-based programmes and electronic knowledge platforms that enable the provision of convenient health information using digital means (WHO, 2018). It became clear that widening the range of resources in

the current research was in line with the holistic concept of promoting positive body image, especially in view of research even in the early stage of the pandemic, that highlighted stark increases in body image concerns and disordered eating behaviours (Elizabeth, 2020; Kibble, 2020). The provision of relevant 'age appropriate' and 'safe' content which could be easily shared by teachers with students and parents, was therefore considered a top priority.

Although Bodywhys continued to provide online webinars for schools throughout the COVID-19 lockdown period, it became increasingly apparent that there was a significantly increased need for resources which could also be utilised by teachers in the classroom on their return to school. Moreover, there was an attendant recognition that digital solutions created in response to COVID-19 may prove useful in supporting mental health during, and in the wake of, the unsettling COVID-19 restrictions (Strudwick et al., 2021). Thus, the dedicated Bodywhys body image website was developed as a KT-strategy, not only to facilitate the sharing/dissemination of the #MTAS lessons with schools and to provide supplementary information for teachers and educators on using the programme (and on promoting positive body image within schools), but more importantly to address the gap for 'safe and relevant' online content which teachers could share with students and parents. Thus, the surge in body image issues and eating disorders during the COVID-19 periods of restriction, and the need for accessible and practical information, provided the impetus to develop the website to include relevant lessons and resources for primary school educators.

For the above reasons, the #MTAS resources were embedded within the body image website supported by regular teacher training webinars to support

teachers on using the #MTAS, as well as informing them about aspects of body image, social media literacy and eating disorders. All resources were approved by SPHE and NCCA, both national organisations with established links to teachers and which provide access to related training for teachers on wellbeing (and a support framework). It is also hoped that Bodywhys will be able to conduct a larger evaluation of the programme in the near future (resources permitting).

The parent-related content was also developed to include, for example, practical advice for parents to support them in better understanding body image concerns and attendant pressures in their children, and how to communicate their concerns (where applicable) in a compassionate way. As described in Chapter Eight, each page/section of the website also included links to articles, podcasts and video content as well as relevant research. These additional resources and materials were designed to provide a 'one stop shop' for parents on all aspects of body image and to offer them support if they were struggling with the burden of coping with such issues in already very anxious times.

The comprehensive process involved in developing the new website and attendant resources as a KT strategy, was very time consuming, but was also a very useful and necessary addition to the current study. The KT measurement tools described in Chapter Eight, indicate that the resources have been widely used while there has also been strong international interest. For example, the researcher received an invitation to contribute a pre-recorded interview on the #MTAS at the *Body Peace Conference 2022* in Canada (6th- 7th October 2022). The #MTAS materials are also now being used in schools in Canada, Saudi Arabia, Beirut, Thailand, Hungary, U.K., U.S. and New Zealand. To date, the #MTAS resources

have been accessed more than 1227 times and delivered to 276,584 students both in Ireland and internationally. In New Zealand alone the programme has been delivered to over 2500 student participants, and with the informal feedback from facilitators indicating that the resources are 'easy to use' and enjoyed by students. The findings reported here, suggest that KT strategies developed in collaboration with stakeholder groups can be an effective way to disseminate research findings and new resources to many different audiences and to promote the uptake of evidence-informed programmes, albeit a need for further research (e.g. large-scale evaluation studies) is indicated.

9.7 Participant Experiences and Views of the #MTAS Intervention

A key strength of the current research was the inclusion of 'semi qualitative' and qualitative components to explore participants' experiences of the #MTAS intervention and, therefore, to supplement and amplify the findings from the non-randomised trial. No such studies were undertaken for either the SoMe or Digital Bodies interventions (Gordon et al., 2021; McLean et al., 2017). Due to the relatively novel nature of the #MTAS intervention, it was considered crucial to elicit participant feedback on the experience of the intervention so that the results could be used to inform any adaptation of the intervention, but also to help inform the development of other body image and social media literacy interventions and resources both in Ireland and elsewhere.

The very positive assessment of Lesson Four suggests that the manualised content, supported by detailed Facilitator Guides and student workbooks, was effective in promoting a greater understanding of eating disorders and related issues within the school setting, and in a way that was safe and relevant. The provision of

these support materials and resources provides a useful alternative to specialist-or facilitator-led delivery in the classroom, while obviating the need for any training which, as already described, may not always be feasible or desirable (Moynihan & O'Donovan, 2020; Tancred, 2017). This is also confirmed by the participant feedback in the current study, which suggests that the teachers found the #MTAS programme to be very accessible and easy to use.

As noted in Chapter Seven, there were a number of discrepancies between the trial findings and those reported by participants in the open-ended questions on the PEF. Indeed, the PEF findings indicated that the vast majority of intervention participants across the three schools, considered the lessons to be 'good for their class' with no notable variations by school or sex, whilst its high perceived relevance for a younger sibling or same-age friend, was also notable. There were numerous positive comments from more than half of the female participants in relation to the impact of the #MTAS lessons on body image, perception of appearance and self-esteem. Specifically, a sizeable portion of the participants reported enjoying the social media literacy and body image content which they found interesting and valuable. At the same time, however, it is important to note that that not all lessons worked equally well for everybody; for instance, a small number of girls said that they would have liked more content/videos that presented a female perspective and that some of the content, particularly across Lessons One and Two, was repetitive and "boring". These varying experiences suggest some possible avenues for further adaptation of the #MTAS materials.

Overall, the participants' responses on the PEF and to a lesser extent in the focus group that was conducted as part of Stage Two, suggest that they experienced

positive impacts on body image, as well as some attitude change relating to aspects of social media use and perceptions of images presented in the media and social media, and motivations for posting these. Their responses also indicate that the #MTAS may have led to some change in self-comparison tendencies as evidenced in the frequent references in the PEF to 'be yourself'; this theme emerged as dominant across all lessons and in both sexes, although it was especially marked in males. It seems that the video content may also have resonated more with male participants and especially the 'Strypes' boyband content. Although the 'Jigsaw' video featured both male and female central characters and included pressures pertaining to body image and or social media for both sexes, it may well have simply built on concepts (e.g. 'be yourself') that were already explored in the 'Strypes' videos. This may, therefore, have amplified any effects in the male group with regard to their body image perceptions and social media choices. This may explain, at least in part, the sex difference observed here.

The researcher had, in fact, raised concerns in the (female-dominated) CCWs, about the Strypes videos possible resonating more with males, but all video content, including 'The Right Fit' jigsaw video, Insta-lie video, airbrushing video and all social media and media images, were considered by stakeholder participants, to be sufficiently engaging and relevant for both sexes. Additionally, the content was reviewed in numerous iterative cycles. However, the results of this, albeit exploratory, study, suggest that more relevant female video content may have been required. This is a potentially important finding in terms of implications for future research and the requirement to ensure that programme content is sex balanced insofar as possible.

9.8 Strengths and Limitations of the Current Research

A number of key strengths of this study have already been highlighted at various junctures throughout this chapter, but several others should be mentioned here. Firstly the, albeit exploratory, findings reported here, both in terms of the outcome evaluation and the other findings, represent an important addition to the very limited literature in this area. The #MTAS programme is one of only three interventions of its kind that are currently available worldwide (to our knowledge) to address the increasingly important issue of body image and its relationship to social media use in young adolescents. In addition, the programme was carefully designed and developed through a detailed and lengthy, multi-stage and iterative process of active and meaningful co-creation (with a wide range of stakeholders) within an ecological framework and guided by the principles of engaged research, thereby increasing knowledge, raising awareness and adding to a growing body of literature on collaborating with youth stakeholders meaningfully and actively across the stages of a research life cycle (Campus Engage, 2019, p.2). This process was crucial in ensuring the overall relevance, utility and feasibility of the new programme. A rigorous mixed methods approach was also adopted in the evaluation of the intervention with an emphasis on continuing to incorporate the 'voice' of the young people involved, as well as other stakeholders.

In addition, as described, the programme is supported by a suite of specially designed and widely available resources; these are designed, not only to support the wider dissemination of the #MTAS programme, but also to highlight body image issues in young people and to inform and educate a wide range of audiences, including young people themselves.

The findings from the pilot evaluation also showed promising results. As described, improvements in the intervention versus control group were noted with regard to some aspects of body image and social media literacy. Previous interventions, as already described, have failed to produce a reduction in drive for muscularity in boys. The reduced time on social media in boys, improvements in social media literacy in girls, and attendant reductions in perceived pressure from family members - supported with their qualitative comments from the PEF - are also positive and illustrate the value of eliciting detailed feedback from the sample on their experiences and views. The improvements to perceived social support in boys are an interesting finding, as described in Chapter Seven, the programme was very positively evaluated by boys in particular who also provided more detailed responses on the PEF. It seems from analysis of the PEF, focus group and TFF data that this was due largely to the inclusion of the boyband videos which seem to have provided an opening to discuss sensitive topics within their peer group and/or with their teacher in a new way and that doing so improved their perception of social support on the close friend and teacher scales. As described earlier, research relating to teacher led delivery of programmes indicates that the benefits of same may extend beyond the classroom (Goh et al., 2017; Herlitz et al., 2020) thus potentially resulting in further improvements to body image and social media literacy over time (Gordon et al., 2021). These findings suggest several important directions for future research.

Indeed, the inclusion of the PEF in the current study, to assess youth participant experiences of the intervention, is another key strength of the study and contributed invaluable information on the programme in terms of its overall perceived

effectiveness and feasibility within the school setting. The responses also helped to illuminate some sex-specific experiences. This element was not included in the evaluations of the SoMe or Digital Bodies interventions. This approach to assessing and exploring participants' experiences of the intervention and individual lessons therein represents an important addition to the literature on school-based programmes to promote social media literacy and body image, allowing for a more nuanced understanding of some of the mechanisms through which aspects of body image and/or media literacy may be experienced (e.g. by sex) and/or to identify specific content which does (or does not) work. This builds on our understanding of social media literacy interventions to promote positive body image and, arguably, reinforces the requirement for youth collaboration in future research.

The #MTAS programme itself was also viewed very positively by youth participants, and their experience appeared to be unaffected by teacher delivery style. This is an important finding, given that the teachers received no training on the content or any aspects of body image and/or social media literacy. Lessons were deliberately designed to include video content and group discussion as well as individual reflective, written exercises. There was no requirement for teachers to host the discussions, or to explain any aspects to the students because all items were addressed within the materials themselves (e.g. the slides, video content and student workbooks). It seems that this standardised approach had worked well for teachers as it was effective in standardising participants' experiences of the programme across the three schools. The analysis of individual programme elements on the PEF, including an in-depth examination of each lesson and

participants' experiences, was also beneficial and very important in terms of informing any adaptations to the programme going forward.

The #MTAS intervention was piloted and evaluated in a 'real world' setting and across several different types of schools. The feedback from teacher participants, following programme delivery, was also positive, although a larger sample of teachers (if available) would have yielded more in-depth information. All teachers also agreed that the intervention materials were very accessible and easy to use. None of the teachers indicated that training would have been beneficial or that there were any issues raised in any of the lessons which they were unable to address. This suggests that the manualised intervention materials as well as the supporting information on the website and the use of relevant video content, provided an effective model and one which may also be useful for other universal school-based interventions.

Lastly, this research has several knowledge production, health and wellbeing, social, and product development impacts. These include, for example, the generation of new knowledge to address gaps in the existing literature, something that will be further enhanced when the findings of this study are submitted for publication in peer-reviewed journals (currently underway) and published in other outlets where applicable. Health and wellbeing impacts were in evidence in terms of those participants who reported improvements in body image, social media literacy and other aspects of wellbeing, and where potential harm may have been mitigated due to the #MTAS programme. These benefits may also accrue to recipients in the future roll-out of the programme. The development of a dedicated body image website and suite of resources (including the #MTAS programme) are also important

products generated as part of this research which have potentially important social impacts in terms of helping to increase awareness around, and providing education on, issues related to body image and social media, and possibly therefore, helping to change at least to some extent, attitudes and behaviours in this regard. The use of the #MTAS programme in New Zealand and the recent interest from Canada, further suggest an important contribution/impact of this research in an international context, albeit it is still early days.

This research was also limited in a number of ways. Firstly, there was no longer term follow-up and the follow-up period itself was short at only one month post intervention. A larger evaluation with 6-, 12- and 24-month follow-ups, while beyond the scope of the study, would have provided more useful insights into the effectiveness of the intervention and its sustainability. As described earlier in Chapter Six, an additional three-month follow-up was planned, but was not supported by participating schools as the students would have been in a different year group and this was considered too disruptive to the school and difficult to plan. Likewise, post-intervention focus groups had been planned in all three participating schools, but were only possible in the all-male school, thus providing no opportunity to gain insights into the experiences of female participants and/or their reflections on the programme.

The use of only a small sample of teacher participants for the purposes of the present study, may also have limited the feedback on intervention delivery in terms of, for example, a failure to represent the diversity of teaching styles, personalities and experiences that might exist within a larger group of educators, likewise the timing of the study so close to the end of the year prevented a follow up interview

with teachers relating to their experiences of intervention delivery which may have proved beneficial. Therefore, careful consideration of timing and timetabling requirements is advisable when conducting this kind of research in school settings.

Another limitation of the current study was the lack of an additional measure of body image or subjective wellbeing. As explained earlier in Chapter Six, the OBC-Y, which was originally included, was omitted due to concerns about some of the wording. This raises questions about the suitability of this particular measure for use with young school going adolescents. Although additional measures of subjective wellbeing had been considered in the earlier stages, these were not included due to concerns about participant burden and time limitations in the school environment. Following the late decision to omit the OBC-Y, there was insufficient time to submit an amendment to the institutional ethics committee to incorporate an alternative. Likewise, there was not enough time or resources to undertake a full psychometric assessment of the SMBQ, although this could be a focus for future research.

Lastly, the outcome evaluation, due to its exploratory nature, was based only on a per protocol-type approach which meant that a number of students were excluded if they had not completed at least three of the intervention lessons. Ideally, both a per protocol and intention-to-treat approach could have been undertaken, albeit this is perhaps less relevant than if the trial had been randomised. It is possible that even the 'low level' attendees may have derived some benefit from those parts of the programme that they attended, although it is equally possible that they would not have done so. Furthermore, no formal fidelity checks/assessments were carried out as part of the four-week #MTAS delivery period, although the researcher conducted weekly check-ins with the teachers during which the teachers reported

that they had delivered the programme as intended, while the provision of a detailed Facilitator Guide and attendant resources would also have been helpful in this regard. Research indicates that unobtrusive measures (Wang et al., 2016) such as these can be used to measure implementation fidelity and progress in diverse conditions (Aarons et al., 2017). These limitations could be addressed in a larger-scale (preferably RCT) evaluation(s). In addition, given the reduction in perceived family pressures in intervention females it may also be of interest to include parents as participants in future evaluations to provide insight relating to mechanisms associated with any family related changes noted.

It is important to acknowledge some shortcomings to the development phase of the intervention also which again could be addressed in future instances should the intervention warrant updating or revisions with input from stakeholder groups. For instance, while research indicates that group rapport is vital to the co-design process (Chisholm et al., 2018; McKercher, 2020; Palmer et al., 2019) and the established relationships between youth participants within some participant groups was considered beneficial in terms of encouraging honest discussion in relation to the materials, there is also a possibility that these pre-existing relationships could have negatively impacted the discussion or the group dynamic in terms of, for example, social desirability bias, a tendency to conformity or groupthink, pre-existing group norms and privacy concerns.

It is also pertinent to acknowledge, the possibility of selection, expertise and/or organisational bias in the recruitment of both the SPHE representative and the Bodywhys CEO as stakeholders. While they were both likely to have key insights into curriculum requirements and an understanding of the need to promote positive

body image and social media to support youth wellbeing and mental health, they may also have a particular agenda or perspective that could influence the direction of the intervention or personal preferences which impact their objectivity (Li, 2017). Expertise bias refers to the selection of participants who may bring a potentially one-dimensional perspective to a discussion whilst organisational bias refers to participants who, in representing their respective organisations, may be heavily influenced by the priorities of those organisations (Guschke and Christensen, 2021). For example, it was likely that the CEO of Bodywhys would emphasise the requirement for including information pertaining to eating disorders. While, a wide range of stakeholders, including teachers, secondary school students, youth community group members, and the Bodywhys youth panel were also included in the process of intervention development in order to help minimise potential bias and enhance the robustness of the findings and therefore, the subsequent intervention, perhaps the inclusion of additional decision maker stakeholders would also have been beneficial. Overall while it was hoped that 'listening to the youth voice' (WHO Europe, 2022) whilst also consulting with teacher stakeholders, would help to bring more objectivity to the findings, the study was also limited by the use of only one data coder (the researcher). Again, this is a factor which could be addressed in future studies to enhance research objectivity.

9.9 Policy & Practice Implications

Social media and body image education is now a compulsory element within the UK health education curriculum (Bell et al., 2020; Department for Education, 2020). Arguably, we need similar legislation in an Irish context and especially in view of research demonstrating an increase in body image issues, eating disorders

and related concerns following the restrictions caused by the COVID-19 pandemic (Mukherjee, 2021; Toulany et al., 2022). Increases in screen time and social media use have also been widely reported, with the highest increases being seen in primary school-aged children (Trott, 2022). Likewise, the video sharing platform, TikTok, has significantly increased in popularity since the arrival of the COVID-19 pandemic (Hahn, 2020; Kaufman, 2020) and is widely used by preteens, despite a minimum age requirement of 13.

According to Cybersafe Ireland (2022), additional legislation and education is required to support parents and educators vis-à-vis the widespread use of social media in the preteen and young adolescent age groups. Cybersafe Ireland also indicates that such new legislation should include standards around the safe and ethical design of services with a particular focus on those services that are likely to be accessed by children. Reassuringly, the Online Safety and Media Regulation Bill, 2022, is currently before Dail Eireann (Third Stage) and is intended to “place requirements on operators to maintain an Online Safety Code, which would then be subject to approval by the Online Safety Commissioner” (Naughton, 2019). Arguably however, this legislation should be extended to reinforce the need for stricter controls to ensure the minimum age restriction of 13 is enforced alongside appropriate education for schools and parents.

As far back as 2018, newspaper articles in Ireland were reporting instances of schools employing creative solutions to tackle social media issues in primary school students (Irish Daily Mail, 2018). These schools were using collaborative approaches to working with parents to reduce social media and screen time in the home, particularly during the school week. For example, one school drew up a ‘Family

Media Use Plan' to encourage moderation of social media use, designated screen free times such as mealtimes and to keep bedrooms 'screen free' to ensure children were getting enough sleep. Another primary school ran a one-month 'social media detox', again conducted in collaboration with parents and according to the Principal, had seen "huge benefits in terms of pupils mental health, with school students saying they feel less pressure in terms of posting images on social networks, while their attention span has improved when it comes to learning". These kinds of creative solutions are to be commended but, importantly, such collaborative endeavours need to be supported at national and curriculum level to support digital literacy and digital wellbeing in young people (Cybersafe Ireland, 2022) and generate potentially broader benefits with regard to improved body image and other aspects of wellbeing. Notably also there was no reference to the fact that the students were under the minimum age requirement of 13 for use of these platforms.

More recently, in Ireland, due to 'smartphone ban' initiatives supported by parents of primary school children nationwide, the Education Minister, Norma Foley, publicly supported a smartphone ban in primary schools (November 2023). The ban which relates to voluntary agreement among primary school parents not to buy a smartphone for their children has also been welcomed by mental health professionals. While "most primary schools already have smartphone bans in place, the issue was not with smartphone usage in school but the broader issue of smartphone ownership" (Noctor, 2023, p.1). A recent CyberSafe Kids (2023) report found more than three in four 12-year-olds in Ireland own a smartphone thus "small changes could lead to big results for children" (Noctor, 2023, p.1).

9.10 Future directions for Research and Conclusion

There is an urgent need for future research to challenge the current pressures on body image and mental health posed by the use (or overuse) of social media and, in particular, to develop more supports and evidence-informed and evidence-based interventions to promote positive body image and social media literacy in young adolescents. This has become even more pertinent within the context of the COVID-19 pandemic.

A limitation of all programmes/resources such as the #MTAS, is their relatively short 'shelf life' due to the rapidly changing nature of technology and advances therein. For instance, content which was not included in the #MTAS, SoMe or Digital Bodies interventions and which is, arguably, important in any future programme adaptations, relates to the use of social media algorithms. These algorithms are such that content is tailored to individuals based on previous searches, but also based on subtle clues such as what users click on, how long they watch a video, whether they share it and what it contains. For example, the selection of an image that portrays a thin model, leads to similar content being offered at a later date, thereby substantially increasing exposure to thin ideal content. Recent evidence acknowledges the amplified impact of algorithms in terms of negative influence on body image. For instance, Harringer and colleagues (2022) indicate that, while the relationship between social media usage and body image has been well-established in the literature, the use of algorithms by social media companies may intensify this association, as algorithms provide viewers with personalised content that is often extreme, not monitored, and designed to keep users engaged for long periods of time.

Indeed, the Academy for Eating Disorders (AED) (i.e. the international governing body for the research, treatment, and prevention of eating disorders) published an open letter in November 2021 requesting social media companies to increase transparency around the use of their algorithms and to make pathways to report content, more accessible for users. They also recommended that social media companies allocate resources to identify or remove accounts that promote eating disordered content. They further urged these companies to partner with organisations, such as the AED, who can provide appropriate guidance and expert input (Harringer et al., 2022). Recently, the Irish Child and Adolescent Psychologist, Colman Noctor, echoed these concerns, stating that “it’s time we recognise the impact of traffic-boosting algorithms and invest in robust media literacy programmes to teach children how to be critical consumers of online content” (Noctor, 2022). He emphasised the importance of programmes aimed at promoting social media literacy in preteens, amongst whom social media use has increased dramatically since the start of the COVID-19 pandemic (Cyber Safe Ireland, 2021; Zhong & Frenkel, 2020).

Future research might also consider the development of social media literacy and body image programmes for *both* primary and secondary schools in order to promote a better understanding of social media and to empower children and young people to think critically around the topic from a younger age. A recent article by Tiggemann (2022) suggests that social media literacy programmes need to emphasise advocacy, empowerment, and active engagement rather than passive learning when reviewing algorithms and other content. Other research suggests likewise, and also indicates the need to have participants practise strategies that they can use to remove any content that negatively impacts their body image and

wellbeing, as well as to select content that enhances both. Only when users are armed with this knowledge and practice, will they be able to make the choice to implement strategies to preserve their body-related wellbeing when using social media (Harringer, 2022).

Another focus for future research should be education for parents, especially in view of the increasingly younger age at which children are accessing technologies and social media. Education is required to empower parents to begin discussing the unrealistic images present on social media, the tools that are often used to edit the images, and the algorithms that are designed to keep users engaged for longer periods of time. This kind of education and awareness-raising should, ideally, begin well before their children create their own social media accounts. This information can also better equip children to navigate the challenges associated with social media use (Harringer et al., 2022). Perhaps the #MTAS programme and suite of resources provided as part of this current research may be used as part of a multi-strand approach to mitigate the negative effects on wellbeing posed by the excessive use of technology, and to promote safe and positive use of social media, thereby enhancing the potentially beneficial role of technology in the lives of young people.

It is also crucial in considering these new directions for research that all key stakeholders are included. Ideally, the development of new resources to promote social media literacy in schools should involve a collaborative approach with all relevant agencies such as, in an Irish context, Bodywhys, Cybersafe Ireland and other relevant youth mental health agencies including, for example, the National Suicide Research Foundation who were the Irish host organisation involved in the SEYLE Programme. It is imperative that we listen to the needs and voices of young

people themselves when developing resources and supports and especially because, as stated earlier, the social media environment is a pivotal part of their lives (Vannucci and Ohannessian, 2019). This kind of involvement is important in “steering decisions and valuable in flagging potential gaps in the evidence (Jamal et al., 2014) as well as helping to shape guidance for schools on how to promote positive body image and social media literacy within the wider school context. Future collaborative work on the #MTAS might involve building on some of the positive aspects noted here including an additional focus on algorithms, as well as more opportunities to practise skills as recommended in recent literature (Harringer et al., 2022; Tiggemann, 2022). This could involve adapting and testing the newer version of the #MTAS in the context of a much larger, randomised controlled trial (RCT) evaluation with multiple assessments and over a longer period including several follow-up time points. An in-depth process evaluation could be nested within the trial and be accompanied by a cost-effectiveness study to explore value for money and potential long run savings. However, appropriate funding and resources would be required for a study of this kind.

Additional future research might also consider the development of a technology-based ‘Social Media Literacy and Positive Body Image’ app which could be promoted alongside any existing or future interventions in schools. Thus, young people could download the app and access a range of relevant information, podcasts interactive exercises, practical tips and youth-produced articles to enhance social media literacy and promote positive body image. Gordon and colleagues (2021) also suggest the use of technology-based ‘interruptions’ paired with educational interventions so that young people receive ‘nudges’ or reminders while on social media. It is likely that technology will offer multiple options to complement school-

based resources, although as already indicated, youth involvement is pivotal in ensuring its overall effectiveness, relevance and appeal.

In conclusion, and as outlined earlier in this chapter, this research has several knowledge production, health and wellbeing, social, and product development impacts. The collective findings, despite some limitations of the study, support the initial effectiveness and feasibility of the #MTAS programme for use in the school setting with both male and female adolescents, albeit no longer-term data are, as yet, available. This programme also offers the advantage of being delivered by teachers in the classroom (whilst also recognising some of the limitations in this regard). It has been designed to fit into, and complement, the SPHE curriculum in Ireland by providing four timed lessons (supported by presentation slides), Facilitator Guides and a student handbook. An attendant comprehensive website has been developed to provide a wide range of useful, accessible and user-friendly resources to support programme delivery and increase awareness and education more generally. The programme's brevity and simplicity also mean that it can be easily adapted for use in other countries if so required. As already stated, there is a need for relevant organisations, both nationally and internationally, to work together to contribute relevant insights and to identify and implement potential solutions to many of the challenges raised by this and other research. To conclude – and in the words of the AED- “social media is an integral thread in the fabric of our global community. It will likely continue to evolve and transform our world. When designed and deployed with thought and care, it can be used as a tool to promote health, well-being, and justice for all” (AED, 2022).

References

- Abi-Jaoude, E., Naylor, K. T., & Pignatiello, A. (2020). Smartphones, social media use and youth mental health. *Canadian Medical Association Journal*, 192(6), E136–E141. <https://doi.org/10.1503%2Fcmaj.190434>
- Academy for Eating Disorders. (2021, November 2). Urgent responsibility to reduce harms posed by social media on risk for eating disorders: An open letter to Facebook, Instagram, TikTok, and other global social media corporations. *Newswise*. <https://www.newswise.com/articles/urgent-responsibility-to-reduce-harms-posed-by-social-media-on-risk-for-eating-disorders>
- Agam-Bitton, R., Abu Ahmad, W., & Golan, M. (2018). Girls-only vs. mixed-gender groups in the delivery of a universal wellness programme among adolescents: A cluster-randomized controlled trial. *PLoS ONE* 13(6), Article e0198872. <https://doi.org/10.1371/journal.pone.0198872>
- Amiri, S., & Navab, A. G. (2018). The association between the adaptive/maladaptive personality dimensions and emotional regulation. *Neuropsychiatry i Neuropsychologia*, 13(1), 1-8. <https://doi.org/10.5114/nan.2018.77448>
- Alberga, A. S., Withnell, S. J., & von Ranson, K. M. (2018). Fitspiration and thinspiration: A comparison across three social networking sites. *Journal of Eating Disorders*, 6, Article 39. <https://doi.org/10.1186/s40337-018-0227-x>
- Allen, J. P., & Loeb, E. L. (2015). The autonomy-connection challenge in adolescent-peer relationships. *Child Development Perspectives*, 9(2), 101–105. <https://doi.org/10.1111/cdep.12111>
- Allen, K. A., Ryan, T., Gray, D. L., McInerney, D. M. & Waters, L. (2014). Social media use and social connectedness in adolescents: the positives and the potential pitfalls. *The Australian Educational and Developmental Psychologist*, 31(1), 18-31. <http://dx.doi.org/10.1017/edp.2014.2>
- Allen, S. (2019, September 20). *Social media's growing impact on our lives*. American Psychological Association. <https://www.apa.org/members/content/social-media-research>
- Alise, M. A., & Teddlie, C. (2010). A continuation of the paradigm wars? Prevalence rates of methodological approaches across the social/behavioral sciences. *Journal of Mixed Methods Research*, 4(2), 103–126. <https://doi.org/10.1177/1558689809360805>
- Altman, D. G. (2018). Avoiding bias in trials in which allocation ratio is varied. *Journal of the Royal Society of Medicine* 111(4),143–44. <https://doi.org/10.1177/0141076818764320>

- Amaral, A. C. S., & Ferreira, M. E. (2017). Body dissatisfaction and associated factors among Brazilian adolescents: A longitudinal study. *Body Image*, 22, 32–38. <https://doi.org/10.1016/j.bodyim.2017.04.006>
- American Psychological Association. (2023, February 14). *APA chief scientist outlines potential harms, benefits of social media for kids* [Press release]. <https://www.apa.org/news/press/releases/2023/02/harms-benefits-social-media-kids>
- Anderson, M., & Jiang, J. (2018). *Teens, social media and technology 2018*. Pew Research Center. <https://www.pewresearch.org/internet/2018/05/31/teens-social-media-technology-2018/>
- Andrews, N. C. Z., Pepler, D. J., & Motz, M. (2019). Research and evaluation with community-based projects: Approaches, considerations, and strategies. *American Journal of Evaluation*, 40(4), 548–561. <https://psycnet.apa.org/doi/10.1177/1098214019835821>
- Ansari, A. N., & Rizvi, N. F. (2023). School-based interventions promoting social capabilities among students: A scoping review of literature. *Review of Education*, 11, Article e3404. <https://doi.org/10.1002/rev3.3404>
- Appel, G., Grewal, L., Hadi, R. & Stephen, A. (2019). The future of social media in marketing. *Journal of the Academy of Marketing Science*, 48, (79-95). <https://doi.org/10.1007/s11747-019-00695-1>
- Appel, H., Crusius, J., & Gerlach, A. L. (2015). Social comparison, envy, and depression on Facebook: A study looking at the effects of high comparison standards on depressed individuals. *Journal of Social and Clinical Psychology*, 34(4), 277–289. <https://doi.org/10.1521/jscp.2015.34.4.277>
- Appel, H., Gerlach, A. L. & Crusius, J. (2016). The interplay between Facebook use, social comparison, envy, and depression. *Current Opinion in Psychology*, 9, 44–49. <http://dx.doi.org/10.1016/j.copsyc.2015.10.006>
- Argyrides, M., Anastasiades, E., & Alexiou, E. (2020). Risk and protective factors of disordered eating in adolescents based on gender and body mass index. *International Journal of Environmental Research and Public Health*, 17(24), 9238. <https://doi.org/10.3390/ijerph17249238>
- Armitage, C. (2012). Evidence that self-affirmation reduces body dissatisfaction by basing self-esteem on domains other than body weight and shape. *The Journal of Child Psychology and Psychiatry*, 51(1), 81–88. <https://doi.org/10.1111/j.1469-7610.2011.02442.x>
- Armstrong, R., Waters, E., Crockett, B., & Keleher, H. (2007). The nature of evidence resources and knowledge translation for health promotion practitioners, *Health Promotion International*, 22(3), 254–260. <https://doi.org/10.1093/heapro/dam017>

- Aarons, G. A., Sklar, M., Mustanski, B., Benbow, N., & Brown, C. H. (2017). "Scaling-out" evidence-based interventions to new populations or new health care delivery systems. *Implementation Science*, 12, 111 (2017). <https://doi.org/10.1186/s13012-017-0640-6>
- Aslam, S. (2020, February 27). *Instagram by the Numbers: Stats, Demographics & fun Facts*. Omnicore. <https://www.omnicoreagency.com/instagram-statistics/>
- Aslam, W., & Ramos de Luna, I. (2021). The relationship between brand Facebook page characteristics, perceived value, and customer engagement behavior: An application of Stimulus-Organism-Response (S-O-R). *Revista Brasileira de Gestão de Negócios*, 23(1), 43–62. <https://doi.org/10.7819/rbgn.v23i1.4092>
- Bado, P., Schafer J., Simioni, A. R., Bressan, R. A., Gadelha, A., Pan, P. M., Miguel, E. C., Rohde, L. A., & Salum, G. (2020). Screen time and psychopathology: Investigating directionality using cross-lagged panel models. *European Child Adolescent Psychology* 31(4), 689–691 <https://doi.org/10.1007/s00787-020-01675-5>
- Bai, Q., Lei, L., Hsueh, F.-H., Yu, X., Hu, H., Wang, X., & Wang, P. (2020). Parent-adolescent congruence in phubbing and adolescents' depressive symptoms: A moderated polynomial regression with response surface analyses. *Journal of Affective Disorders*, 275, 127–135. <https://doi.org/10.1016/j.jad.2020.03.156>
- Bailey, K. A., Gammage, K. L., & van Ingen, C. (2017). How do you define body image? Exploring conceptual gaps in understandings of body image at an exercise facility. *Body Image*, 23, 69–79. <https://doi.org/10.1016/j.bodyim.2017.08.003>
- Bailey, K. A., & Gammage, K. L. (2020). Applying action research in a mixed methods positive body image program assessment with older adults and people with physical disability and chronic illness. *Journal of Mixed Methods Research*, 14(2), 248–267. <https://doi-org.may.idm.oclc.org/10.1177/1558689819871814>
- Bajada Marín, S., & García, A. M. (2023). Social networks use and risk factors for the development of eating disorders: A systematic review. *Atención Primaria*, 55(11), 102708. <https://doi.org/10.1016/j.aprim.2023.102708>
- Bandura, A. (1977). *Social learning theory*. Prentice Hall.
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Prentice-Hall.
- Banner, D., Bains, M., Carroll, S., Kandola, D. K., Rolfe, D. E., Wong, C., & Graham, I. D. (2019). Patient and public engagement in integrated knowledge translation research: Are we there yet? *Research Involvement and Engagement*, 5, Article 8. <https://doi.org/10.1186/s40900-019-0139-1>

- Barlett, C. P., Vowels, C. L., & Saucier, D. A. (2008). Meta-analyses of the effects of media images on men's body-image concerns. *Journal of Social and Clinical Psychology, 27*(3). <https://doi.org/10.1521/jscp.2008.27.3.279>
- Baroutsis, A., Mills, M., McGregor, G., te Riele, K., & Hayes, D. (2016). Student voice and the community forum: finding ways of 'being heard' at an alternative school for disenfranchised young people. *British Educational Research Journal, 42*(3), 438–453. <https://doi.org/10.1002/berj.3214>
- Barrett, E., & Richardson, S. C., (2021). Eating disorders during the covid-19 pandemic. *Irish Medical Journal, 114*(1), 233. <https://www.imj.ie/wp-content/uploads/2021/01/Eating-Disorders-During-the-COVID-19-Pandemic.pdf>
- Blascovich, J., & Tomaka, J. (1993). Measures of self-esteem. In J. P. Robinson, P. R. Shaver, & L. S. Wrightsman (Eds.), *Measures of Personality and Social Psychological Attitudes* (3rd ed., pp. 115–160). Institute for Social Research. <https://doi.org/10.1016/B978-0-12-590241-0.50008-3>
- Bleijenberg, N., de Man-van Ginkel, J. M., Trappenburg, J. C. A., Ettema, R. G. A., Sino, C. G., Heim, N., Hafsteindóttir, T. B., Richards, D. A., & Schuurmans, M. J. (2018). Increasing value and reducing waste by optimizing the development of complex interventions: Enriching the development phase of the Medical Research Council (MRC) Framework. *International Journal of Nursing Studies, 79*, 86–93. <https://doi.org/10.1016/j.ijnurstu.2017.12.001>
- Barwick, M. A., Schachter, H. M., Bennett, L. M., McGowan, J., Ly, M., Wilson, A., Bennett, K., Buchanan, D. H., Fergusson, D., & Manion, I. (2012). Knowledge translation efforts in child and youth mental health: a systematic review. *Journal of Evidence-Based Social Work, 9*(4), 369–395. <https://doi.org/10.1080/15433714.2012.663667>
- Barwick, M. (2016). Building scientist capacity in knowledge translation: development of the knowledge translation planning template. *Technology Innovation Management Review, 6*(9), 9–15. https://timreview.ca/sites/default/files/Issue_PDF/TIMReview_September2016.pdf#page=9
- Barwick, M. (2015). *Knowledge translation planning template*. SickKids. <https://www.sickkids.ca/en/learning/continuing-professional-development/knowledge-translation-training/knowledge-translation-planning-template-form/>
- Bazarova, N. N., Choi, Y. H., Sosik, V. S., Cosley, D., & Whitlock, J. (2015, February 28). *Social sharing of emotions on Facebook: Channel differences, satisfaction, and replies*. [Conference paper] 18th ACM Conference on Computer Supported Cooperative Work & Social Computing. <https://doi.org/10.1145/2675133.2675297>

- Becker, C. B., & Stice, E. (2017). From efficacy to effectiveness to broad implementation: Evolution of the body project. *Journal of Consulting and Clinical Psychology, 85*(8), 767.
<https://psycnet.apa.org/doi/10.1037/ccp0000204>
- Bell, B. T. (2019). “You take fifty photos, delete forty nine and use one”: A qualitative study of adolescent image-sharing practices on social media. *International Journal of Child-Computer Interaction, 20*, 64–71.
<https://doi.org/10.1016/j.ijcci.2019.03.002>
- Bell, B. T., Taylor, C., Paddock, D., & Bates, A. (2022). *Digital Bodies: A controlled evaluation of a brief classroom-based intervention for reducing negative body image among adolescents in the digital age. British Journal of Educational Psychology, 92*(1), 280–298. <https://doi.org/10.1111/bjep.12449>
- Bell, B. T., Taylor, C., Paddock, D. L., Bates, A., & Orange, S. T. (2021). Body talk in the digital age: a controlled evaluation of a classroom-based intervention to reduce appearance commentary and improve body image. *Health Psychology Open, 8*(1), <https://doi.org/10.1177/20551029211018920>
- Be Real. (2017). *Somebody like me: A report investigating the impact of body image anxiety on young people in the UK.*
<https://berealcampaign.co.uk/research/somebody-like-me>
- Betz, D. E., & Ramsey, L. R. (2017). Should women be “All about that bass?": Diverse body-ideal messages and women’s body image. *Body Image, 22*, 18–31. <https://doi.org/10.1016/j.bodyim.2017.04.004>
- Biesta, G. J. J., (2010). *Good Education in an Age of Measurement - Ethics, Politics, Democracy.* Routledge
- Bird, E. L., Halliwell, E., Diedrichs, P. C., & Harcourt, D. (2013). Happy being me in the UK: A controlled evaluation of a school-based body image intervention with pre-adolescent children. *Body Image, 10*(3), 326–334.
<https://doi.org/10.1016/j.bodyim.2013.02.008>
- Blease, C. R. (2015). Too many ‘Friends,’ too few ‘Likes’? Evolutionary psychology and ‘Facebook Depression’. *Review of General Psychology, 19*(1), 1–13.
<https://doi.org/10.1037/gpr0000030>
- Blond, A. (2008). Impacts of exposure to images of ideal bodies on male body dissatisfaction: A review. *Body Image, 5*(3), 244–250.
<https://doi.org/10.1016/j.bodyim.2008.02.003>
- Bodywhys. (2021). *Understanding Eating Disorders – Covid-19 & Eating Disorders – International Experience.* <https://www.bodywhys.ie/understanding-eating-disorders/key-issues/covid-19-eating-disorders/international-impact/>

- Boepple, L. & Thompson, K. J. (2016). A content analytic comparison of fitspiration and thinspiration websites. *International Journal of Eating Disorders*, 49(1), 98–101. <https://doi.org/10.1002/eat.22403>
- Booker, C. L., Skew, A. J., Kelly, Y. J., & Sacker, A. (2015). Media use, sports participation, and well-being in adolescence: Cross-sectional findings from the UK Household Longitudinal Study. *American Journal of Public Health*, 105, 173–179. <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2013.301783>
- Bordo, S. (2003). *Unbearable Weight: Feminism, Western Culture, and the Body*. University of California Press.
- Borges, A. (2011). The effects of digitally enhanced photos on product evaluation and young girls' self-esteem. *Recherche en Marketing (English Edition)*, 26(4), 5–21. <https://doi.org/10.1177/205157071102600401>
- Bowen, D. J., Hyams, T., Goodman, M., West, K. M., Harris-Wai, J., & Yu, J. H. (2017). Systematic review of quantitative measures of stakeholder engagement. *Clinical and Translational Science*, 10(5), 314 – 336. <https://doi.org/10.1111/cts.12474>
- Bowlby, J. (1958). The nature of the child's tie to his mother. *The International Journal of Psychoanalysis*, 39, 350–373.
- Brand, M., Wegmann, E., Stark, R., Müller, A., Wölfling, K., Robbins, T. W., & Potenza, M. N. (2019). The interaction of Person-Affect-Cognition-Execution (I-PACE) model for addictive behaviors: Update, generalization to addictive behaviors beyond internet-use disorders, and specification of the process character of addictive behaviors. *Neuroscience and Biobehavioral Review*, 104, 1-10. <https://doi.org/10.1016/j.neubiorev.2019.06.032>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589–597, <https://doi.org/10.1080/2159676X.2019.1628806>
- Braun, V., & Clarke, V. (2019). To saturate or not to saturate? Questioning data saturation as a useful concept for thematic analysis and sample-size rationales. *Qualitative Research in Sport, Exercise and Health*, 13(2), 201–216, <https://doi.org/10.1080/2159676X.2019.1704846>
- Breton, É., Dufour, R., Côté, S. M., Dubois, L., Vitaro, F., Boivin, M., Tremblay, R., & Boij, L. (2022). Developmental trajectories of eating disorder symptoms: A longitudinal study from early adolescence to young adulthood. *Journal of Eating Disorders*, 10, Article 84, <https://doi.org/10.1186/s40337-022-00603-z>

- Brown, B. B., & Larson, J. (2009). Peer Relationships in Adolescence. In R. M. Lerner, & L. Steinberg, (Eds.), *Handbook of adolescent psychology, Vol 2: Contextual influences on adolescent development*. (3rd ed., pp. 74–103). John Wiley & Sons.
- Brown, Z., & Tiggemann, M. (2016). Attractive celebrity and peer images on Instagram: Effect on women's mood and body image. *Body image*, 19, 37–43. <https://doi.org/10.1016/j.bodyim.2016.08.007>
- Brownson, R. C., Fielding, J. E., & Green, L. W. (2018). Building capacity for evidence-based public health: Reconciling the pulls of practice and the push of research. *Annual Review of Public Health*, 39, 27–53. <https://doi.org/10.1146/annurev-publhealth-040617-014746>
- Bucchianeri, M. M., Arikian, A. J., Hannan, P. J., Eisenberg, M. E., & Neumark-Sztainer, D. (2013). Body dissatisfaction from adolescence to young adulthood: findings from a 10-year longitudinal study. *Body Image*, 10(1), 1–7, <https://doi.org/10.1016/j.bodyim.2012.09.001>
- Bucchianeri, M. M. & Neumark-Sztainer, D. (2014). Body dissatisfaction: An overlooked public health concern. *Journal of Public Mental Health*, 13(2), 64–69. <https://psycnet.apa.org/doi/10.1108/JPMH-11-2013-0071>
- Buchanan, T. S., Fischer, A. R., Tokar, D. M., & Yoder, J. D. (2008). Testing a culture-specific extension of objectification theory regarding African American women's body image. *The Counseling Psychologist*, 36(5), 697–718. <https://doi.org/10.1177/0011000008316322>
- Buitron de la Vega, P., Losi, S., Sprague Martinez, L., Bovell-Ammon, A., Garg, A., James, T., Ewan, A., Stack, M., DeCarvalho, E., Sandel, M., Mishuris, R. G., Deych, S., Pelletier, P., Kressin, N. (2019). Implementing an EHR-based screening and referral system to address social determinants of health in primary care. *Medical Care*, 57, Suppl 6 Suppl 2, S133-S139, <https://doi.org/10.1097/MLR.0000000000001029>
- Burke, M., Marlow, C. & Lento, T. (2010). Social network activity and social well-being. *Proceedings of the SIGCHI Conference on Human Factors in Computing Systems*, (CHI '10). <https://doi.org/10.1145/1753326.1753613>
- Burke, S. M., Manzouri, A. H., & Savic, I. (2017). Structural connections in the brain in relation to gender identity and sexual orientation. *Sci Rep*, 7(1), Article 17954. <https://doi.org/10.1038/s41598-017-17352-8>
- Burke, M., & Kraut, R. (2016). The relationship between Facebook use and well-being depends on communication type and tie strength. *Journal of Computer Mediated Communication*, 21(4), 265–281. <https://doi.org/10.1111/jcc4.12162>
- Burke, N. L., Schaefer, L. M., Karvay, Y. G., Bardone-Cone, A. M., Frederick, D. A., Schaumberg, K., Klump, K. L., Anderson, D. A., & Thompson, J. K. (2021). Does the tripartite influence model of body image and eating pathology

- function similarly across racial/ethnic groups of White, Black, Latina, and asian women? *Eating Behavior*, 42, 101519, <https://doi.org/10.1016/j.eatbeh.2021.101519>
- Burnett, D., Evans, R. R., Roy, J., Geiger, B. F., & Werner, K. A. (2008). Ecological strategies to promote healthy body image among children. *Journal of School Health*, 78(7), 359–367, <https://doi.org/10.1111/j.1746-1561.2008.00315.x>
- Burnette, C. B., Kwitowski, M. A., & Mazzeo, S. E. (2017). “I don’t need people to tell me I’m pretty on social media:” A qualitative study of social media and body image in early adolescent girls. *Body Image*, 23, 114–125. <https://doi.org/10.1016/j.bodyim.2017.09.001>
- Burrow, A. & Rainone, N. (2017). How many likes did I get?: Purpose moderates links between positive social media feedback and self-esteem. *Journal of Experimental Social Psychology*, 69, 232–236. <https://doi.org/10.1016/j.jesp.2016.09.005>
- Calogero, R. M. (2012). Objectification theory, self-objectification, and body image. In T. F. Cash (Ed.), *Encyclopedia of body image and human appearance* (pp. 574–580). Elsevier Academic Press. <http://dx.doi.org/10.1016/B978-0-12-384925-0.00091-2>
- Calzo, J., Blashill, A., Brown, T. A., & Argenal, R. L. (2018). Eating disorders and disordered weight and shape control behaviors in sexual minority populations. *Current Psychiatry Reports*, 19, 49. <https://doi.org/10.1007/s11920-017-0801-y>
- Campano, G., Ghiso, M., & Welch, B. (2015). Ethical and professional norms in community-based research. *Harvard Educational Review*, 85(1), 29–49. <https://psycnet.apa.org/doi/10.17763/haer.85.1.a34748522021115m>
- Campus Engage. (2019). *Engaged research practice and principles. Society and higher education addressing grand societal challenges together*. <http://www.campusengage.ie/wp-content/uploads/2019/01/Engaged-Research-Practice-and-Principles-Web.pdf>
- Canadian Institutes of Health Research. (2016, July 28). *Knowledge Translation*. <http://www.cihr-irsc.gc.ca/e/29418.html#2>
- Carlisle, E., Fildes, J., Hall, S., Hicking, V., Perrens, B., & Plummer, J. (2018). *Youth Survey Report 2018*. Mission Australia. Available at: <https://www.missionaustralia.com.au/publications/youth-survey/823-mission-australia-youth-survey-report-2018>
- Carlyle, K. E., Guidry, J. P. D., Williams, K., Tabaac, A. & Perrin, P. B. (2018). Suicide conversations on Instagram: contagion or caring? *Journal of Communication in Healthcare*, 11(1), 12–18. <https://doi.org/10.1080/17538068.2018.1436500>

- Carlson Jones, D. (2004). Body image among adolescent girls and boys: a longitudinal study. *Developmental Psychology*, 40(5), 823–835.
<https://doi.org/10.1037/0012-1649.40.5.823>
- Caruth, G. (2013). Demystifying mixed methods research design: a review of the literature. *Mevlana International Journal of Education*, 3, 112–122.
<http://dx.doi.org/10.13054/mije.13.35.3.2>
- Castellini, G., Cassioli, E., Rossi, E., Innocenti, M., Gironi, V., Sanfilippo, G., Felciai, F., Monteleone, A. M., & Ricca, V. (2022). The impact of COVID-19 epidemic on eating disorders: A longitudinal observation of pre versus post psychopathological features in a sample of patients with eating disorders and a group of healthy controls. *International Journal of Eating Disorders*, 53(11).
<https://doi.org/10.1002/eat.23368>
- Cash, T. F., & Pruzinsky, T. (Eds.). (1990). *Body images: Development, deviance, and change*. The Guilford Press.
- Cash, T. F. (2004). Body image: past, present, and future. *Body Image*, 1(1), 1–5.
[https://doi.org/10.1016/s1740-1445\(03\)00011-1](https://doi.org/10.1016/s1740-1445(03)00011-1)
- Cassar, S., Salmon, J., Timperio, A., Naylor, P. J., van Nassau, F., Contardo Ayala, A. M., & Koorts, H. (2019). Adoption, implementation and sustainability of school-based physical activity and sedentary behaviour interventions in real-world settings: a systematic review. *International Journal of Behavioral Nutrition and Physical Activity*, 16, Article 120. <https://doi.org/10.1186/s12966-019-0876-4>
- Centers for Disease Control and Prevention. (2023, March). *Overweight & Obesity. Defining Child BMI Categories*. Centers for Disease Control and Prevention
<https://www.cdc.gov/obesity/basics/childhood-defining.html>
- Centre for Media Literacy. (2022). *10 Benefits of Media Literacy Education*.
<https://www.medialit.org/reading-room/10-benefits-media-literacy-education>
- Chambers, D., Ryan, F., Doolan, R., Kavanagh, N., & Healy, C. (2017). *What's wrecking your head. A report on teenage mental health*. ReachOut Ireland.
- Chang, K., Li, X., Zhang, L., & Zhang, H. (2022). A double-edged impact of social smartphone use on smartphone addiction: a parallel mediation model. *Frontiers in Psychology*, 13, 808192.
<https://doi.org/10.3389/fpsyg.2022.808192>
- Charmaraman, L., Lynch, A. D., Richer, A. M., & Zhai, E. (2022). Examining early adolescent positive and negative social technology behaviors and well-being during the COVID-19 pandemic. *Technology, Mind, and Behavior*, 3(1).
<https://doi.org/10.1037/tmb0000062>
- Chatterjee, R. (2018, May). Americans are lonely a lot, and younger people bear the heaviest burden. *National Public Radio* <https://www.npr.org/sections/health->

[shots/2018/05/01/606588504/americans-are-a-lonely-lot-and-young-people-bear-the-heaviest-burden](https://doi.org/10.1037/a0016820)

- Chen, H., & Jackson, T. (2009). Predictors of changes in weight esteem among mainland Chinese adolescents: A longitudinal analysis. *Developmental Psychology, 45*(6), 1618–1629. <https://doi.org/10.1037/a0016820>
- Chen, J., Liu, K., Zhang, J., Liu, S., Wang, Y., Cao, R., Peng, X., Han, M., Han, H., Yao, R., & Fu, L. (2023). Parental pressure on child body image, BMI, body image dissatisfaction associated with eating disorders in school-age Children in China: A path analysis. *Psychology Research and Behavior Management, 2023*(16), 3247–3258. <https://doi.org/10.2147/PRBM.S418535>
- Chisholm, A., Ang-Chen, P., Peters, S., Hart, J., & Beenstock, J. (2019). Public health practitioners' views of the 'Making Every Contact Count' initiative and standards for its evaluation. *Journal of Public Health (Oxford), 41*(1), e70-e77. <https://doi.org/10.1093/pubmed/fdy094>
- Choi, E., & Choi, I. (2016). The associations between body dissatisfaction, body figure, self-esteem, and depressed mood in adolescents in the United States and Korea: A moderated mediation analysis. *Journal of Adolescence, 53*(1), 249–259. <https://doi.org/10.1016/j.adolescence.2016.10.007>
- Choukas-Bradley, S., Nesi, J., Widman, L., & Higgins, M. K. (2019). Camera-ready: Young women's appearance-related social media consciousness. *Psychology of Popular Media Culture, 8*(4), 473–481. <https://psycnet.apa.org/doi/10.1037/ppm0000196>
- Choukas-Bradley, S. (2022). Longitudinal associations between appearance-related social media consciousness and adolescents' depressive symptoms. *Journal of Adolescence, 94*(2), 264–269. <https://doi.org/10.1002/jad.12009>
- Christian, D.L, Todd, C., Davies, H., Rance, J., Stratton, G., Rapport, F., & Brophy, S. (2015). Community led active schools programme (CLASP) exploring the implementation of health interventions in primary schools: headteachers' perspectives. *BMC Public Health, 15*(1), 1–11. <https://doi.org/10.1186/s12889-015-1557-0>
- Christian, D. L, Todd, C., Rance, J., Stratton, G., Mackintosh, K. A., Rapport, F., & Brophy, S. (2020). Involving the headteacher in the development of school-based health interventions: A mixed-methods outcome and process evaluation using the RE-AIM framework. *PLOS One, 15*(4), e0230745. <https://doi.org/10.1371/journal.pone.0230745>
- Chua, J. Y. X., Tam, W., & Shorey, S. (2020). Research review: Effectiveness of universal eating disorder prevention interventions in improving body image among children: A systematic review and meta-analysis. *The Journal of Child Psychology and Psychiatry, 61*(5), 522–535. <https://doi.org/10.1111/jcpp.13164>

- Chua, T. H. H., & Chang, L. (2016). Follow me and like my beautiful selfies: Singapore teenage girls' engagement in self-presentation and peer comparison on social media. *Computers in Human Behavior*, 55(Part A), 190–197. <https://doi.org/10.1016/j.chb.2015.09.011>
- Clark, J. L., Algoe, S. B., & Green, M. C. (2018). Social network sites and well-being: The role of social connection. *Current Directions in Psychological Science*, 27(1). <https://doi.org/10.1177/0963721417730833>
- Cleland Woods, H., & Scott, H. (2016). #Sleepyteens: Social media use in adolescence is associated with poor sleep quality, anxiety, depression and low self-esteem. *Journal of Adolescence*, 51(1), 41–49. <https://doi.org/10.1016/j.adolescence.2016.05.008>
- Clement, J. (2019). Mobile App Usage—Statistics & Facts. Statista. <https://www.statista.com/topics/1002/mobile-app-usage>
- Clement, J. (2020). *Number of global social network user (2017-2025)*. Statista. <https://www.statista.com/statistics/278414/number-of-worldwide-social-network-users/>
- Collin, P., Swist, T., McCormack, J., & Third, A. (2015). *Social media and the wellbeing of children and young people: A literature review*. Commissioner for Children and Young People, Western Australia. <http://dx.doi.org/10.13140/RG.2.1.3296.6885>
- Collin, P., Rahilly, K., Richardson, I., & Third, A. (2011). *The benefits of social networking services: A literature review*. Cooperative Research Centre for Young People, Technology and Wellbeing, Melbourne. https://www.westernsydney.edu.au/_data/assets/pdf_file/0003/476337/The-Benefits-of-Social-Networking-Services.pdf
- Cohen, J. (1992). A power primer. *Psychological Bulletin*, 112(1), 155–159 <https://psycnet.apa.org/doi/10.1037/0033-2909.112.1.155>
- Cohen, R., Newton-John, T., & Slater, A. (2017). The relationship between Facebook and Instagram appearance-focused activities and body image concerns in young women. *Body Image*, 23, 183–187. <https://doi.org/10.1016/j.bodyim.2017.10.002>
- Cohen, R., Irwin, L., Newton-John, T., & Slater, A. (2019). #bodypositivity: A content analysis of body positive accounts on Instagram. *Body Image*, 29, 47-57. <https://doi.org/10.1016/j.bodyim.2019.02.007>
- Cohen, R., Newton-John, T., & Slater, A. (2018). 'Selfie'-objectification: The role of selfies in self-objectification and disordered eating in young women. *Computers in Human Behavior*, 79, 68–74. <https://doi.org/10.1016/j.chb.2017.10.027>

- Cohen, R., Fardouly, J., Newton-John, T., & Slater, A. (2019). #BoPo on Instagram: An experimental investigation of the effects of viewing body positive content on young women's mood and body image. *New Media & Society*, 21(7), 1546–1564. <https://doi.org/10.1177/1461444819826530>
- Cohen, R., Newton-John, T., & Slater, A. (2020). 'Selfie'-objectification: The role of selfies in self-objectification and disordered eating in young women. *Computers in Human Behavior*. 79, 68 – 74. <http://dx.doi.org/10.1016/j.chb.2017.10.027>
- Cong, C. W., & Cheong, J. Y. (2022). Validation of Rosenberg self-esteem scale for Malaysian adolescents. *Current Psychology: A Journal for Diverse Perspectives on Diverse Psychological Issues*, 42, 17835–17838. <https://doi.org/10.1007/s12144-022-02960-z>
- Conger, J. A., & Kanungo, R. N. (1998). *Charismatic leadership in organizations*. Sage Publications.
- Conger, J. A., & Kanungo, R. N. (1998). The empowerment process. Integrating theory and practice. *The Academy of Management Review*, 13, 471–482. <https://doi.org/10.2307/258093>
- Consortium on the School-Based Promotion of Social Competence. (1996). *The school-based promotion of social competence: Theory, research, practice, and policy*. In R. J. Haggerty, L. R. Sherrod, N. Garnezy, & M. Rutter (Eds.), *Stress, risk, and resilience in children and adolescents: Processes, mechanisms, and interventions*, (pp. 268–316). Cambridge University Press.
- Cook, D. A., Levinson, A. J., Garside, S. Dupras, D. M., & Erwin, P. J. (2010). Internet-based learning in the health professions: A meta-analysis. *JAMA*, 300(10), 1181–1196, <https://doi.org/10.1001/jama.300.10.1181>
- Cookingham, L. M., Ryan, G. L. (2015). The impact of social media on the sexual and social wellness of adolescents. *Journal of Pediatric Adolescent Gynecology*, 28(1), 2–5. <https://doi.org/10.1016/j.jpag.2014.03.001>
- Cooley, E., & Toray, T. (2001). Body image and personality predictors of eating disorder symptoms during the college years. *International Journal of Eating Disorders*, 30(1), 28–36. <https://doi.org/10.1002/eat.1051>
- Coordinated Approach to Child Health: CATCH. (2023, April). <https://catch.org/proven-effectiveness/>
- Cooper, M., Reilly, E. E., Siegel, J. A., Coniglio, K., Sadeh-Sharvit S., Pisetsky, E. M., & Anderson, L. M. (2020). Eating disorders during the COVID-19 pandemic and quarantine: An overview of risks and recommendations for treatment and early intervention. *Eating disorders*, 30(1), 54–76. <https://doi.org/10.1080/10640266.2020.1790271>

- Cooper, Z., & Shafran, R. (2023). Fulfilling the promise: Commentary on Schleider et al. (2023). *International Journal of Eating Disorders*, 56(5), 878–880. <https://doi.org/10.1002/eat.23946>
- Coyne, S. M., Rogers, A. A., Zurcher, J. D, Stockdale, L, & Booth, M. (2019). Does time spent using social media impact mental health?: An eight year longitudinal study. *Computers in Human Behavior*, 104, 106160. <https://doi.org/10.1016/j.chb.2019.106160>
- Craig, P., Dieppe, P., Macintyre, S., Michie, S., Nazareth, I., & Petticrew, M. (2008). Developing and evaluating complex interventions: the new Medical Research Council guidance. *BMJ*, 337, a1655. <https://doi.org/10.1136/bmj.a1655>
- Creswell, J. W., & Plano Clark, V. L. (2007). *Designing and conducting mixed methods research*. SAGE Publications.
- Crowley, S. J., Wolfson, A. R., Tarokh, L., & Carskadon, M. A. (2018). An update on adolescent sleep: New evidence informing the perfect storm model. *Journal of Adolescence*, 67, 55–65. <https://doi.org/10.1016/j.adolescence.2018.06.001>
- Curran, G. M., Bauer, M., Mittman, B., Pyne, J. M, & Stetler, C. (2012). Effectiveness-implementation hybrid designs: combining elements of clinical effectiveness and implementation research to enhance public health impact. *Med Care*, 50(3), 217–226. <https://doi.org/10.1097/mlr.0b013e3182408812>
- Cwynar-Horta, J. (2016). The commodification of the body positive movement on Instagram. *Interdisciplinary Journal of Communication*, 8(2), 36–56. <https://doi.org/10.21810/strm.v8i2.203>
- CyberSafe Ireland. (2017). *CyberSafe Ireland Annual Report 2017*. <https://www.cybersafekids.ie/wp-content/uploads/2021/02/2018-Annual-Report-2017.pdf>
- CyberSafe Ireland (2019). *CyberSafe Ireland Annual Report 2019*. <https://www.cybersafekids.ie/our-5th-annual-report-2019/>
- Cybersafe Kids. (2022). *Cybersafe Kids – Academic year in review 2021-2022*. https://www.cybersafekids.ie/wp-content/uploads/2022/09/CSK_YearInReview_2021-2022_FINAL.pdf
- Cybersafe Kids. (2023). *Trends and Usage Report, Academic Year 2022-2023*. https://www.cybersafekids.ie/wp-content/uploads/2023/09/CSK_Data-Trends-Report-2023-V2-Web-Version.pdf
- Czepczor-Bernat, K., Modrzejewska, J., Modrzejewska, A., Calandri, E., Gattino, S., & Rollero, C. (2022). Dyadic predictors of child body shame in a polish and italian sample. *International Journal of Environmental Research and Public Health*, 19(14), 8659. <https://doi.org/10.3390/ijerph19148659>

- Dahlberg, K. (2007). The enigmatic phenomenon of loneliness. *International Journal of Qualitative Studies on Health and Well-being*, 2, 195–207.
<https://doi.org/10.1080/17482620701626117>
- Damiano, S. R., Yager, Z., McLean, S. A., & Paxton, S. J. (2018). Achieving body confidence for young children: Development and pilot study of a universal teacher-led body image and weight stigma program for early primary school children. *Eating Disorders*, 26(6), 487-504.
<https://doi.org/10.1080/10640266.2018.1453630>
- Dane, A. & Bhatia, K. (2023). The social media diet: A scoping review to investigate the association between social media, body image, and eating disorders amongst young people. *PLOS Glob Public Health*, 3(3), e0001091.
<https://doi.org/10.1371/journal.pgph.0001091>
- Daneels, R., & Vanwynsberghe, H. (2017). Mediating social media use: Connecting parents' mediation strategies and social media literacy. *Cyberpsychology*, 11(5). <https://doi.org/10.5817/CP2017-3-5>
- David, M. E., & Roberts, J. A. (2017). Phubbed and Alone: Phone Snubbing, Social Exclusion, and Attachment to Social Media. *Journal of the Association for Consumer Research*, 2(2), 155–163. <http://dx.doi.org/10.1086/690940>
- Davids, C. M., Watson, L. B., & Gere, M. P. (2018). Objectification, masculinity, and muscularity: a test of objectification theory with heterosexual men. *Sex Roles* 80, 443–457. <https://doi.org/10.1007/s11199-018-0940-6>
- Davies, B., Turner, M., & Udell, J. (2020). Add a comment ... how fitspiration and body positive captions attached to social media images influence the mood and body esteem of young female Instagram users. *Body Image*, 33, 101 – 105 <https://doi.org/10.1016/j.bodyim.2020.02.009>
- Day, S., Bussey, K., Trompeter, N., Hay, P., Lonergan, A., & Mitchison, D. (2021). Associations of weight-or shape-related bullying with diverse disordered eating behaviors in adolescents. *International Journal of Eating Disorders*, 54(9),1641–1651. <https://doi.org/10.1002/eat.23573>
- Delgado, E., Serna, C., Martínez, I., & Cruise, E. (2022). Parental attachment and peer relationships in adolescence: a systematic review. *International Journal of Environmental Research and Public Health*, 19, Article 1064.
<https://doi.org/10.3390/ijerph19031064>
- Department for Education (United Kingdom). (2020). *Relationships and sex education (RSE) and health education*.
<https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education>
- Department of Education (2022). *Extension of DEIS to further schools*.
<https://www.gov.ie/en/publication/a3c9e-extension-of-deis-to-further-schools/>

- De Vellis, R. (2017). *Scale Development: Theory and Applications* (4th ed.). Sage.
- De Visser, R., Graber, R., Hart, A., Abraham, C., Scanlon, T., Watten, P., & Memon, A. (2015). Using qualitative methods within a mixed-methods approach to developing and evaluating interventions. *Health psychology, 34*(4), 349–360. <https://doi.org/10.1037/hea0000163>
- De Vries, D., Peter, J., De Graaf, H., & Nikken, P. (2016). Adolescents' social network site use, peer appearance-related feedback, and body dissatisfaction: Testing a mediation model. *Journal of Youth & Adolescence, 45*, 211–224. <https://doi.org/10.1007/s10964-015-0266-4>
- Diedrichs, P. C., Atkinson, M. J., Steer, R. J., Garbett, K. M., Rumsey, N., & Halliwell, E. (2015). Effectiveness of a brief school-based body image intervention 'Dove Confident Me: Single Session' when delivered by teachers and researchers: Results from a cluster randomised controlled trial. *Behavioral and Research Therapy, 74*, 94–104. <https://doi.org/10.1016/j.brat.2015.09.004>
- Dienlin, T., & Johannes, N. (2020). The impact of digital technology use on adolescent well-being. *Dialogues in Clinical Neuroscience, 22*(2), 135–142. <https://doi.org/10.31887%2FDCNS.2020.22.2%2Fdienlin>
- Dixon, J. K., Knafel, K. A., Grey, M., Ives, B., Lynn, M. R., & Schilling, L. S. (2007). Determining content validity of a self-report instrument for adolescents using a heterogeneous expert panel. *Nursing Research, 56*(5), 361–366. <https://doi.org/10.1097/01.nnr.0000289505.30037.91>
- Dohnt, H. K., & Tiggemann, M. (2008). Promoting positive body image in young girls: an evaluation of 'Shapesville'. *European Eating Disorders Review, 16*(3), 222–233. <https://doi.org/10.1002/erv.814>
- Doley, J. R., McLean, S. A., Griffiths, S., & Yager, Z. (2020). Designing body image and eating disorder prevention programs for boys and men: Theoretical, practical, and logistical considerations from boys, parents, teachers, and experts. *Psychology of Men & Masculinities, 22*(1), 124–134. <https://psycnet.apa.org/doi/10.1037/men0000263>
- Domoff, S. E., Tan, C. C., & Chow, C. M. (2021). Mother–daughter negative body talk as a moderator between body surveillance and body shame in adolescent girls. *Eating and Weight Disorders-Studies on Anorexia Bulimia and Obesity, 26*(3), 941–948. <https://doi.org/10.1007/s40519-020-00925-4>
- Donavan, C. L., Spence, S. H., & Sheffield, J. K. (2006) Investigation of a model of weight restricting behaviour amongst adolescent girls. *European Eating Disorders Review, 14*(6), 468 – 484. <https://doi.org/10.1002/erv.711>
- Donnelly, L. (2021, September 30). Big rise in eating disorders among children since Covid pandemic. *The Telegraph*.

<https://www.telegraph.co.uk/news/2021/09/30/three-four-teenage-girls-suffer-potential-eating-problems/>

- Dooley, B. A., & Fitzgerald, A. (2012). *My world survey: National study of youth mental health in Ireland*. Headstrong and UCD School of Psychology. <http://www.ucd.ie/t4cms/MyWorldSurvey.pdf>
- Dooley, B., O'Connor, C., Fitzgerald, A., & O'Reilly, A. (2019). *My world survey 2: national study of youth mental health In Ireland*. Headstrong and UCD School of Psychology. <http://www.myworldsurvey.ie/full-report>
- Dryer, R., Farr, M., Hiramatsu, I., & Quinton, S. (2016). The role of sociocultural influences on symptoms of muscle dysmorphia and eating disorders in men, and the mediating effects of perfectionism. *Behavioral Medicine*, 42(3), 174–182. <https://doi.org/10.1080/08964289.2015.1122570>
- Duchesne, A. P., Dion, J., Lalande, D., Bégin, C., Émond, C., Lalande, G., & McDuff, P. (2017). Body dissatisfaction and psychological distress in adolescents: Is self-esteem a mediator? *Journal of Health Psychology*, 22(12), 1563–1569. <https://doi.org/10.1177/1359105316631196>
- Duchin, O., Marin, C., Mora-Plazas, M., & Villamor, E. (2016). Maternal body image dissatisfaction and BMI change in school-age children. *Public Health Nutrition*, 19(2), 287–292. <https://doi.org/10.1017/s1368980015001317>
- Dumville, J. C., Hahn, S., Miles, J. N., & Torgerson, D. J. (2006). The use of unequal randomisation ratios in clinical trials: a review. *Contemporary Clinical Trials*, 27(1), 1–12. <https://doi.org/10.1016/j.cct.2005.08.003>
- Dunne, S. (2018, December 11). School reaps benefits of social media detox. *Irish Daily Mail*. <https://www.pressreader.com/ireland/irish-daily-mail/20181211/281526522140626>
- Dunstan, C. J., Paxton, S. J., & McLean, S. A. (2016). An evaluation of a body image intervention in adolescent girls delivered in single-sex versus co-educational classroom settings. *Eating Behaviors*, 25, 23–31. <https://doi.org/10.1016/j.eatbeh.2016.03.016>
- Early Intervention Foundation (EIF). (2023). <https://www.eif.org.uk/about/who-is-eif>
- Edcoms, & Credos. (2016). *Picture of Health: Who Influences Boys: Friends and the New World of Social Media*. Credos.
- Edwards, C., Tod, D., & Molnar, M. (2014). A systematic review of the drive for muscularity research area. *International Review of Sport and Exercise Psychology*, 7(1), 18-41. <https://doi.org/10.1080/1750984X.2013.847113>
- Effeney, G., Carroll, A. & Bahr N. (2013). Self-regulated learning: key strategies and their sources in a sample of adolescent males. *Australian Journal of Educational and Developmental Psychology*, 13, 58–74. Available at:

https://www.researchgate.net/publication/287469773_Self-Regulated_Learning_Key_strategies_and_their_sources_in_a_sample_of_adolescent_males

- Eckler, P., Kalyango, Y., & Paasch, E. (2017). Facebook use and negative body image among US college women. *Women & Health, 57*(2), 249–267. <https://doi.org/10.1080/03630242.2016.1159268>
- Eisenberg, D. Nicklett, E. J., Roeder, K., & Kirz, N. E. (2011). Eating disorder symptoms among college students: Prevalence, persistence, correlates, and treatment-seeking. *Journal of American College Health, 59*(8), 700–707. <https://doi.org/10.1080/07448481.2010.546461>
- Egan, C. A., Webster, C. A., Stewart, G. L., Weaver, R. G., Russ, L. B., Brian, A., & Stodden, D. (2019). Case study of a health optimizing physical education-based comprehensive school physical activity program. *Evaluation and Program Planning, 72*, 106–117. <https://doi.org/10.1016/j.evalprogplan.2018.10.006>
- Elias, M. J., Weissberg, R. P., Zins, J. E., Kendall, P. C., Dodge, K. A., Jason, L. A., Rotheram-Borus, M. J., Perry, C. L., Hawkins, J. D., & Gottfredson, D. C. (1996). Transdisciplinary collaboration among school researchers: The consortium on the school-based promotion of social competence. *Journal of Educational & Psychological Consultation, 7*(1), 25–39. https://doi.org/10.1207/s1532768xjepc0701_3
- Elizabeth, D. (2020). Can i socially distance myself from these terrible jokes about gaining weight while quarantined? *Allure*. <https://www.allure.com/story/covid-19-weight-gain-jokes-eating-disorders>
- Eljiz, K., Greenfield, D., Hogden, A., Taylor, R., Siddiqui, N., Agalotis, M., & Milosavljevic, M. (2020). Improving knowledge translation for increased engagement and impact in healthcare. *BMJ Open Quality, 9*(3). <http://dx.doi.org/10.1136/bmjog-2020-000983>
- Ellis, A. (2005). *Research in Educational Innovations*. (4th ed.). Eye on Education, Inc.
- Emser, T. S., & Christiansen, H. (2021). Perceived social support in children and adolescents with ADHD. *Research in Developmental Disabilities, 111*, 103863. <https://doi.org/10.1016/j.ridd.2021.103863>
- Erikson, E. H. (1980). *Identity and the life cycle*. W. W. Norton & Co.
- Espinoza, P., Penelo, E., & Raich, R. M. (2013). Prevention programme for eating disturbances in adolescents. Is their effect on body image maintained at 30 months later? *Body Image, 10*(2), 175–181. <https://doi.org/10.1016/j.bodyim.2012.11.004>

- Espinoza, M., Molinari, G., Etchemendy, E., Herrero, R., Botella, C., & Baños Rivera, R. M. (2016). Understanding dispositional hope in general and clinical populations. *Applied Research in Quality of Life*, 12(2), 439–450. <https://doi.org/10.1007/s11482-016-9469-4>
- Espinoza, P., Penelo, E., Mora, M., Francisco, R., González, M. L., & Raich, R. M. (2019). Bidirectional relations between disordered eating, internalization of beauty ideals, and self-esteem: A longitudinal study with adolescents. *The Journal of Early Adolescence*, 39(9), 1244–1260. <https://doi.org/10.1177/0272431618812734>
- Eurostat. (2019). *Digital Economy and Society*. <https://ec.europa.eu/eurostat/web/digital-economy-and-society/data/database>
- Eurostat. (2022, June). *Social media – statistics on the use by enterprises*. https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Social_media_-_statistics_on_the_use_by_enterprises
- Evans, E. H., Adamson, A. J., Basterfield, L., Le Couteur, A., Reilly, J. K., Reilly, J. J., & Parkinson, K. N. (2017). Risk factors for eating disorder symptoms at 12 years of age: a 6-year longitudinal cohort study. *Appetite*, 108, 12–20. <https://doi.org/10.1016/j.appet.2016.09.005>
- Evans, S., & Huxley, P. J. (2008). Factors associated with the recruitment and retention of social workers in Wales: Employer and employee perspectives. *Health and Social Care in the Community*, 17(3), 254–266. <https://doi.org/10.1111/j.1365-2524.2008.00818.x>
- Fàbregues, S., Sáinz, M., Romano, M. J., Escalante-Barrios, E. L., Younas, A., & López-Pérez, B. S. (2023). Use of mixed methods research in intervention studies to increase young people's interest in STEM: A systematic methodological review. *Frontiers in Psychology*, 13, 956300. <https://doi.org/10.3389/fpsyg.2022.956300>
- Fabris, M. A., Settanni, M., & Longobardi, C., & Marengo, D. (2023). Sense of belonging at school and on social media in adolescence: Associations with educational achievement and psychosocial maladjustment. *Child Psychiatry & Human Development*. <https://doi.org/10.1007/s10578-023-01516-x>
- Faithfull, S., Brophy, L., Pennell, K., & Simmons, M. B. (2019). Barriers and enablers to meaningful youth participation in mental health research: qualitative interviews with youth mental health researchers. *Journal of Mental Health*, 28(1), 56–63. <https://doi.org/10.1080/09638237.2018.1521926>
- Fardouly, J., Diedrichs, P. C., Vartanian, L. R., & Halliwell, E. (2015). Social comparisons on social media: The impact of Facebook on young women's body image concerns and mood. *Body Image*, 13, 38–45. <https://doi.org/10.1016/j.bodyim.2014.12.002>

- Fardouly, J., Pinkus, R. T. & Vartanian, L. R. (2017). The impact of appearance comparisons made through social media, traditional media, and in person in women's everyday lives. *Body Image*, 20, 31–39. <https://doi.org/10.1016/j.bodyim.2016.11.002>
- Fardouly, J., & Vartanian, L. R. (2016). Social media and body image concerns: current research and future directions. *Current Opinion in Psychology*, 9, 1–5. <https://doi.org/10.1016/j.copsyc.2015.09.005>
- Farquhar, M. C., Ewing, G., & Booth, S. (2011). Using mixed methods to develop and evaluate complex interventions in palliative care research. *Palliative Medicine*, 25(8), 748–757. <https://doi.org/10.1177/0269216311417919>
- Fatt, S. J., Fardouly, J., & Rapee, R. M. (2019). #malefitspo: Links between viewing fitspiration posts, muscular-ideal internalisation, appearance comparisons, body satisfaction, and exercise motivation in men. *New Media & Society*, 21(6), 1311–1325. <https://doi.org/10.1177/1461444818821064>
- Fegan, J. (2016, August 15). Social media “triggers body image worries for teenagers”. *Irish Examiner*. <https://www.irishexaminer.com/ireland/social-media-triggers-body-image-worries-for-teenagers-415839.html>
- Festinger, L. (1954). A Theory of Social Comparison Processes. *Human Relations*, 7(2), 117–140. <https://doi.org/10.1177/001872675400700202>
- Festinger, L. (1957) *A Theory of Cognitive Dissonance*, Stanford University Press.
- Fetters, M. D., Curry, L. A., & Creswell, J. W. (2013). Achieving integration in mix methods designs – principles and practices. *Health Services Research*, 48 (6pt2), 2134–2156. <https://doi.org/10.1111/1475-6773.12117>
- Fioravanti, G., Bocci Benucci, S., Ceragioli, G., & Casale, S. (2022). How the exposure to beauty ideals on social networking sites influences body image: A systematic review of experimental studies. *Adolescent Research Review*. Advance online publication. <https://doi.org/10.1007/s40894-022-00179-4>
- Fisher, W. R. (1984). Narration as a human communication paradigm: The case of public moral argument. *Communication Monographs*, 51(1), 1–22. <https://doi.org/10.1080/03637758409390180>
- Flynn, M. A., Cotchett, E., & Lin, L. (2020). The relationship between men's peer and social media muscularity ideal discrepancies and body satisfaction. *Journal of Social and Personal Relationships*, 37(5), 1534–1553. <https://doi.org/10.1177/0265407520903387>
- Fogelkvist, M., Parling, T., Kjellin, L., & Gustafsson, S. A. (2016). A qualitative analysis of participants' reflections on body image during participation in a randomized controlled trial of acceptance and commitment therapy. *Journal of Eating Disorders*, 4, 29, <https://doi.org/10.1186/s40337-016-0120-4>

- Forest, A. L., & Wood, J. V. (2012). When social networking is not working: individuals with low self-esteem recognize but do not reap the benefits of self-disclosure on Facebook. *Psychological Science*, 23(3), 295–302. <https://doi.org/10.1177/0956797611429709>
- Forman, S. G., Olin, S. S., Hoagwood, K. E., Crowe, M., & Saka, N. (2009). Evidence-based intervention in schools: Developers' views of implementation barriers and facilitators. *School Mental Health: A Multidisciplinary Research and Practice Journal*, 1(1), 26–36. <https://doi.org/10.1007/s12310-008-9002-5>
- Fortson, D. (2022, October 23). Is this the end of Facebook? *Sunday Times*. <https://www.thetimes.co.uk/article/is-this-the-end-of-facebook-k0prxhmv0>
- Frederick, D. A., & Essayli, J. H. (2016). Male body image: The roles of sexual orientation and body mass index across five national U.S. Studies. *Psychology of Men & Masculinity*, 17(4), 336–351. <https://doi.org/10.1037/men0000031>
- Fredrickson, B. L., & Roberts, T. (1997). Objectification theory: Toward understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly*, 21(2), 173–206. <https://doi.org/10.1111/j.1471-6402.1997.tb00108.x>
- Freinet C. (1990). Cooperative Learning and Social Change: Selected Writings of Célestin Freinet, Vol 15. James Lorimer & Company.
- Frison, E., & Eggermont, S. (2015). Exploring the relationships between different types of Facebook use, perceived online social support, and adolescents' depressed mood. *Social Science Computer Review*. 34(2), 151–171. <https://doi.org/10.1177/0894439314567449>
- Frith, E. (2017). *Social Media and Children's Mental Health—A Review of the Evidence*. Education Policy Institute. https://epi.org.uk/wp-content/uploads/2017/06/Social-Media_Mental-Health_EPI-Report.pdf
- Frith, E. & Loprinzi, P. (2017). Can Facebook reduce perceived anxiety among college students? Randomized controlled exercise trial using the transtheoretical model of behavior change. *JMIR Mental Health*, 4(4), Article e50. <https://doi.org/10.2196/mental.8086>
- Fu, X., Liu, J., Liu, R.-D., Ding, Y., Hong, W., & Jiang, S. (2020). The impact of parental active mediation on adolescent mobile phone dependency: A moderated mediation model. *Computers in Human Behavior*, 107, 106280. <https://doi-org.may.idm.oclc.org/10.1016/j.chb.2020.106280>
- Furlong, M., McGilloway, S., Mulligan, C., McGuinness, C. & Whelan, N. (2021). Family talk versus usual services in improving child and family psychosocial functioning in families with parental mental illness (PRIMERA - Promoting Research and Innovation in Mental health services for families and children):

- Study protocol for a randomised controlled trial. *Trials* 22(1), 243.
<https://doi.org/10.1186/s13063-021-05199-4>
- Furlong, M., Mulligan, S., McGarr, S., O'Connor, S. & McGilloway, S. (2021). A family-focused intervention for parental mental illness: A practitioner perspective. *Frontiers in Psychiatry*, 12.
<https://doi.org/10.3389/fpsy.2021.783161>
- Gadermann, A. M., Guhn, M., Schonert-Reichl, K. A., Hymel, S., Thomson, K., & Hertzman, C. (2016). A population-based study of children's well-being and health: The relative importance of social relationships, health-related activities, and income. *Journal of Happiness Studies*, 17, 1847–1872.
<https://doi.org/10.1007/s10902-015-9673-1>
- Gaffney, P., Cosgrove, K., Collins, K., Agnew, F., Carragher, S., Flynn, F., Mallon, P., & McElduff, S. (2007). *The Mind Yourself Project: Pilot Study Evaluation Report*. Health Services Executive – Dublin North East and The National Suicide Research Foundation.
- Gagliardi, A. R., Légaré, F., Brouwers, M. C., Webster, F., Badley, E., & Straus, S. (2016). Patient-mediated knowledge translation (PKT) interventions for clinical encounters: a systematic review. *Implementation Science*, 11, Article 26.
<https://doi.org/10.1186/s13012-016-0389-3>
- Gagnon, M. M., Hadjistavropoulos, T., McAleer, L. M., & Stopyn, R. J. N. (2020). Increasing parental access to pediatric pain-related knowledge: A systematic review of knowledge translation research among parents. *The Clinical Journal of Pain*, 26(1), 47–60.
<https://doi.org/10.1097/ajp.0000000000000770>
- Gainsford, E. (2021). Eating disorders on the rise in France amid Covid-19 pandemic. *France24*. <https://www.france24.com/en/tv-shows/focus/20210419-eating-disorders-on-the-rise-in-france-amid-covid-19-pandemic>
- Galli, F., Palombi, T., Mallia, L., Chirico, A., Zandonai, T., Alivernini, F., De Maria, A., Zelli, A., & Lucidi, F. (2021). Promoting media literacy online: An intervention on performance and appearance enhancement substances with sport high school students. *International Journal of Environmental Research and Public Health*, 18(11), 5596. <https://doi.org/10.3390/ijerph18115596>
- Galmiche, M., Déchelotte, P., Lambert, G., & Tavolacci M. P. (2019). Prevalence of eating disorders over the 2000–2018 period: A systematic literature review. *American Journal of Clinical Nutrition*, 109(5), 1402–1413.
<https://doi.org/10.1093/ajcn/nqy342>
- Gallegos, M. I., Zaring-Hinkle, B., Wang, N., & Bray, J. H. (2021). Detachment, peer pressure, and age of first substance use as gateways to later substance use. *Drug and Alcohol Dependence*, 218, Article 108352.
<https://doi.org/10.1016/j.drugalcdep.2020.108352>

- Gao, J., Zheng, P., Chen, H., Mao, Y., Chen, S., Wang, Y., Fu, H., & Dai, J. (2020). Mental health problems and social media exposure during COVID-19 outbreak. *PLOS ONE*. <https://doi.org/10.1371/journal.pone.0231924>
- Gayle, D. (2021, September 14). Facebook aware of Instagram's harmful effect on teenage girls, leak reveals. *The Guardian*. <https://www.theguardian.com/technology/2021/sep/14/facebook-aware-instagram-harmful-effect-teenage-girls-leak-reveals>
- Gerald, B. (2018). A brief review of independent, dependent and one sample t-test. *International Journal of Applied Mathematics and Theoretical Physics*, 4, 50-54. <https://doi.org/10.11648/j.ijamtp.20180402.13>
- Gerards, S. M., Dagnelie, P. C., Jansen, M. W., De Vries, N. K., & Kremers, S. P. J. (2012). Barriers to successful recruitment of parents of overweight children for an obesity prevention intervention: a qualitative study among youth health care professionals. *BMC Family Practice* 13, Article 37. <https://doi.org/10.1186/1471-2296-13-37>
- Gerbner, G. (1969). Toward "cultural indicators": The analysis of mass mediated public message systems. *AV Communication Review*, 17 (2), 137-148. <https://doi.org/10.1007/BF02769102>
- Gibney, S., & McCarthy, T. (2020). *Profile of smartphone ownership and use in Ireland*. Department of Health. <https://assets.gov.ie/81401/e6c10ac5-e6b4-438e-b31d-30cd2b241f7c.pdf>
- Girlguides. (2016). *Girls attitude survey 2016*. <https://www.girlguiding.org.uk/globalassets/docs-and-resources/research-and-campaigns/girls-attitudes-survey-2016.pdf>
- Gobin, K., McComb, S. & Mills, J. (2022). Testing a self-compassion micro-intervention before appearance-based social media use: Implications for body image. *Body Image*, 40, 200–206. <https://doi.org/10.1016/j.bodyim.2021.12.011>
- Goh, T. L., Hannon, J. C., Webster, C. A., & Podlog, L. (2017). Classroom teachers' experiences implementing a movement integration program: barriers, facilitators, and continuance. *Teaching and Teacher Education: An International Journal of Research and Studies*, 66, 88–95. <http://dx.doi.org/10.1016/j.tate.2017.04.003>
- Gordon, C. S., Jarman, H. K., Rodgers, R. F., McLean, S. A., Slater, A., Fuller-Tyszkiewicz, M., & Paxton, S. J. (2021). Outcomes of a cluster randomized controlled trial of the SoMe social media literacy program for improving body image-related outcomes in adolescent boys and girls. *Nutrients*, 13(11), Article 3825. <https://doi.org/10.3390%2Fnu13113825>
- Gordon, C. S., Rodgers, R. F., Slater, A., McLean, S. A., Jarman, H. K., & Paxton, S. J., (2020). A cluster randomized controlled trial of the SoMe social media

literacy body image and wellbeing program for adolescent boys and girls: Study protocol. *Body Image*, 33, 27–37.
<https://doi.org/10.1016/j.bodyim.2020.02.003>

Gonzales, A. & Hancock, J. (2011). Mirror, mirror on my Facebook wall: Effects of exposure to Facebook on self-esteem. *Cyberpsychology, Behavior and Social Networking*, 14(1-2), 79–83. <https://doi.org/10.1089/cyber.2009.0411>

Goodings, L., & Tucker, I. M. (2014). Social media and the co-production of bodies online: Bergson, Serres and Facebook's timeline. *Media, Culture & Society*, 36(1), 37–51. <https://doi.org/10.1177/0163443713507813>

Grabe, S., Ward, L. M., & Hyde, J. S. The role of the media in body image concerns among women: a meta-analysis of experimental and correlational studies. *Psychology Bulletin*, 134(3), 460–476. <https://doi.org/10.1037/0033-2909.134.3.460>

Graber, J. A. (2013). Pubertal timing and the development of psychopathology in adolescence and beyond. *Hormones and Behavior*, 64(2), 262–269.
<https://doi.org/10.1016/j.yhbeh.2013.04.003>

Graff, M. (2017, May 3-5). *Validation in social media: Links to personality and self-esteem* [Abstract of conference paper]. British Psychological Society Annual Conference 2017, Brighton, United Kingdom.
<https://pure.southwales.ac.uk/en/publications/validation-in-social-media-links-to-personality-and-self-esteem>

Graham, S., Newell, E., Phillips, J. B., Pritchard, M., & Scarf, D. (2023). Curating a body-positive feed? An attempt to mitigate the negative impacts of thin-ideal content on Instagram. *Body Image*, 46, 168–173.
<https://doi.org/10.1016/j.bodyim.2023.06.002>

Grbich, C. (2007). *Qualitative Data Analysis: An Introduction*. SAGE Publications.

Greene, J. C. (2007). *Mixed Methods in Social Inquiry*. Josey-Bass.

Greenhalgh, T., Hinton, L., Finlay, T., Macfarlane, A., Fahy, N., Clyde, B., & Chant, A. (2019). Frameworks for supporting patient and public involvement in research: Systematic review and co-design pilot. *Health Expectations*, 22(4), 785–801. <https://doi.org/10.1111/hex.12888>

Griffiths, S., Murray, S. B., Krug, I., & McLean, S. A. (2018). The contribution of social media to body dissatisfaction, eating disorder symptoms, and anabolic steroid use among sexual minority men. *Cyberpsychology, Behavior, and Social Networking*, 21(3), 149–156. <https://doi.org/10.1089/cyber.2017.0375>

Grimshaw, J. M., Eccles, M. P., Lavis, J. N, Hill, S. J., & Squires, J. E. (2012). Knowledge translation of research findings. *Implementation Science*, 7, Article 50. <https://doi.org/10.1186/1748-5908-7-50>

- Groesz, L. M., Levine, M. P., & Murnen, S. K. (2002). The effect of experimental presentation of thin media images on body satisfaction: A meta-analytic review. *International Journal of Eating Disorders*, 31(1), 1–16. <https://doi.org/10.1002/eat.10005>
- Grogan, S. (2010). Promoting positive body image in males and females: contemporary issues and future directions. *Sex Roles*, 63, 757–765. <https://doi.org/10.1007/s11199-010-9894-z>
- Grogan, S. (2016). *Body image: Understanding body dissatisfaction in men, women and children* (3rd Ed.) Routledge.
- Grogan, S. (2022). *Body image: Understanding body dissatisfaction in men, women and children* (4th Ed.) Routledge
- Guba, E. G. & Lincoln, Y. S. (1994) Competing paradigms in qualitative research. In N. K. Denzin, & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (pp. 105–117). Sage Publications, Inc.
- Gunther Moor, B., van Leijenhorst, L., Rombouts, S. A. R. B., Crone, E. A., & Van der Molen, M. W. (2010). Do you like me? Neural correlates of social evaluation and developmental trajectories. *Social Neuroscience*, 5(5-6), 461–482. <https://doi.org/10.1080/17470910903526155>
- Guschke, B. L., & Christensen, J. F. (2021). From individual to organizational bias: A norm-critical proposition for unconscious bias intervention in organizations. *Kvinder, Køn & Forskning*, 32(3), 86–105. <https://doi.org/10.7146/kkf.v31i3.128974>
- Ha, T., Otten, R., McGill, S., & Dishion, T. J. (2019). The family and peer origins of coercion within adult romantic relationships: A longitudinal multimethod study across relationships contexts. *Developmental Psychology*, 55, 207–215. <https://doi.org/10.1037/dev0000630>
- Hahn, E. (2019, November 15). The toxicity of beauty standards: Societal expectation of women are unhealthy and unrealistic. *The Catalyst*. <https://millardwestcatalyst.com/10919/opinion/the-toxicity-of-beauty-standards/>
- Hall, A., Furlong, B., Pike, A., Logan, G., Lawrence, R., Ryan, A., Etchegary, H., Hennessey, T., & Toomey, E. (2019). Using theatre as an arts-based knowledge translation strategy for health-related information: a scoping review protocol. *BMJ Open*, 9(10), Article e032738. <https://doi.org/10.1136/bmjopen-2019-032738>
- Hall, J. A., Johnson, R. M., & Ross, E. M. (2019). Where does the time go? An experimental test of what social media displaces and displaced activities' associations with affective well-being and quality of day. *New Media & Society*, 21(3), 674–692. <https://doi.org/10.1177/1461444818804775>

- Halliwell, E., & Diedrichs, P. C. (2014). Testing a dissonance body image intervention among young girls. *Health Psychology, 33*(2), 201–204. <https://doi.org/10.1037/a0032585>
- Halliwell, E., Malson, H. & Tischner, I. (2011). Are contemporary media images which seem to display women as sexually empowered actually harmful to women? *Psychology of Women Quarterly, 35*(1), 38–45. <https://doi.org/10.1177/0361684310385217>
- Hancock II, J. K., & Karaminas, V. (2014). The joy of pecs : Representations of masculinities in fashion brand advertising. *Clothing Cultures, 1*(3), 269–288. https://doi.org/10.1386/cc.1.3.269_1
- Haripersad, Y. V., Kannegiesser-Bailey, M., Morton, K., Skeldon, S., Shipton, N., Edwards, K., Newton, R., Stevenson, P. G., & Martin, A. C. (2020). Outbreak of anorexia nervosa admissions during the COVID-19 pandemic. *Archives of Disease in Childhood, 106*(3) Article e15. <https://doi.org/10.1136/archdischild-2020-319868>
- Harriger, J. A., Calogero, R. M., Witherington, D. C. & Smith, J. E. (2010). Body size stereotyping and internalization of the thin ideal in preschool girls. *Sex Roles 63*, 609–620. <https://doi.org/10.1007/s11199-010-9868-1>
- Harriger, J. A., Evans, J. A., Thompson, K., & Tylka, T. (2022). The dangers of the rabbit hole: Reflections on social media as a portal into a distorted world of edited bodies and eating disorder risk and the role of algorithms. *Body Image, 41*, 292–297. <https://doi.org/10.1016/j.bodyim.2022.03.007>
- Hart, A., Gagnon, E., Eryigit-Madzwamuse, S., Cameron, J., Aranda, K., Rathbone, A., & Heaver, B. (2016). Uniting resilience research and practice with an inequalities approach. *SAGE Open, 6*(4). <https://doi.org/10.1177/2158244016682477>
- Hart, L. M., Damiano, S. R., Chittleborough, P., Paxton, S. J., & Jorm, A. F. (2014). Parenting to prevent body dissatisfaction and unhealthy eating patterns in preschool children: a Delphi consensus study. *Body Image 11*(4), 418–425 <https://doi.org/10.1016/j.bodyim.2014.06.010>
- Hayes, N., & Comiskey, C. (2018). Chapter 12 Conclusion. In, S. Guerin, N. Hayes, & S. McNally (Eds.), *Research and Evaluation in Community, Health and Social Care Settings Experiences from Practice* (pp. 170–185). Routledge.
- Hazzard, V., Schaefer, L., Schaumberg, K., Bardone-Cone, A., Frederick, D., Klump, K., Anderson, D., & Thompson, K. (2019). Testing the Tripartite Influence Model among heterosexual, bisexual, and lesbian women, *Body Image, 30*, 145–149. <https://doi.org/10.1016%2Fj.bodyim.2019.07.001>
- Health Research Board. (2023). Information relating to public and patient involvement (PPI). <https://www.hrb.ie/funding/funding-schemes/public-and-patient-involvement-in-research/>

- Health Service Executive. (2021). Resources for planning knowledge dissemination. <https://hseresearch.ie/resources-for-planning-knowledge-dissemination/>
- Hebl, M., King, E. B., & Lin, J. (2004). Ethnicity, gender, and vulnerability to self-objectification. *Personality and Social Psychology Bulletin* 30(10), 1322–1331. <http://dx.doi.org/10.1177/0146167204264052>
- Helfert, S., & Warschburger, P. (2011). A prospective study on the impact of peer and parental pressure on body dissatisfaction in adolescent girls and boys. *Body Image*, 8(2), 101–109. <https://doi.org/10.1016/j.bodyim.2011.01.004>
- Hendriks, H., Thanh Le, T., Gebhardt, W. A., van den Putte, B., & Vanherle, R. (2023). Dealing with alcohol-related posts on social media: Using a mixed-method approach to understand young peoples' problem awareness and evaluations of intervention ideas. *International Journal of Environmental Research and Public Health*, 20(10), 5820. <https://doi.org/10.3390/ijerph20105820>
- Hennink, M., & Stephenson, R. (2005). Using research to inform health policy: barriers and strategies in developing countries. *Journal of Health Communication*, 10(2), 163–180. <https://doi.org/10.1080/10810730590915128>
- Herle, M., Stavola, B. D., Hübel, C., Abdulkadir, M., Ferreira, D. S., Loos, R. J. F., Bryant-Waugh, R., Bulik, C. M., & Micali, N. (2020). A longitudinal study of eating behaviours in childhood and later eating disorder behaviours and diagnoses. *The British Journal of Psychiatry*, 216(2), 113–119. <https://doi.org/10.1192/bjp.2019.174>
- Herlitz, L., MacIntyre, H., Osborn, T., & Bonell, C. (2020). The sustainability of public health interventions in schools: A systematic review. *Implementation Science*, 15, Article 4. <https://doi.org/10.1186/s13012-019-0961-8>
- Hickey, G., McGilloway, S., Leckey, Y., Leavy, S., Stokes, A., O'Connor, S., Donnelly, M., & Bywater, T. (2020). Exploring the potential utility and impact of a universal, multi-component early parenting intervention through a community-based, controlled trial, *Children and Youth Services Review*, 118, 105458. <https://doi.org/10.1016/j.childyouth.2020.105458>
- Hickey, G., & McGilloway, S. (2023). The implementation and effectiveness of group-based programmes for mainly vulnerable parent populations: Key findings and lessons from research conducted in Ireland. In: C. Devaney, & E. Crosse (Eds.), *International Perspectives on Parenting Support and Parental Participation in Children and Family Services* (p. 21). Routledge.
- Hill, D., Ameenuddin, N., Chassiakos, Y. R., Cross, C., Hutchinson, J., Levine, A., Boyd, R., Mendelson, R., Moreno, M., & Swanson, W. S. [Council on Communications and Media]. (2016). Media and Young Minds, *Pediatrics*, 138(5), [Policy Statement]. <https://doi.org/10.1542/peds.2016-2591>

- Hogue, J. V., & Mills, J. S. (2019). The effects of active social media engagement with peers on body image in young women. *Body Image*, 28, 1–5. <https://doi.org/10.1016/j.bodyim.2018.11.002>
- Hoffmann, T. C., Glasziou, P. P., Boutron, I., Milne, R., Perera, R., Moher, D., Altman, D. G., Barbour, V., Macdonald, H., Johnston, M., Lamb, S. E. ky, Dixon-Woods, M., McCulloch, P., Wyatt, J. C., Chan, A. W., & Michie, S. (2014). Better reporting of interventions: Template for intervention description and replication (TIDieR) checklist and guide. *BMJ*, 348, Article g1687. <https://doi.org/10.1136/bmj.g1687>
- Holland, G., & Tiggemann, M. (2016). A systematic review of the impact of the use of social networking sites on body image and disordered eating outcomes. *Body Image*, 17, 100–110. <https://doi.org/10.1016/j.bodyim.2016.02.008>
- Holland, G., & Tiggemann, M. (2017). “Strong beats skinny every time”: Disordered eating and compulsive exercise in women who post fitspiration on Instagram. *International Journal of Eating Disorders*, 50(1), 76–79. <https://doi.org/10.1002/eat.22559>
- Holtz, B. E., & Kanthawala, S. (2020). #T1DLooksLikeMe: Exploring self-disclosure, social support, and Type 1 diabetes on Instagram. *Frontiers in Communication*, 5. <https://doi.org/10.3389/fcomm.2020.510278>
- Hornberger, L. L., & Lane, M. A. (2021). Identification and Management of Eating Disorders in Children and Adolescents. *Pediatrics*, 147(1), 56. <https://doi.org/10.1542/peds.2020-040279>
- Hsieh, H-F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9), 1277–88. <https://doi.org/10.1177/1049732305276687>
- Hsien-Jin, T. (2000). Sociocultural and developmental theories as explanations of body image dissatisfaction amongst secondary school girls. *Malaysian Journal of Psychiatry*, 8. https://www.researchgate.net/publication/254807060_Sociocultural_and_Developmental_Theories_as_Explanations_of_Body_Image_Dissatisfaction_Amongst_Secondary_School_Girls
- Huang, Q., Peng, W., & Ahn, S. (2020). When media become the mirror: A meta-analysis on media and body image. *Media Psychology*. 24. 1–53. <http://dx.doi.org/10.1080/15213269.2020.1737545>
- Hunt M. G., Marx R., Lipson C., & Young J. (2018). No more FOMO: Limiting social media decreases loneliness and depression. *Journal of Social & Clinical Psychology*, 37, 751–768. <https://doi.org/10.1521/jscp.2018.37.10.751>
- Hutchins, S. S., Brown, C., Mayberry, R., & Sollecito, W. (2015). Value of a small control group for estimating intervention effectiveness: Results from

- simulations of immunization effectiveness studies. *Journal of Comparative Effectiveness Research*, 4(3), 1-12. <https://doi.org/10.2217/cer.15.11>
- Hutchinson, N., & Calland, C. (2019). *Body Image in the Primary School: A Self-Esteem Approach to Building Body Confidence* (2nd ed.). Routledge. <https://doi.org/10.4324/9780429198694>
- Hutto, C. & Bell, C. (2014, January 6-9). *Social media gerontology: Understanding social media use among a unique and expanding community of users* [Conference paper]. 47th Hawaii International Conference on System Sciences, Waikoloa, Hawaii, USA. <https://doi.org/10.1109/HICSS.2014.223>
- Ilyssa, S., & Brown, C. S. (2019). The selfie generation: Examining the relationship between social media use and early adolescent body image. *The Journal of Early Adolescence*, 39(4), 539–560. <https://doi.org/10.1177/0272431618770809>
- Interdepartmental Committee on Science, Technology and Innovation. (2015). *Innovation 2020 - Excellence talent impact: Ireland's strategy for research and development, science and technology*. <https://enterprise.gov.ie/en/publications/publication-files/innovation-2020.pdf>
- Ivankova, N., & Wingo, N. (2018). Applying Mixed Methods in Action Research: Methodological Potentials and Advantages. *American Behavioral Scientist*, 62(7), 978–997. <https://doi.org/10.1177/0002764218772673>
- Ivankova, N., Creswell, J., & Stick, S. (2006). Using mixed-methods sequential explanatory design: from theory to practice. *Field Methods*, 18(1), 3–20 <https://doi.org/10.1177/1525822X05282260>
- Jamal, F., Langford, R., Daniels, P., Thomas, J., Harden, A., & Bonell, C. (2014). Consulting with young people to inform systematic reviews: an example from a review on the effects of schools on health. *Health expectations*, 18(6), 3225–3235. <https://doi.org/10.1111/hex.12312>
- Jamshidi, E., Morasae, E. K., Shahandeh, K., Majdzadeh, R., Seydali, E., Aramesh, K., & Abknar, N. L. (2014). Ethical Considerations of Community-based Participatory Research: Contextual Underpinnings for Developing Countries. *International journal of preventive medicine*, 5(10), 1328–1336.
- Jahng, K. E. (2019). Maternal abusive parenting and young South Korean adolescents' problematic smartphone use: The moderating effects of time spent hanging out with peers and trusting peer relationships. *Children and Youth Services Review*, 98, 96–104. <https://doi.org/10.1016/j.childyouth.2018.12.028>
- Jarman, H. K., McLean, S. A., Slater, A., Marques, M. D., & Paxton, S. J. (2021). Direct and indirect relationships between social media use and body satisfaction: A prospective study among adolescent boys and girls. *New*

Media & Society. [Advance online publication].
<https://doi.org/10.1177/14614448211058468>

- Jenn, N. C. (2006). Designing A Questionnaire. *Malaysian family physician: the official journal of the Academy of Family Physicians of Malaysia*, 1(1), 32–35.
- Johannes, N., Meier, A., Reinecke, L., Ehlert, S., Setiawan, D. N., Walasek, N., Dienlin, T., Buijzen, M., & Veling, H. (2021). The relationship between online vigilance and affective well-being in everyday life: Combining smartphone logging with experience sampling. *Media Psychology*, 24(5), 581–605. <https://doi.org/10.1080/15213269.2020.1768122>
- Jones, D. C. (2001). Social comparison and body image: attractiveness comparisons to models and peers among adolescent girls and boys. *Sex Roles* 45, 645–664. <https://doi.org/10.1023/A:1014815725852>
- Jones, D. C. (2004). Body image among adolescent girls and boys: a longitudinal study. *Developmental Psychology*, 40(5), 823 – 835. <https://doi.org/10.1037/0012-1649.40.5.823>
- Jull, J., Giles, A., & Graham, I. D. (2017). Community-based participatory research and integrated knowledge translation: Advancing the co-creation of knowledge. *Implementation Science*, 12, Article 150. <https://doi.org/10.1186/s13012-017-0696-3>
- Jung, Y., Pawlowski, S. D., & Kim, H. (2017). Exploring associations between young adults' Facebook use and psychological well-being: A goal hierarchy approach. *International Journal of Information Management*, 37(1), 1391–1404. <https://doi.org/10.1016/j.ijinfomgt.2016.10.005>
- Juvonen, J. & Knifsend, C. (2016) School-based peer relationships and achievement motivation. In K. R. Wentzel, & D. B. Miele (Eds.), *Handbook of Motivation at School*. Routledge. <https://doi.org/10.4324/9781315773384>
- Käll, A., Jägholm, S., Hesser, H., Andersson, F., Mathaldi, A., Norkvist, B. T., Shafran, R., & Andersson, G. (2020). Internet-Based Cognitive Behavior Therapy for Loneliness: A Pilot Randomized Controlled Trial. *Behavioral Therapy*, 51(1), 54–68. <https://doi.org/10.1016/j.beth.2019.05.001>
- Käll, A., Shafran, R., Lindegaard, T., Bennett, S., Cooper, Z., Coughtrey, A., & Anderson, G. (2020). A common elements approach to the development of a modular cognitive behavioral theory for chronic loneliness. *Journal of Consulting and Clinical Psychology*, 88, 269–282. <https://doi.org/10.1037/ccp0000454>
- Kantar. (2020). *Media Trends and Predictions: Twelve trends that will impact the media industry in 2020*. <https://www.kantar.com/campaigns/media-trends-and-predictions>

- Kantar. (2020). *COVID-19 barometer*. <https://www.kantar.com/en/Campaigns/Covid-19-Barometer>
- Kapidzic, S., & Martins, N. (2015). Mirroring the media: The relationship between media consumption, media internalization, and profile picture characteristics on Facebook. *Journal of Broadcasting & Electronic Media*, 59(2), 278–297. <https://doi.org/10.1080/08838151.2015.1029127>
- Kardefelt-Winther, D., Heeren, A., Schimmenti, A., van Rooij, A., Maurage, P., Carras, M., Edman, J., Blaszczynski, A., Khazaal, Y. & Billieux, J. (2017). How can we conceptualize behavioural addiction without pathologizing common behaviours? *Addiction*, 112(10), 1709–1715. <https://doi.org/10.1111/add.13763>
- Kaufman, S. (2020, July 19). 'It's not worth it': Young women on how TikTok has warped their body image. *ABC News*. <https://www.nbcnews.com/tech/tech-news/it-s-not-worth-it-young-women-how-tiktok-has-n1234193>
- Kaziga, R., Muchunguzi, C., Achen, D. & Kools, S. (2021). Beauty is skin deep; the self-perception of adolescents and young women in construction of body image within the Ankole society. *International Journal of Environmental Research and Public Health* 18, 7840. <https://doi.org/10.3390/ijerph18157840>
- Kearney, L., Wiener, R. S., Dahodwala, M., Fix, G. M., Hicks, J., Little, F., Howard, J., Foreman, A. G., Wakeman, C., O'Donnell, C., Bulekova, K., Drainoni, M. L., & Kathuria, H. (2022). A mixed methods study to inform and evaluate a longitudinal nurse practitioner/community health worker intervention to address social determinants of health and chronic obstructive pulmonary disease self-management. *BMC Pulmonary Medicine*, 22(1), 74. <https://doi.org/10.1186/s12890-022-01863-w>
- Keel, P. K., Dorer, D. J., Franko, D. L., Jackson, S. C., & Herzog, D. B. (2005). Postremission predictors of relapse in women with eating disorders. *American Journal of Psychiatry*, 162(12), 2263–2268. <https://doi.org/10.1176/appi.ajp.162.12.2263>
- Keles, B., McCrae, N. & Grealish, A. (2020). A systematic review: The influence of social media on depression, anxiety and psychological distress in adolescents. *International Journal of Adolescence and Youth*, 25(1), 79–93. <https://psycnet.apa.org/doi/10.1080/02673843.2019.1590851>
- Kelly, A. C., Vimalakanthan, K., Miller, K. E. (2014). Self-compassion moderates the relationship between body mass index and both eating disorder pathology and body image flexibility. *Body Image*, 11(4), 446–453. <https://doi.org/10.1016/j.bodyim.2014.07.005>
- Kelly, S. (2010) Qualitative interviewing techniques and styles. In I. Bourgeault, R. Dingwall, & R. de Vries (Eds.), *The Sage Handbook of Qualitative Methods in Health Research*. Sage Publications.

- Kelly Y., Zilanawala A., Booker C., & Sacker A. (2019). Social media use and adolescent mental health: Findings from the UK Millennium Cohort Study. *eClinicalMedicine*, 6, 59–68.
<https://doi.org/10.1016/j.eclinm.2018.12.005>
- Kernis, M., Paradise, A., Whitaker, D., Wheatman, S., & Goldman, B. (2000). Master of one's psychological domain? Not likely if one's self-esteem is unstable. *Personality and Social Psychology Bulletin*, 26, 1297–1305.
<http://dx.doi.org/10.1177/0146167200262010>
- Keshavarz, N., Nutbeam, D., Rowling, L., & Khavarpour, F. (2010). Schools as social complex adaptive systems: a new way to understand the challenges of introducing the health promoting schools concept. *Social Science and Medicine*, 70, 1467–1474. <https://doi.org/10.1016/j.socscimed.2010.01.034>
- Kibble, K. (2020). The 'Quarantine 15' is something people joke about, but as a woman with an eating disorder, I'm panicking. *Health*.
<https://www.health.com/condition/infectious-diseases/coronavirus/quarantine-15>.
- Kilbourne, J. (2010). *Killing us softly 4: Advertising's image of women*. [DVD]. Northampton, Massachusetts, USA. Media Education Foundation.
- Kilgour, L., Matthews, N., Christian, P., & Shire, J. (2013). Health literacy in schools: prioritising health and well-being issues through the curriculum. *Sport, Education and Society*, 20(4), 485–500.
<https://doi.org/10.1080/13573322.2013.769948>
- Kilgour, M., Sasser, S. L., & Larke, R. (2015). The social media transformation process: Curating content into strategy. *Corporate Communications: An International Journal*, 20(3), 326–343. <https://doi.org/10.1108/CCIJ-07-2014-0046>
- Kim, H. H. (2017). The impact of online social networking on adolescent psychological well-being (WB): A population-level analysis of Korean school-aged children. *International Journal of Adolescence and Youth*, 22, 364–376.
<https://psycnet.apa.org/doi/10.1080/02673843.2016.1197135>
- Kim, M., & Park, W., (2016). Who is at risk on Facebook? The effects of Facebook News Feed photographs on female college students' appearance satisfaction. *The Social Science Journal*, 53(4), 427–434.
<https://www.sciencedirect.com/science/article/abs/pii/S0362331916300489>
- Kivlighan, D. M., Jr., London, K., & Miles, J. R. (2012). Are two heads better than one? The relationship between number of group leaders and group members, and group climate and group member benefit from therapy. *Group Dynamics: Theory, Research, and Practice*, 16(1), 1–13.
<https://doi.org/10.1037/a0026242>

- Kleemans, M., Daalmans, S., Carbaat, I., & Anschutz, D. (2018). Picture perfect: The direct effect of manipulated Instagram photos on body image in adolescent girls. *Media Psychology, 21*(1), 93–110.
<https://doi.org/10.1080/15213269.2016.1257392>
- Klein, K. M. (2013). "Why don't I look like her?" The impact of social media on female body image. *CMC Senior Theses*, Article 720.
https://scholarship.claremont.edu/cmc_theses/720
- Knafo, H. (2016). The Development of Body Image in School-Aged Girls: A Review of the Literature from Sociocultural, Social Learning Theory, Psychoanalytic, and Attachment Theory Perspectives. *New School Psychology Bulletin, 13*. Available at: <https://nspb.net/index.php/nspb/article/view/270>
- Knobloch-Westerwick, S., & Crane, J. (2012). A losing battle: Effects of prolonged exposure to thin-ideal images on dieting and body satisfaction. *Communication Research, 39*(1), 79–102.
<https://doi.org/10.1177/0093650211400596>
- Kolbe, L. J. (2019). School health as a strategy to improve both public health and education. *Annual Review of Public Health, 40*, 443–463.
<https://doi.org/10.1146/annurev-publhealth-040218-043727>
- Kothari, A., & Wathen, C. N. (2017). Integrated knowledge translation: digging deeper, moving forward. *Journal of Epidemiology & Community Health, 71*(6), 619–623. <https://doi.org/10.1136/jech-2016-208490>
- Kotler, L. A., Cohen, P., Davies, M., Pine, D. S., & Walsh, B. T. (2001). Longitudinal relationships between childhood, adolescent, and adult eating disorders. *Journal of the American Academy of Child and Adolescent Psychiatry, 40*(12), 1434–40. <https://doi.org/10.1097/00004583-200112000-00014>
- Koulanova, A., Sabiston, C. M., Pila, E., Brunet, J., Sylvester, B., Sandmeyer-Graves, A. & Maginn, D. (2021). Ideas for action: Exploring strategies to address body image concerns for adolescent girls involved in sport. *Psychology of Sport and Exercise, 56*. Article 102017.
<https://doi.org/10.1016/j.psychsport.2021.102017>
- Kovács, K., Kovács, K. E., Bacskai, K., Békési, Z., Oláh, A. J., & Pusztai, G. (2022). The effects and types of parental involvement in school-based sport and health programs still represent a knowledge gap: A systematic review. *International Journal of Environmental Research and Public Health, 19*(19), Article 12859. <https://doi.org/10.3390/ijerph191912859>
- Kozee, H. B., & Tylka, T. L. (2006). A test of objectification theory with lesbian women. *Psychology of Women Quarterly, 30*(4), 348–357.
<https://doi.org/10.1111/j.1471-6402.2006.00310.x>

- Krayer, A., Ingledew, D. K., & Iphofen, R. (2007). Social comparison and body image in adolescence: A grounded theory approach. *Health Education Research*, 23(5), 892–903. <https://doi.org/10.1093/her/cym076>
- Krueger, R. A., & Casey, M. A. (2015). *Focus groups: A practical guide for applied research*. (5th Ed.) Sage.
- Kurz, M., Rosendahl, J., Rodeck, J., Muehleck, J., & Berger, U. (2022). School-based interventions improve body image and media literacy in youth: A systematic review and meta-analysis. *Journal of Prevention*, 43, 5–23. <https://doi.org/10.1007/s10935-021-00660-1>
- Kusina, J. R., & Exline, J. J. (2019). Beyond body image: A systematic review of classroom-based interventions targeting body image of adolescents. *Adolescent Research Review*, 4, 293–311. <https://doi.org/10.1007/s40894-019-00121-1>
- Kylili, A., Afxentiou, N., Georgiou, L., Panteli, C., Morsink-Georgalli, P., Panayidou, A., Papouis, C. & Fokaides, P. (2020) The role of Remote Working in smart cities: lessons learnt from COVID-19 pandemic. *Energy Sources, Part A: Recovery, Utilization, and Environmental Effects*. <https://doi.org/10.1080/15567036.2020.1831108>
- Lafrenière, D., & Cox, S. M. (2013). 'If you can call it a poem': toward a framework for the assessment of arts-based works. *Qualitative Research*, 13(3), 318–336. <https://doi-org.may.idm.oclc.org/10.1177/1468794112446104>
- Landsverk, J., Brown, C. H., Chamberlain, P., Palinkas, L., Ogihara, M., Czaja, S., Goldhaber-Fiebert, J. D., Rolls Reutz, J. A., & McCue Horwitz, S. (2012). Design and Analysis in Dissemination and Implementation Research. In: R. C. Brownson, G. A. Colditz, & E. K. Proctor, (Eds.), *Dissemination and Implementation Research in Health: Translating Science to Practice*. Oxford University Press (pp. 225–260). <https://doi.org/10.1093/acprof:oso/9780199751877.003.0012>
- Langlois, J., Kalakanis, L., Rubenstein, A., Larson, A., Hallam, M., & Smoot, M. (2020). Maxims or myths of beauty? A meta-analytic and theoretical review. *Psychological bulletin*. 126, 390–423. <http://dx.doi.org/10.1037/0033-2909.126.3.390>
- Larson L. R., Szczytko R., Bowers E. P., Stephens L. E., Stevenson K. T., & Floyd M. F. (2018). Outdoor time, screen time, and connection to nature: Troubling trends among rural youth? *Environment & Behavior*, 51(8). <https://doi.org/10.1177/0013916518806686>
- Latkin, C., Edwards, C., Davey-Rothwell, M., & Tobin, K. (2017). The relationship between social desirability bias and self-reports of health, substance use, and social network factors among urban substance users in Baltimore, Maryland, *Addictive Behaviors*, 73, 133–136. <https://doi.org/10.1016/j.addbeh.2017.05.005>.

- Leggat, F. J., Wadey, R., Day, M. C., Winters, S., & Sanders, P. (2021). Bridging the *Know-Do* gap using integrated knowledge translation and qualitative inquiry: A narrative review. *Qualitative Research in Sport, Exercise and Health*. [Advance online publication].
<https://doi.org/10.1080/2159676X.2021.1954074>
- Lenhart, A., Ling, R., Campbell, S., & Purcell, K. (2010). *Teens and mobile phones*. Pew Internet & American Life Project.
<https://www.pewresearch.org/internet/2010/04/20/teens-and-mobile-phones/>
- Lenhart, A., Smith, A., Anderson, M., Duggan, M., & Perrin, A. (2015) *Teens, technology and friendships*. Pew Research Center.
<https://www.pewresearch.org/internet/2015/08/06/teens-technology-and-friendships/>
- León, M. P., González-Martí, I., & Contreras-Jordán, O. R. (2021). What do children think of their perceived and ideal bodies? Understandings of body image at early ages: A mixed study. *International Journal of Environmental Research and Public Health*, 8(9), 4871. <https://doi.org/10.3390/ijerph18094871>
- Levine, M. P., & Murnen, S. K. (2009). "Everybody knows that mass media are/are not [pick one] a cause of eating disorders": A critical review of evidence for a causal link between media, negative body image, and disordered eating in females. *Journal of Social and Clinical Psychology*, 28(1), 9–42.
<https://doi.org/10.1521/jscp.2009.28.1.9>
- Levine, M. P. & Smolak, L. (1996). Media as a context for the development of disordered eating. In M. P. Levine, L. Smolak, & R. Striegel-Moore (Eds.), *The Developmental Psychopathology of Eating Disorders: Implications for Research, Prevention, and Treatment* (pp. 235 – 258). Routledge.
- Levine, M. P., & Smolak, L. (2006). *The prevention of eating problems and eating disorders: Theory, research, and practice*. Lawrence Erlbaum Associates Publishers.
- Lewis-Smith, H., Diedrichs, P. C., & Halliwell, E. (2019). Cognitive-behavioral roots of body image therapy and prevention. *Body Image*, 31, 309 – 320.
<https://doi.org/10.1016/j.bodyim.2019.08.009>
- Li, J., Mo, P. K. H., Lau, J. T. F., Su, X., Zhang, X., Wu, A. M. S., Mai, J., & Chen, Y. (2018). Online social networking addiction and depression: The results from a large-scale prospective cohort study in Chinese adolescents. *Journal of Behavioral Addictions*, 7(3), 686–696. <https://doi.org/10.1556/2006.7.2018.69>
- Lin, L. Y., Sidani, J. E., Shensa, A., Radovic, A., Miller, E., Colditz, J. B., Hoffman, B. L., Giles, L. M., & Primack, B. A. (2016). Association between social media use and depression among U.S. young adults. *Depression and Anxiety*, 33(4), 323–331. <https://doi.org/10.1002/da.22466>

- Linardon, J., Greenwood, C. J., Fuller-Tyszkiewicz, M., Macdonald, J. A., Spry, E., Hutchinson, D. M., Youssef, G. J., Sanson, A., Wertheim, E. H., McIntosh, J. E., Le Grange, D., Letcher, P., & Olsson, C. A. (2021). Young adult mental health sequelae of eating and body image disturbances in adolescence. *International Journal of Eating Disorders*, *54*(9), 1680–1688. <https://doi.org/10.1002/eat.23575>
- Linardon, J. & Messer, M. (2019). My fitness pal usage in men: Associations with eating disorder symptoms and psychosocial impairment. *Eating Behaviors*, *33*, 13–17. <https://doi.org/10.1016/j.eatbeh.2019.02.003>
- Lindberg, S., Hyde, J., & McKinley, N. (2006). A measure of objectified body consciousness for preadolescent and adolescent youth. *Psychology of Women Quarterly*, *30*, 65–76. <https://doi.org/10.1111/j.1471-6402.2006.00263.x>
- Littlecott, H. J., Moore, G. F., Gallagher, H. C., & Murphy, S. (2019). From complex interventions to complex systems: using social network analysis to understand schoolengagement with health and wellbeing. *International Journal of Environmental Research and Public Health*, *16*,1694. <https://doi.org/10.3390/ijerph16101694>
- Littleton, H. L., & Ollendick, T. (2003). Negative body image and disordered eating behavior in children and adolescents: What places youth at risk and how can these problems be prevented? *Clinical Child and Family Psychology Review*, *6*(1), 51–66. <https://doi.org/10.1023/A:1022266017046>
- Liu, K., Chen, W., & Lei, L. (2020). The defensive or disruptive role of attachment style on preparing teens to cope with parental phubbing. *Children and Youth Services Review*, *104*932, <http://dx.doi.org/10.1016/j.childyouth.2020.104932>
- Liu, Q., & Wang, Z. (2021). Perceived stress of the COVID-19 pandemic and adolescents' depression symptoms: The moderating role of character strengths. *Personality and Individual Differences*, *182*, 111062. <https://doi.org/10.1016/j.paid.2021.111062>
- Lopes, L. S., Valentini, J. P., Monteiro, T. H., Costacurta, M. C. F., Soares, L. O. N., Telfar-Barnard, L., & Nunes, P. V. (2022). Problematic social media use and its relationship with depression or anxiety: A systematic review. *Cyberpsychology, Behavior, and Social Networking*, *25*(3), 691–702. <http://dx.doi.org/10.1089/cyber.2021.0300>
- Lopez-Leon, S., Wegman-Ostrosky, T., Perelman, C., Sepulveda, R., Robolledo, P. A., Cuapio, A., & Villapol, S. (2021). More than 50 long-term effects of COVID-19: a systematic review and meta-analysis. *Scientific Reports*, *11*, Article 16144. <https://doi.org/10.1038/s41598-021-95565-8>
- Lowry, C., Rees, J., Gregson, D., Bailey, L., Muller, L-M., Peacock, A., & Anant, J. (2022). The poor relation: health education in English schools. *Journal of the*

Royal Society of Medicine, 115(2), 52–57.
<https://doi.org/10.1177/01410768211067187>

Lucibello, K. M., Vani, M. F., Koulanova, A., deJonge, M. L., Ashdown-Franks, G., & Sabiston, M. (2021). #quarantive15: A content analysis of Instagram posts during COVID-19. *Body Image*, 38, 148–156.

<https://doi.org/10.1016/j.bodyim.2021.04.002>

Lytle, L. A., Ward, J., Nader, P. R., Pedersen, S., & Williston, B. J. (2003). Maintenance of a health promotion program in elementary schools: results from the Catch-on study key informant interviews. *Health Education & Behavior*, 30, 503–518. <https://doi.org/10.1177/1090198103253655>

Maccoby, E. E. (1994). The role of parents in the socialization of children: An historical overview. In R. D. Parke, P. A. Ornstein, J. J. Rieser, & C. Zahn-Waxler (Eds.), *A century of developmental psychology* (pp. 589–615). American Psychological Association.

<https://psycnet.apa.org/doi/10.1037/10155-021>

Magis-Weinberg, L., Gys, C. L., Berger, E. L., Domoff, S. E., & Dahl, R. E. (2021). Positive and negative online experiences and loneliness in Peruvian adolescents during the COVID-19 lockdown. *Journal of Research on Adolescence*, 31(3), 717–733. <https://doi.org/10.1111/jora.12666>

Maheux, A. J., Roberts, S. R., Nesi, J., Widman, L., & Choukas-Bradley, S. (2022). Longitudinal associations between appearance-related social media consciousness and adolescents' depressive symptoms. *Journal of Adolescence*, 94(2), 264–269. <https://doi.org/10.1002/jad.12009>

Mahmood, Q. K., Jafree, S. R., & Sohail, M. M. (2022). Pakistani youth and social media addiction: the validation of Bergen Facebook Addiction Scale (BFAS). *International Journal of Mental Health and Addiction*, 20, 581–594. <https://doi.org/10.1007/s11469-020-00391-0>

Mahon, C. & Hevey, D. (2021). Processing body image on social media: gender differences in adolescent boys' and girls' agency and active coping. *Frontiers in Psychology*, 12, Article 626763. <https://doi.org/10.3389/fpsyg.2021.626763>

Malecki, C. K., & Demary, M. K. (2002). Measuring perceived social support: Development of the child and adolescent social support scale (CASSS). *Psychology in the Schools*, 39(1), 1-18. <https://doi.org/10.1002/pits.10004>

Manago, A. M., Ward, L. M., Lemm, K. M., Reed, L., & Seabrook, R. (2015). Facebook involvement, objectified body consciousness, body shame, and sexual assertiveness in college women and men. *Sex Roles* 72, 1–14. <https://doi.org/10.1007/s11199-014-0441-1>

Mañas-Viniegra, L., Núñez-Gómez, P., & Tur-Viñes, V. (2020). Neuromarketing as a strategic tool for predicting how Instagramers have an influence on the

- personal identity of adolescents and young people in Spain. *Heliyon*, 6(3), e03578. <https://doi.org/10.1016/j.heliyon.2020.e03578>
- Marengo, D., Longobardi, C., Fabris, M. A., & Settanni, M. (2018). Highly-visual social media and internalizing symptoms in adolescence: The mediating role of body image concerns. *Computers in Human Behavior*, 82, 63–69. <https://doi.org/10.1016/j.chb.2018.01.003>
- Marsh, S. (2017, July 31). Eating disorders in men rise by 70% in NHS figures. *The Guardian*. <https://www.theguardian.com/society/2017/jul/31/eating-disorders-in-men-rise-by-70-in-nhs-figures>
- Martens, K. (2015). Accessibility and potential mobility as a guide for policy action. *Transportation Research Record*, 2499(1), 18–24. <https://doi.org/10.3141/2499-03>
- Martins, Y., Tiggemann, M., & Kirkbride, A. (2007). Those speedos become them: The role of self-objectification in gay and heterosexual men’s body image. *Personality and Social Psychology Bulletin*, 33(5), 634–647. <https://doi.org/10.1177/0146167206297403>
- Masi, C. M., Chen, H., Hawkley, L. C., & Cacioppo, J. T. (2011). A meta-analysis of interventions to reduce loneliness. *Personality and Social Psychology Review*, 15, 219–266, <https://doi.org/10.1177%2F1088868310377394>
- Matera, C., Nerini, A., & Stefanile, C. (2013). The role of peer influence on girls' body dissatisfaction and dieting. *Revue Européenne de Psychologie Appliquée*, 63, 67–74. <http://dx.doi.org/10.1016/j.erap.2012.08.002>
- Mayer-Schonberger, V., & Cukier, K. (2013). *Big data: A revolution that will transform how we live, work and think*. John Murray.
- Mayring, P. (2000). Qualitative Content Analysis. *Forum Qualitative Sozialforschung Forum: Qualitative Social Research*, 1(2). <https://doi.org/10.17169/fqs-1.2.1089>
- McCabe, M. P., & Ricciardelli, L. A. (2005). A longitudinal study of body image and strategies to lose weight and increase muscles among children. *Journal of Applied Developmental Psychology*, 26(5), 559–577. <https://doi.org/10.1016/j.appdev.2005.06.007>
- McCullough, K. (2021). McMaster Children’s Hospital reports ‘unprecedented’ spike in eating disorders. *The Hamilton Spectator*. <https://www.thespec.com/news/hamilton-region/2021/03/16/mcmaster-childrens-hospital-reports-unprecedented-spike-in-eating-disorders.html>
- McDaniel, B. T., & Radesky, J. S. (2017). Technoference: Parent distraction with technology and associations with child behavior problems. *Child Development*, 89(1), 100–109. <https://doi.org/10.1111/cdev.12822>

- McGaughey, M. (2018). The relationship between body image and lifestyle choices in college students. *International Social Science Review*, 94(2).
<https://link.gale.com/apps/doc/A557992970/AONE?u=anon~77363497&sid=googleScholar&xid=910184b3>
- McKercher, K. (2020). *Beyond Sticky Notes: Doing Co-Design for Real: Mindsets, Methods and Movements*. Beyond Sticky Notes.
- McKibbin, K. A., Lokker, C., Wilczynski, N. L., Ciliska, D., Dobbins, M., Davis, D. A., Haynes, R. B., & Straus, S. E. (2010). A cross-sectional study of the number and frequency of terms used to refer to knowledge translation in a body of health literature in 2006: a Tower of Babel? *Implementation Science*, 5, Article 16. <https://doi.org/10.1186/1748-5908-5-16>.
- McKinley, N. M., & Hyde, J. S. (1996). The objectified body consciousness scale: Development and validation. *Psychology of Women Quarterly*, 20(2), 181–215. <https://doi.org/10.1111/j.1471-6402.1996.tb00467.x>
- McLean, S. A., Paxton, S. J., Wertheim, E. H., & Masters, J. (2015). Photoshopping the selfie: Self photo editing and photo investment are associated with body dissatisfaction in adolescent girls. *International Journal of Eating Disorders*, 48(8), 1132–1140. <https://doi.org/10.1002/eat.22449>
- McLean, S. A., Paxton, S. J., & Wertheim, E. H. (2016). The role of media literacy in body dissatisfaction and disordered eating: A systematic review. *Body Image*, 19, 9–23. <https://doi.org/10.1016/j.bodyim.2016.08.002>
- McLean, S. A., Wertheim, E. H., Masters, J., & Paxton, S. J. (2017). A pilot evaluation of a social media literacy intervention to reduce risk factors for eating disorders. *International Journal of Eating Disorders*, 50(7), 847–851. <https://doi.org/10.1002/eat.22708>
- McLean, S. A., & Paxton, S. J. (2019). Body image in the context of eating disorders. *Psychiatric Clinics*, 42(1), 145–156. <https://doi.org/10.1016/j.psc.2018.10.006>
- McMahon, E. M., Corcoran, P., O'Regan, G., Keeley, H., Cannon, M., Carli, V., Wasserman, C., Hadlaczky, G., Sarchiapone, M., Apter, A., & Balazs, J. (2017). Physical activity in European adolescents and associations with anxiety, depression and well-being. *European child & adolescent psychiatry*, 26(1), 111 – 122. <https://doi.org/10.1007/s00787-016-0875-9>
- McSharry, M. (2009). *Schooled Bodies?: Negotiating Adolescent Validation through Press, Peers and Parents*. Trentham.
- Mehak, A., & Racine, S. E. (2021). “Feeling fat”, eating pathology, and eating pathology-related impairment in young men and women. *Eating Disorders*, 29(5), 523–38. <https://doi.org/10.1080/10640266.2019.1695451>

- Meier, E. P., & Gray, J. (2014). Facebook photo activity associated with body image disturbance in adolescent girls. *Cyberpsychology, Behavior and Social Networking*, 17(4), 199–206. <https://doi.org/10.1089/cyber.2013.0305>
- Memiah, P., Wagner, F. A., Kimathi, R., Anyango, N. I., Kiogora, S., Waruinge, S., Kiruthi, F., Mwavua, S., Kithniji, C., Agache, J. O., Mangwana, W., Merci, N. M., Ayuma, L., Muhula, S., Opanga, Y., Nyambura, M., Ikahu, A., & Otiso, L. (2022). Voices from the youth in Kenya addressing mental health gaps and recommendations. *International Journal of Environmental Research and Public Health*, 19(9), Article 5366. <https://doi.org/10.3390%2Fijerph19095366>
- Micali, N., Ploubidis, G., De Stavola, B., Simonoff, E., & Treasure, J. (2014). Frequency and patterns of eating disorder symptoms in early adolescence. *Journal of Adolescent Health*, 54(5), 574–581. <https://doi.org/10.1016/j.jadohealth.2013.10.200>
- Micali, N., Stavola, B. D., Ploubidis, G., Simonoff, E., Treasure, J., & Field, A. E. (2015). Adolescent eating disorder behaviours and cognitions: gender-specific effects of child, maternal and family risk factors. *British Journal of Psychiatry*, 207(4), 320–327. <https://doi.org/10.1192%2Fbjp.bp.114.152371>
- Michael, S. L., Wentzel, K., Elliott, M. N., Dittus, P. J., Kanouse, D. E., Wallander, J. L., Pasch, K. E., Franzini, L., Taylor, W. C., Qureshi, T., Franklin, F. A., & Schuster, M. A. (2014). Parental and peer factors associated with body image discrepancy among fifth-grade boys and girls. *Journal of Youth and Adolescence*, 43(1), 15-29. <https://doi.org/10.1007/s10964-012-9899-8>
- Milat, A. J., Laws, R., King, L., Newson, R., Rychetnik, L., Rissel, C., Bauman, A. E., Redman, S., & Bennie, J. (2013). Policy and practice impacts of applied research: a case study analysis of the New South Wales Health Promotion Demonstration Research Grants Scheme 2000–2006. *Health Research Policy and Systems*, 11, Article 5. <https://doi.org/10.1186/1478-4505-11-5>
- Mills, J. S., Musto, S., Williams, L., & Tiggemann, M. (2018). “Selfie” harm: Effects on mood and body image in young women. *Body Image*, 27, 86–92. <https://doi.org/10.1016/j.bodyim.2018.08.007>
- Milmo, D. (2021, September 15). MP calls for Facebook to be punished if it holds back evidence of harm to users. *The Guardian*. https://www.theguardian.com/technology/2021/sep/15/mp-calls-for-facebook-to-be-punished-if-it-holds-back-evidence-of-harm-to-users?CMP=share_btn_link
- Mink, D., & Szymanski, D. (2022). TikTok use and body dissatisfaction: Examining direct, indirect, and moderated relations. *Body Image*, 43, 205-216, <https://doi.org/10.1016/j.bodyim.2022.09.006>
- Mitrofan, O., Petkova, H., Janssens, A., Kelly, J., Edwards, E., Nicholls, D, McNicholas, F., Simic, M., Eisler, I. Ford, T., & Byford, S. (2019). Care

- experiences of young people with eating disorders and their parents: Qualitative study. *BJ Psych Open*, 5(1). <https://doi.org/10.1192/bjo.2018.78>
- Mitton, C., Adair, C. E., McKenzie, E. Patten, S. B., & Perry, B. W. (2007). Knowledge transfer and exchange: review and synthesis of the literature. *Milbank Quarterly*, 85(4), 729–768. <https://doi.org/10.1111/j.1468-0009.2007.00506.x>
- Modica, C. A. (2020). The associations between Instagram use, selfie activities, appearance comparison, and body dissatisfaction in adult men. *Cyberpsychology, Behavior and Social Networking*, 23(2), 90–99. <https://doi.org/10.1089/cyber.2019.0434>
- Moilanen, T., Pietilä, A.-M., Coffey, M., & Kangasniemi, M. (2019). Developing a scale: Adolescents' health choices related rights, duties, and responsibilities. *Nursing Ethics*, 26(7-8), 2511-2522. <https://doi.org/10.1177/0969733019832952>
- Moore, G., Redman, S., D'Este, C., Makkar, S., & Turner, T. (2017). Does knowledge brokering improve the quality of rapid review proposals? A before and after study. *Systematic Reviews*, 6, Article 23. <https://doi.org/10.1186/s13643-017-0411-0>
- Moradi, B., & Huang, Y.-P. (2008). Objectification theory and psychology of women: a decade of advances and future directions. *Psychology of Women Quarterly*, 32(4), 377–398. <https://doi.org/10.1111/j.1471-6402.2008.00452.x>
- Morgan, M., & Gerbner, G. (2002). *Against the mainstream: The selected works of George Gerbner*. P. Lang.
- Morris, A., Elliott, E., & Madden, S. (2022). Early-onset eating disorders in Australian children: a national surveillance study showing increased incidence. *International Journal of Eating Disorders*, 55(12), 1838–1842. <https://doi.org/10.1002/eat.23794>
- Mousa, T. Y., Al-Domi, H. A., Mashal, R. H., & Jibril, M. A.-K. (2010). Eating disturbances among adolescent schoolgirls in Jordan. *Appetite*, 54(1), 196–201. <https://doi.org/10.1016/j.appet.2009.10.008>
- Moynihan, J. & O'Donovan, M. (2022). Learning and teaching: The extent to which school principals in Irish voluntary secondary schools enable collaborative practice, *Irish Educational Studies*, 41(4), 613–630. <https://doi.org/10.1080/03323315.2021.1899019>
- Mueller, A. S., Pearson, J., Muller, C., Frank, K., & Turner, A. (2010). sizing up peers: adolescent girls' weight control and social comparison in the school context. *Journal of Health and Social Behavior*, 51(1), 64–78. <https://doi.org/10.1177/0022146509361191>

- Mukherjee, L. (2021). 116 iMEDS – perspectives from the development of the novel intensive mentalisation based eating disorders service for children and adolescents during COVID 19. *Archives of Disease in Childhood*, 106, Article 43. <http://dx.doi.org/10.1136/archdischild-2021-gosh.116>
- Murray, S. B., Nagata, J. M., Griffiths, S., Calzo, J. P., Brown, T. A., Mitchison, D., Blashill, A. J., & Mond, J. M. (2017) The enigma of male eating disorders: a critical review and synthesis. *Clinical Psychology Review*, 57, 1–11. <https://doi.org/10.1016/j.cpr.2017.08.001>
- Nadeem, E., & Ringle, V. A. (2016). De-adoption of an evidence-based trauma intervention in schools: a retrospective report from an urban school district. *School Mental Health*, 8,132–143. <https://doi.org/10.1007/s12310-016-9179-y>
- Narr, R., Allen, J. P., Tan, J. S., & Loeb, E. L. (2019). Close friendship strength and broader peer group desirability as differential predictors of adult mental health. *Child Development*, 90(1), 298–313. <https://doi.org/10.1111/cdev.12905>
- Naughton, H. (2019, March 4). New online safety law will protect our children. *Fine Gael*. <https://www.finegael.ie/new-online-safety-law-will-protect-our-children-naughton/>
- Naylor, P. J., Nettlefold, L., Race, D., Hoy, C., Ashe, M. C., Wharf Higgins, J., & McKay, H. A. Implementation of school based physical activity interventions: a systematic review. *Preventative Medicine*, 72, 95–115. <https://doi.org/10.1016/j.ypmed.2014.12.034>
- Nesi, J., Miller, A. B., & Prinstein, M. J. (2017). Adolescents' depressive symptoms and subsequent technology-based interpersonal behaviors: A multi-wave study. *Journal of Applied Developmental Psychology*, 51, 12–19. <https://doi.org/10.1016/j.appdev.2017.02.002>
- Nesi, J., & Prinstein, M. J. (2015). Using social media for social comparison and feedback-seeking: Gender and popularity moderate associations with depressive symptoms. *Journal of Abnormal Child Psychology*, 43(8), 1427–1438. <https://doi.org/10.1007/s10802-015-0020-0>
- Neumark-Sztainer, D., Paxton, S. J., Hannan, P. J., Haines, J., & Story, M. (2006). Does body satisfaction matter? Five-year longitudinal associations between body satisfaction and health behaviors in adolescent females and males. *Journal of Adolescent Health*, 39(2), 244–251. <http://dx.doi.org/10.1016/j.jadohealth.2005.12.001>
- Newman, M. J. (2015). Image and identity: Media literacy for young adult Instagram users. *Visual Inquiry*, 4, 221–227. https://doi.org/10.1386/vi.4.3.221_1
- NHS Digital Data. (2019). *Hospital admissions for eating disorders* [Data set]. <https://nhs-prod.global.ssl.fastly.net/binaries/content/assets/website->

[assets/supplementary-information/supplementary-info-2019/10727_eating_disorders_suppressed.xlsx](#)

- Ni, M. Y., Yang, L., Leung, C. M. C., Li, N., Yao, X. I., Wang, Y., Leung, G. M., Cowling, B. J., & Liao, Q. (2020). Mental health, risk factors, and social media use during the covid-19 epidemic and cordon sanitaire among the community and health professionals in Wuhan, China: Cross-sectional survey. *JMIR Mental Health*, 7(5), Article 19009. <https://doi.org/10.2196/19009>
- Niu, G., Sun, L., Liu, Q., Chai, H., Sun, X., & Zhou, Z. (2019). Selfie-posting and young adult women's restrained eating: The role of commentary on appearance and self-objectification. *Sex Roles*, 82, 232–240. <https://dx.doi.org/10.1007/s11199-019-01045-9>
- Niu, G., Yao, L., Wu, L., Tian, Y., Xu, L., & Sun, X. (2020). Parental phubbing and adolescent problematic mobile phone use: The role of parent-child relationship and self-control. *Children and Youth Services Review*, 116, 105247. <https://doi.org/10.1016/j.childyouth.2020.105247>
- Nguyen, T., Graham, I. D., Mrklas, K. J., Bowen, S., Cargo, M., Estabrooks, C. A., Kothari, A., Lavis, J., Macaulay, A. C., MacLeod, M., Phipps, D., Ramsden, V. R., Renfrew, M. J., Salsberg, J., & Wallerstein, N. (2020). How does integrated knowledge translation (IKT) compare to other collaborative research approaches to generating and translating knowledge? Learning from experts in the field. *Health Research Policy and Systems*, 18, Article 35. <https://doi.org/10.1186/s12961-020-0539-6>
- Noctor, C. (2022, August 16). Protecting children from the influence of the influencer. *Irish Examiner*. <https://www.irishexaminer.com/lifestyle/parenting/arid-40940345.html>
- Noctor, C. (2023, December), Colman Noctor: Small Changes Could Lead to Big Results for Children, *Irish Examiner*. <https://www.irishexaminer.com/lifestyle/parenting/arid-41295946.html>
- Northup, T., & Liebler, C. (2010). The good, the bad, and the beautiful. *Journal of Children and Media*, 4, 265–282. <http://dx.doi.org/10.1080/17482798.2010.496917>
- Nuñez, T. R., Radtke, T., & Eimler, S. C. (2020). A third-person perspective on phubbing: Observing smartphone-induced social exclusion generates negative affect, stress, and derogatory attitudes. *Cyberpsychology: Journal of Psychosocial Research on Cyberspace*, 14(3). <https://dx.doi.org/10.5817/CP2020-3-3>
- Nutley, S., Walter, I., & Davies, H. T. O. (2003). From knowing to doing: a framework for understanding the evidence-into-practice agenda. *Evaluation*, 9(2), 125–148. <https://doi.org/10.1177/1356389003009002002>

- Oberle, E., Schonert-Reichl, K., Guhn, M., Zumbo, B., & Hertzman, C. (2015). The role of supportive adults in promoting positive development in middle childhood: a population-based study. *Canadian Journal of School Psychology*, 29. <http://dx.doi.org/10.1177/0829573514540116>
- Ocloo, J., & Matthews, R. (2016). From tokenism to empowerment: progressing patient and public involvement in healthcare improvement. *BMJ Quality & Safety*, 8, 626–632. <https://doi.org/10.1136/bmjqs-2015-004839>
- O’Cathain, A., Croot, L., Duncan, E., Rousseau, N., Sworn, K., Turner, K. M., Yardley, L., & Hoddinott, P. (2019). Guidance on how to develop complex interventions to improve health and healthcare. *BMJ Open*, 15;9(8), e029954. <https://doi.org/10.1136/bmjopen-2019-029954>
- O’Connor, S. (2021). Connecting research, policy, and practice: knowledge translation in the context of child and family early intervention and prevention. [PhD thesis]. National University of Ireland, Maynooth. <https://mural.maynoothuniversity.ie/14932/>
- Ofcom. (2019). *Children and parents: Media use and attitudes report 2019*. https://www.ofcom.org.uk/data/assets/pdf_file/0023/190616/children-media-use-attitudes-2019-report.pdf
- Office of National Statistics. (2015). *Measuring national well-being: Insights into children’s mental health and well-being*. <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuringnationalwellbeing/2015-10-20>
- Ofsted. (2019/20). Ofsted Annual Report 2019/20: education, children’s services and skills. Ofsted (United Kingdom). <https://www.gov.uk/government/publications/ofsted-annual-report-201920-education-childrens-services-and-skills>
- O’Gorman, B., Sheffield, J., Clarke, R., & Griffiths, S. (2020) “Guys don’t talk about their bodies”: A qualitative investigation of male body dissatisfaction and sociocultural influences in a sample of 40 Australian males. *Clinical Psychologist*, 24(2), 123–132. <https://doi.org/10.1111/cp.12198>
- Oh, H. J., Ozkaya, E., & LaRose, R. (2014). How does online social networking enhance life satisfaction? The relationships among online supportive interaction, affect, perceived social support, sense of community, and life satisfaction. *Computers in Human Behavior*, 30, 69–78. <https://doi.org/10.1016/j.chb.2013.07.053>
- Olivardia, R., Pope Jr, H. G., Borrowiecki III, J. J., & Cohane, G. H. (2004). Biceps and body image: The relationship between muscularity and self-esteem, depression, and eating disorder symptoms. *Psychology of Men & Masculinity*, 5, 112–120. <http://dx.doi.org/10.1037/1524-9220.5.2.112>

- Orben, A. (2020). Teenagers, screens and social media: A narrative review of reviews and key studies. *Social Psychiatry and Psychiatric Epidemiology*, 55, 407–414. <https://doi.org/10.1007/s00127-019-01825-4>
- Orben, A., Etchells, P., & Przybylski, A. K. (2018, August). Three problems with the debate around screen time. *The Guardian*. <https://www.theguardian.com/science/head-quarters/2018/aug/09/three-problems-with-the-debate-around-screen-time>
- Orben A., & Przybylski A. K. (2019). The association between adolescent well-being and digital technology use. *Nature Human Behavior*, 3, 173–182. <https://doi.org/10.1038/s41562-018-0506->
- Orlowski, S. K., Lawn, S., Venning, A., Winsall, M., Jones, G. M., Wyld, K., Damarell, R. A., Antezana, G., Schrader, G., Smith, D., Collin, P., & Bidargaddi, N. (2015). Participatory research as one piece of the puzzle: A systematic review of consumer involvement in design of technology-based youth mental health and well-being interventions. *JMIR Hum Factors*, 2(2), e12. <https://doi.org/10.2196/humanfactors.4361>
- Paakkari L, & Paakkari O. (2012). Health literacy as a learning outcome in schools. *Health Education*, 112(2),133–52. <https://doi.org/10.1108/09654281211203411>
- Padín, P. F., González-Rodríguez, R., Verde-Diego, C., & Vázquez-Pérez, R. (2021). Social media and eating disorder psychopathology: A systematic review. *Cyberpsychology: Journal of Psychosocial Research on Cyberspace*, 15(3), Article 6. <https://doi.org/10.5817/CP2021-3-6>
- Palinkas, L. A., & Cooper, B. R. (2017). Mixed Methods Evaluation in Dissemination and Implementation Science, in R. C. Brownson, G. A. Colditz, & E. K. Proctor (Eds.), *Dissemination and Implementation Research in Health: Translating Science to Practice*, (2nd ed.). Oxford Academic. <https://doi.org/10.1093/oso/9780190683214.003.0020>
- Palmer, V. J., Weavell, W., Callander, R., Piper, D., Richard, L., Maher, L., Boyd, H., Herrman, H., Furler, J., Gunn, J., Iedema, R., & Robert, G. (2019). The Participatory Zeitgeist: An explanatory theoretical model of change in an era of coproduction and codesign in healthcare improvement. *Medical Humanities*, 45(3), 247–257. <https://doi.org/10.1136/medhum-2017-011398>
- Papp, I., Urbán, R., Czeglédi, E., Babusa, B., & Túry, F. (2013). testing the tripartite influence model of body image and eating disturbance among Hungarian adolescents. *Body Image*, 10(2), 232–242. <https://doi.org/10.1016/j.bodyim.2012.12.006>
- Parker, K., Nunns, M. P., Xiao, Z., & Ford, T. (2021). Characteristics and practices of school-based cluster randomised controlled trials for improving health outcomes in pupils in the UK: a systematic review protocol. *BMJ Open*, 11, e044143. <http://dx.doi.org/10.1136/bmjopen-2020-044143>

- Parry, D. A., Davidson, B. I., Sewall, C. J. R., Fisher, J. T., Mieczkowski, H. & Quintana, D. S. (2021). A systematic review and meta-analysis of discrepancies between logged and self-reported digital media use. *Nature Human Behavior*, 5 1535–1547 (2021). <https://doi.org/10.1038/s41562-021-01117-5>
- Parsons, H., Murphy, B., Malone, D., & Holme, I. (2021). Review of Ireland’s first year of the COVID-19 pandemic impact on people affected by eating disorders: ‘Behind every screen there was a family supporting a person with an eating disorder’. *Journal of Clinical Medicine*, 10(15), Article 3385. <https://doi.org/10.3390/jcm10153385>
- Paschke, K., Austermann, M., Simon-Kutscher, K., & Thomasius, R. (2021). Adolescent gaming and social media usage before and during the COVID-19 pandemic Interim results of a longitudinal study. *Sucht*, 67, 13–22. <http://dx.doi.org/10.1024/0939-5911/a000694>
- Pashler, H., Rohrer, D., Cepeda, N. J., & Carpenter, S. K. (2007). Enhancing learning and retarding forgetting: Choices and consequences. *Psychonomic Bulletin & Review*, 14(2), 187-193. <https://doi.org/10.3758/BF03194050>
- Patalay, P., & Hardman, C. A. (2019). Comorbidity, codevelopment, and temporal associations between body mass index and internalizing symptoms. from early childhood to adolescence. *JAMA Psychiatry*. 76(7), 721–729. <https://doi.org/10.1001/jamapsychiatry.2019.0169>
- Patton, M. Q. (1990). *Qualitative evaluation and research methods*. (2nd ed.). Sage Publications, Inc.
- Paxton, S. J., & Damiano, S. R. (2017). The development of body image and weight bias in childhood. *Advances in Child Development and Behavior*, 52, 269–298. <https://doi.org/10.1016/bs.acdb.2016.10.006>
- Paxton, S. J., Schutz, H. K., Wertheim, E. H., & Muir, S. L. (1999). Friendship clique and peer influences on body image concerns, dietary restraint, extreme weight-loss behaviors, and binge eating in adolescent girls. *Journal of Abnormal Psychology*, 108(2), 255–266. <https://doi.org/10.1037//0021-843x.108.2.255>
- Paxton, S. J., Neumark-Sztainer, D., Hannan, P. J., & Eisenberg, M. E. (2006). body dissatisfaction prospectively predicts depressive mood and low self-esteem in adolescent girls and boys, *Journal of Clinical Child & Adolescent Psychology*, 35(4), 539–549. https://doi.org/10.1207/s15374424jccp3504_5
- Pearl, R. L. (2020). Weight stigma and the "Quarantine-15". *Obesity*, 28(7), 1180–1181. <https://doi.org/10.1002/oby.22850>
- Peckham, E., Brabyn, S., Cook, L., Devlin, T., Dumville, J., & Torgerson, D. J. (2015). The use of unequal randomisation in clinical trials--An update.

Contemporary Clinical Trials, 45(Pt A), 113-22.
<https://doi.org/10.1016/j.cct.2015.05.017>

- Perloff, R. M. (2014). Social media effects on young women's body image concerns: Theoretical perspectives and an agenda for research. *Sex Roles*, 71, 363–377. <https://doi.org/10.1007/s11199-014-0384-6>
- Peplau, L. A. & Perlman, D. (Eds.) (1982). *Loneliness: A sourcebook of current theory, research and therapy* (pp. 1–20). Wiley.
- Petkova, H., Simic, M., Nicholls, D., Ford, T., Prina, A. M., Stuart, R., Livingstone, N., Kelly, G., Macdonald, G., Eisler, I., Gowers, S., Barrett, B. M., & Byford, S. (2019). Incidence of anorexia nervosa in young people in the UK and Ireland: a national surveillance study. *BMJ Open*, 9(10).
<https://doi.org/10.1136/bmjopen-2018-027339>
- Pew Research Center. (2018) *Social Media Use in 2018*. Pew Research Center.
<https://www.pewresearch.org/internet/2018/03/01/social-media-use-in-2018/>
- Phares, V., Steinberg, A. R., & Thompson, J.K. (2004). Gender differences in peer and parental influences: body image disturbance, self-worth, and psychological functioning in preadolescent children. *Journal of Youth and Adolescence* 33, 421–429.
<https://doi.org/10.1023/B:JOYO.0000037634.18749.20>
- Piaget, J. (1971). The theory of stages in cognitive development. In Green, D. R. Ford, M. P. & Flamer, G. B. *Measurement and Piaget*. McGraw-Hill.
- Pietrobelli, A., Pecoraro, L., Feruzzi, A., Heo, M., Faith, M., Zoller, T., Antoniazzi, F., Piacentini, G., Feambach, S. N., & Heymsfield, S. B. (2020). Effects of covid-19 lockdown on lifestyle behaviors in children with obesity living in Verona, Italy: a longitudinal study. *Obesity*, 28(8), 1382–1385.
<https://doi.org/10.1002%2Foby.22861>
- PISA. (2017). *PISA 2015 Results (volume III) – Students' well-being*. Programme for International Student Assessment (PISA). <http://www.oecd.org/edu/pisa-2015-results-volume-iii-9789264273856-en.htm> 7
- Pittman, M., & Reich, B. (2016). Social media and loneliness: Why an Instagram picture may be worth more than a thousand Twitter words. *Computers in Human Behavior*, 62, 155–167. <https://doi.org/10.1016/j.chb.2016.03.084>
- Polanco-Levicán, K., & Salvo-Garrido, S. (2022). Understanding Social Media Literacy: A Systematic Review of the Concept and Its Competences. *International Journal of Environmental Research Public Health*, 19(14), 8807.
<https://doi.org/10.3390/ijerph19148807>
- Ponce, O. A. (2014). *Investigación de Métodos Mixtos en Educación*. Publicaciones Puertorriqueñas Inc.

- Pope, C. & Mays, N. (Eds.) (2006). *Qualitative research in health care* (3rd ed.). Blackwell/ BMJ.
- Pope, H. G., Gruber, A. J., Hudson, J. I., Huestis, M. A., & Yurgelun-Todd, D. (2001). Neuropsychological performance in long-term cannabis users. *Archives of General Psychiatry*, 58(10), 909–915.
<https://doi.org/10.1001/archpsyc.58.10.909>
- Pope, H., Olivardia, R., Gruber, A., & Borowiecki, J. (2001). Evolving ideals of male body image as seen through action toys. *International Journal of Eating Disorders*, 26(1), 65–72. [https://doi.org/10.1002/\(sici\)1098-108x\(199907\)26:1%3C65::aid-eat8%3E3.0.co;2-d](https://doi.org/10.1002/(sici)1098-108x(199907)26:1%3C65::aid-eat8%3E3.0.co;2-d)
- Powers, B., & Knapp, T. (2006). *Dictionary of Nursing Theory and Research* (3rd ed.). Springer Publishing Company.
- Prakash, S., Brown, S., Murphy, M. & Williams, B. (2020), Paramedic student empathetic attitudes towards homelessness: a mixed methods pilot study. *International Journal of Emergency Services*, 9(3), 273–282. <https://doi.org/10.1108/IJES-08-2019-0047>
- Prapaveissis, D., Henry, A., Okiakama, E., Funaki, T., Faeamani, G., Masaga, J., Brown, B., Kaholokula, K., Ing, C., Matheson, A., Tiatia-Seath, J., Schleser, M., Borman, B., Ellison-Loschmann, L., & Tupai-Firestone, R. (2022). Assessing youth empowerment and co-design to advance Pasifika health: a qualitative research study in New Zealand. *Australian and New Zealand Journal of Public Health*, 46(1), 56–61. <https://doi.org/10.1111/1753-6405.13187>
- Preston, M. I. (1941). Children's reactions to movie horrors and radio crime. *The Journal of Pediatrics*, 19(2), 147–168.
<https://www.gwern.net/docs/culture/1941-preston.pdf>
- Prichard, I., Kavanagh, E., Mulgrew, K. E., Lim, M. S. C., & Tiggemann, M. (2020). The effect of Instagram #fitspiration images on young women's mood, body image, and exercise behavior. *Body Image*, 33, 1–6.
<https://doi.org/10.1016/j.bodyim.2020.02.002>.
- Primack, B. A., Shensa, A., Sidani, J. E., Whaitte, E. O., Lin L. Y., Rosen D., Colditz, J. B., Radovic, A. & Miller, E. (2017). Social media use and perceived social isolation among young adults in the U.S. *American Journal of Preventative Medicine*, 53, 1–8. <https://doi.org/10.1016/j.amepre.2017.01.010>
- Prnjak, K., Jukic, I., Mitchison, D., Griffiths, S., & Hay, P. (2022). Body image as a multidimensional concept: A systematic review of body image facets in eating disorders and muscle dysmorphia, *Body Image*, 42, 347–360.
<https://doi.org/10.1016/j.bodyim.2022.07.006>
- Pryor, L., Brendgen, M., Boivin, M., Dubois, L., Japel, C., Falissard, B., Trembley, R. E., & Côté, S. M. (2016). Overweight during childhood and internalizing

symptoms in early adolescence: the mediating role of peer victimization and the desire to be thinner. *Journal of Affective Disorders*, 202, 203–209.
<https://doi.org/10.1016/j.jad.2016.05.022>

Przybylski, A. K., & Weinstein, N. (2017). A Large-Scale Test of the Goldilocks Hypothesis: Quantifying the Relations Between Digital-Screen Use and the Mental Well-Being of Adolescents. *Psychological Science*, 28(2), 204–215. <https://doi.org/10.1177/0956797616678438>

Proctor, E. K., Powell, B. J., & McMillen, J. C. (2013). Implementation strategies: Recommendations for specifying and reporting. *Implementation Science*, 8(1), 139. <https://doi.org/10.1186/1748-5908-8-139>

Psihogios, A. M., Ahmed, A. M., McKelvey, E. R., Toto, D., Avila, I., Hekimian-Brogan, E., Steward, Z., Schwartz, L. A., & Barakat, L. P. (2022). Social media to promote treatment adherence among adolescents and young adults with chronic health conditions: A topical review and TikTok application. *Clinical Practice in Pediatric Psychology*, 10(4), 440–451.
<https://psycnet.apa.org/doi/10.1037/cpp0000459>

Pulimeno, M., Piscitelli, P., Colazzo, S., Colao, A., & Miani, A. (2020). School as ideal setting to promote health and wellbeing among young people. *Health Promotion Perspectives*, 10(4), 316–324.
<https://doi.org/10.34172/hpp.2020.50>

Quinion, M. (2001, April 28). *World wide words*. <https://www.worldwidewords.org/>

Quittkat, H. L., Hartmann, A. S., Düsing, R., Buhlmann, U., & Vocks, S. (2019). Body dissatisfaction, importance of appearance, and body appreciation in men and women over the lifespan. *Frontiers in Psychiatry*, 10, 864.
<https://doi.org/10.3389/fpsy.2019.00864>

Racine, E., O'Mahony, L., Riordan, F., Flynn, G., Kearney, P. M., & McHugh, S. M. (2023). What and how do different stakeholders contribute to intervention development? A mixed methods study. *HRB Open Research*, 8(5), 35.
<https://doi.org/10.12688/hrbopenres.13544.2>

Rajanala, S., Maymone, M. B. C., & Vashi, N. A. (2018). Selfies – Living in the era of filtered photographs. *JAMA Facial Plastic Surgery*, 20(6), 443–444.
<https://doi.org/10.1001/jamafacial.2018.0486>

Ramos, P., Moreno-Maldonado, C., Moreno, C., & Rivera, F. (2019). The role of body image in internalizing mental health problems in Spanish adolescents: An analysis according to sex, age, and socioeconomic status. *Frontiers in Psychology*, 10, Article 1952. <https://doi.org/10.3389/fpsyg.2019.01952>

Rasalingam, A., Clench-Aas, J., & Raanaas, R. K. (2017). Peer victimization and related mental health problems in early adolescence: the mediating role of parental and peer support. *The Journal of Early Adolescence*, 37(8), 1142–1162. <https://doi.org/10.1177/0272431616653474>

- Rauscher, K. J., Casteel, C., Bush, D., & Myers, D. J. (2015). Factors affecting high school teacher adoption, sustainability, and fidelity to the “Youth@Work: Talking Safety” curriculum: high school teacher adoption, sustainability and fidelity. *American Journal of Industrial Medicine*, *58*, 1288–1299. <https://doi.org/10.1002/ajim.22497>
- Reimer-Kirkham, S. Varcoe, C., Browne, A., Lynam, J., Basu Khan, K., & McDonald, H. (2009). Critical inquiry and knowledge translation: exploring compatibilities and tensions. <https://doi-org.may.idm.oclc.org/10.1111/j.1466-769X.2009.00405.x>
- Reaves, S. (2011). Rethinking visual ethics: evolution, social comparison and the media's mono-body in the global rise of eating disorders, *Journal of Mass Media Ethics*, *26*(2), 114–134. <https://doi.org/10.1080/08900523.2011.559793>
- Reich, S. M. (2017). Connecting offline social competence to online peer interactions. *Psychology of Popular Media Culture*, *6*(4), 291–310. <https://doi.org/10.1037/ppm0000111>
- Reilly, N., & Hyett, N. (2018). Ethical and legal issues in conducting research with children and young people. In N. H. Hay, M. Punch, & W. D. Pethrick (Eds.), *Palgrave Handbook of Research in Child and Adolescent Research* (pp. 85–101). Palgrave Macmillan.
- Reviews.org. (2022). *Mobile Phone Usage Statistics 2022: How addicted are we? How much time are you really spending on your phone?* <https://www.reviews.org/au/mobile/2022-mobile-phone-usage-statistics/>
- Revranché, M., Biscond, M., & Husky, M. M. (2022). Lien entre usage des réseaux sociaux et image corporelle chez les adolescents : une revue systématique de la littérature [Investigating the relationship between social media use and body image among adolescents: A systematic review]. *Encephale*, *48*(2), 206-218. <https://doi.org/10.1016/j.encep.2021.08.006>
- Ricciardelli, L., McCabe, M. P., Holt, K. E., Finemore, J. (2003). A biopsychosocial model for understanding body image and body change strategies among children. *Journal of Applied Developmental Psychology*, *24*(4), 475 – 495. [https://doi.org/10.1016/S0193-3973\(03\)00070-4](https://doi.org/10.1016/S0193-3973(03)00070-4)
- Ricciardelli, R., Clow, K. A., & White, P. (2010). Investigating hegemonic masculinity: portrayals of masculinity in men’s lifestyle magazines. *Sex Roles* *63*, 64–78. <https://doi.org/10.1007/s11199-010-9764-8>
- Ricciardelli, L. A., & McCabe, M. P. (2001). Children's body image concerns and eating disturbance: A review of the literature. *Clinical Psychology Review*, *21*(3), 325–344. [https://doi.org/10.1016/S0272-7358\(99\)00051-3](https://doi.org/10.1016/S0272-7358(99)00051-3)

- Ricciardelli, L. A., Yager, Z., Paxton, S., McCabe, M. P., Mussap, A. & Toumbourou, J. (2010). *Research Report: Positive body image in schools*. Victorian Government Office for Youth.
- Richardson, S. M., & Paxton, S. J. (2010). An evaluation of a body image intervention based on risk factors for body dissatisfaction: a controlled study with adolescent girls. *International Journal of Eating Disorders*, 43(2), 112–122. <https://doi.org/10.1002/eat.20682>
- Richardson, S. M., Paxton, S. J., & Thomson, J. S. (2009). Is *BodyThink* an efficacious body image and self-esteem program? A controlled evaluation with adolescents. *Body image*, 6(2), 75–82. <https://doi.org/10.1016/j.bodyim.2008.11.001>
- Rickards, G., Magee, C., & Artino, A. R. Jr. (2012). You can't fix by analysis what you've spoiled by design: Developing survey instruments and collecting validity evidence. *Journal of Graduate Medical Education*, 4(4), 407-10. <https://doi.org/10.4300/jgme-d-12-00239.1>
- Rideout, V., & Fox, S. (2018). Digital health practices, social media use, and mental well-being among teens and young adults in the U.S. *Well Being Trust*. <https://digitalcommons.psihealth.org/publications/1093>
- Roberts, S. R., Maheux, A. J., Hunt, R. A., Ladd, B. A., & Choukas-Bradley, S. (2022). Incorporating social media and muscular ideal internalization into the tripartite influence model of body image: Towards a modern understanding of adolescent girls' body dissatisfaction. *Body Image*, 41, 239–247. <https://doi.org/10.1016/j.bodyim.2022.03.002>
- Robinson, A., Moscardini, E., Tucker, R., & Calamia, M. (2022). Perfectionistic self-presentation, socially prescribed perfectionism, self-oriented perfectionism, interpersonal hopelessness, and suicidal ideation in U.S. adults: Reexamining the social disconnection model. *Archives of Suicide Research*, 26(3), 1447–1461. <https://doi.org/10.1080/13811118.2021.1922108>
- Rodgers, R. (2016). The role of the “Healthy Weight” discourse in body image and eating concerns: An extension of sociocultural theory. *Eating Behaviors*, 22, 194–198 <https://doi.org/10.1016/j.eatbeh.2016.06.004>
- Rodgers, R., & Chabrol, H. (2009). Parental attitudes, body image disturbance and disordered eating amongst adolescents and young adults: a review. *European Eating Disorders Review*, 7(2), 137–151. <https://doi.org/10.1002/erv.907>
- Rodgers, R., Chabrol, H., & Paxton, S. J. (2011). An exploration of the tripartite influence model of body dissatisfaction and disordered eating among Australian and French college women. *Body Image*, 8(3), 208–215. <https://doi.org/10.1016/j.bodyim.2011.04.009>
- Rodgers, R. F., Ganchou, C., Franko, D. L., & Chabrol, H. (2012). Drive for muscularity and disordered eating among French adolescent boys: A

- sociocultural model. *Body Image*, 9(3), 318–323.
<https://doi.org/10.1016/j.bodyim.2012.03.002>
- Rodgers, R. F., McLean, S. A., & Paxton, S. J. (2015). Longitudinal relationships among internalization of the media ideal, peer social comparison, and body dissatisfaction: implications for the tripartite influence model. *Developmental Psychology*, 51(5), 706–713. <https://doi.org/10.1037/dev0000013>
- Rodgers, R. F., Lombardo, C., Cerolini, S., Franko, D. L., Omori, M., Fuller-Tyszkiewicz, M., Linardon, J., Courtet, P., & Guillaume, S. (2020). The impact of the COVID-19 pandemic on eating disorder risk and symptoms. *International Journal of Eating Disorders*, 53(7), 1166–1170.
<https://doi.org/10.1002%2Feat.23318>
- Rodgers, R. F., Laveway, K., Campos, P., & de Carvalho, P. H. (2023) Body image as a global mental health concern. *Global Mental Health (Cambridge)*, 10, e9.
<https://doi.org/10.1017/gmh.2023.2>
- Rodgers, R. F., Paxton, S. J., & McLean, S. A., (2014). A biopsychosocial model of body image concerns and disordered eating in early adolescent girls. *Journal of Youth and Adolescence* 43, 814–823. <https://doi.org/10.1007/s10964-013-0013-7>
- Rohde, P., Stice, E., & Marti, N. (2014). Development and predictive effects of eating disorder risk factors during adolescence: Implications for prevention efforts. *International Journal of Eating Disorders*, 48(2), 187–198.
<https://doi.org/10.1002/eat.22270>
- Rohde, P., Stice, E., & Marti, C. N. (2015). Development and predictive effects of eating disorder risk factors during adolescence: Implications for prevention efforts. *International Journal of Eating Disorders*, 48(2), 187–98.
<https://doi.org/10.1002%2Feat.22270>
- Rohlinger, D. A. (2002). Eroticizing men: Cultural influences on advertising and male objectification. *Sex Roles: A Journal of Research*, 46(3-4), 61–74.
<https://doi.org/10.1023/A:1016575909173>
- Roland, J., Lawrence, E., Insel, T., & Christensen, H. (2020). *The digital mental health revolution: Transforming care through innovation and scale-up*. World Innovation Summit for Health. <https://doi.org/10.25561/88813>
- Romito, M., Salk, R. H., Roberts, S. R., Thoma, B. C., Levine, M. D., & Choukas-Bradley, S. (2021). Exploring transgender adolescents' body image concerns and disordered eating: Semi-structured interviews with nine gender minority youth. *Body Image*, 37, 50-62. <https://doi.org/10.1016/j.bodyim.2021.01.008>
- Rosenberg, M. (1965). Rosenberg Self-Esteem Scale (RSES) [Database record]. APA PsycTests. <https://doi.org/10.1037/t01038-000>

- Rosenfeld, E. A., Lyman, C., & Roberts, J. E. (2022). Development of an mHealth App-Based Intervention for Depressive Rumination (RuminAid): Mixed Methods Focus Group Evaluation. *JMIR Formative Research*, 6(12), e40045. <https://doi.org/10.2196/40045>
- Royal Society for Public Health. (2017). *#Status of mind - Social media and young people's mental health and wellbeing*. <https://www.rsph.org.uk/static/uploaded/d125b27c-0b62-41c5-a2c0155a8887cd01.pdf>
- Ruble, D. N., Boggiano, A. K., Feldman, N. S., & Loeb, J. H. (1980). Developmental analysis of the role of social comparison in self-evaluation. *Developmental Psychology*, 16(2), 105–115. <https://doi.org/10.1037/0012-1649.16.2.105>
- Ruffman, T., O'Brien, K. S., Taumoepeau, M., Latner, J. D., & Hunter, J. A. (2016). Toddlers' bias to look at average versus obese figures relates to maternal anti-fat prejudice. *Journal of Experimental Child Psychology*, 142, 195–202. <https://doi.org/10.1016/j.jecp.2015.10.008>
- Ryan, T., Allen, K. A., Gray, D. L., & McInerney, D. M. (2017). How social are social media? A review of online social behaviour and connectedness. *Journal of Relationships Research*, 8, Article E8. <https://doi.org/10.1017/jrr.2017.13>
- Ryan, A. M. (2011). Peer relationships and academic adjustment during early adolescence. *The Journal of Early Adolescence*, 31(1), 5–12. <https://doi.org/10.1177/0272431610387605>
- Ryan, A. M. (2012). Peer relationships and adjustment at school: An introduction. In A. M. Ryan & G. W. Ladd (Eds.), *Peer relationships and adjustment at school* (pp. 1–7). IAP Information Age Publishing.
- Rycroft-Malone, J., Burton, C. R., Bucknall, T., Graham, I. D., Hutchinson, A. M., & Stacey, D. (2016). Collaboration and Co-Production of Knowledge in Healthcare: Opportunities and Challenges. *International Journal of Health Policy and Management*, 5(4), 221–223. <https://doi.org/10.15171/ijhpm.2016.08>
- Ryding, F. C., & Kuss, D. J. (2020). The use of social networking sites, body image dissatisfaction, and body dysmorphic disorder: A systematic review of psychological research. *Psychology of Popular Media*, 9(4), 412–435. <https://psycnet.apa.org/doi/10.1037/ppm0000264>
- Saiphoo, A. N., & Vahedi, Z. (2019). A meta-analytic review of the relationship between social media use and body image disturbance. *Computers in Human Behavior*, 101, 259–275. <https://doi.org/10.1016/j.chb.2019.07.028>
- Samuel-Hodge, C. D., Gizlice, Z., Guy, A. R., Bernstein, K., Victor, A. Y., George, T., Hamlett, T. S., & Harrison, L. M. (2023). A mixed-method evaluation of a rural elementary school implementing the coordinated approach to child health

- (CATCH) program. *Nutrients*, 15(12), 2729.
<https://doi.org/10.3390/nu15122729>
- Savarese, G., Milano, W. D., & Carpinelli, L. (2022). Eating disorders (EDs) and the COVID-19 pandemic: a pilot study on the impact of phase II of the lockdown. *BioMed* 2(1), 110–116. <https://doi.org/10.3390/biomed2010012>
- Savci, M., Akat, M., Ercengiz, M., & Griffiths, M. D. (2022). Problematic social media use and social connectedness in adolescence: The mediating and moderating role of family life satisfaction. *International Journal of Mental Health and Addiction*, 20, 2086–2102. <https://doi.org/10.1007/s11469-020-00410-0>
- Schaefer, L. M., Burke, N. L., Thompson, J. K., Dedrick, R. F., Heinberg, L. J., Calogero, R. M., Bardone-Cone, A. M., Higgins, M. K., Frederick, D. A., Kelly, M., Anderson, D. A., Schaumberg, K., Nerini, A., Stefanile, C., Dittmar, H., Clark, E., Adams, Z., Macwana, S., Klump, K. L., Vercellone, A. C., Paxton, S. J., & Swami, V. (2015). Development and validation of the Sociocultural Attitudes Towards Appearance Questionnaire-4 (SATAQ-4). *Psychological Assessment*, 27(1), 54–67. <https://doi.org/10.1037/a0037917>
- Schaefer, L. M., Rodgers, R. F., Thompson, J. K., & Griffiths, S. (2021). A test of the tripartite influence model of disordered eating among men. *Body Image*, 36, 172–179. <https://doi.org/10.1016/j.bodyim.2020.11.009>
- Scharkow, M. (2016) The accuracy of self-reported internet use—A validation study using client log data, *Communication Methods and Measures*, 10(1), 13-27, <https://doi.org/10.1080/19312458.2015.1118446>
- Schilling, L. S., Dixon, J. K., Knafl, K. A., Grey, M., Ives, B., & Lynn, M. R. (2007). Determining content validity of a self-report instrument for adolescents using a heterogeneous expert panel. *Nursing Research*, 56(5), 361-366.
<https://doi.org/10.1097/01.nnr.0000289505.30037.91>
- Schlissel, A. C., Richmond, T. K., Eliasziw, M., Leonberg, K., & Skeer, M. R. (2023). Anorexia nervosa and the COVID-19 pandemic among young people: a scoping review. *Journal of Eating Disorders*, 11(1), 122.
<https://doi.org/10.1186/s40337-023-00843-7>.
- Schmitt, D. P., & Allik, J. (2005). Simultaneous administration of the Rosenberg self-esteem scale in 53 nations: exploring the universal and culture-specific features of global self-esteem. *Journal of Personality and Social Psychology*, 89(4), 623–642. <https://doi.org/10.1037/0022-3514.89.4.623>
- Schneller, M. B., Duncan, S., Schipperijn, J., Nielsen, G., Mygind, E., & Bentsen, P. (2017). Are children participating in a quasi-experimental education outside the classroom intervention more physically active? *BMC Public Health*, 17(1), 523. <https://doi.org/10.1186/s12889-017-4430-5>.

- Schreurs, L., & Vandenbosch, L. (2020). Introducing the Social Media Literacy (SMILE) model with the case of the positivity bias on media. *Journal of Child Media*, 1–18. <https://doi.org/10.1080/17482798.2020.1809481>
- Selman, R. L. (1980). *The growth of interpersonal understanding: developmental and clinical analyses*. Academic Press.
- Shagar, P. S., Donovan, C. L., Loxton, N., Boddy, J., & Harris, N. (2019). Is thin in everywhere?: A cross-cultural comparison of a subsection of Tripartite Influence Model in Australia and Malaysia. *Appetite*, 134, 59–68. <https://doi.org/10.1016/j.appet.2018.12.025>
- Shagar, P., Donovan, C. L., Boddy, J., Tapp, C., & Harris, N. (2021). Does culture moderate the relationship between body dissatisfaction and quality of life? A comparative study of Australian and Malaysian emerging adults. *Health Psychology Open*, 8(1). <https://doi.org/10.1177/20551029211018378>
- Shahyad, S., Pakdaman, S., Shokri, O., Saadat, S. H., (2018). The role of individual and social variables in predicting body dissatisfaction and eating disorder symptoms among Iranian adolescent girls: an expanding of the Tripartite Influence Mode. *European Journal of Translational Influence*, 28(1), Article 7277. <https://doi.org/10.4081%2Fejtm.2018.7277>
- Shakya, H., & Christakis, N. (2017). Association of Facebook use with compromised well-being: a longitudinal study. *American Journal of Epidemiology*, 185(3), 203–211. <https://doi.org/10.1093/aje/kww189>
- Sharpe, H., Patalay, P., Choo, T., Wall, M., Mason, S. M., Goldschmidt, A. B., & Neumark-Sztainer, D. (2018). Bidirectional associations between body dissatisfaction and depressive symptoms from adolescence through early adulthood. *Development and Psychopathology*, 30(4), 1447–1458. <https://doi.org/10.1017/s0954579417001663>
- Shaughnessy, J. J., Zechmeister, E. B., & Zechmeister, J. S. (2019). *Research Methods in Psychology* (11th ed.). McGraw-Hill Education.
- Shaw, A. (2020). Promoting social change – Assessing how Twitter was used to reduce drunk driving behaviors over New Year’s Eve. *Journal of Promotion Management*, 27(3), 441–463. <https://doi.org/10.1080/10496491.2020.1838025>
- Shepherd, J., Dewhirst, S., Pickett, K., Byrne, J., Speller, V., Grace M., Almond, P., Hartwell, D., & Roderick, P. (2013). Factors facilitating and constraining the delivery of effective teacher training to promote health and well-being in schools—A survey of current practice and systematic review. *Public Health Research*, 1(2), 1 – 188. <https://doi.org/10.3310/phr01020>
- Shriver, L. H., Harrist, A. W., Page, M., Hubbs-Tait, L., Moulton, M., & Topham, G. (2013). Differences in body esteem by weight status, gender, and physical

- activity among young elementary school-aged children. *Body Image*, 10(1), 78–84. <https://doi.org/10.1016/j.bodyim.2012.10.005>
- Siron, S., Dagenais, C., & Ridde, V. (2015). What research tells us about knowledge transfer strategies to improve public health in low-income countries: a scoping review. *International Journal of Public Health*, 60, 849–863. <https://doi.org.may.idm.oclc.org/10.1007/s00038-015-0716-5>
- Skarin, F., Wästlund, E., & Gustafsson, H. (2021). Maintaining or losing intervention-induced health-related behavior change. A mixed methods field study. *Frontiers in Psychology*, 12, 688192. <https://doi.org/10.3389/fpsyg.2021.688192>
- Skivington, K., Matthews, L., Simpson, S. A., Craig, P., Baird, J., Blazeby, J. M., Boyd, K. A., Craig, N., French, D. P., McIntosh, E., Petticrew, M., Rycroft-Malone, J., White, M., & Moore, L. (2021). A new framework for developing and evaluating complex interventions: update of Medical Research Council guidance. *BMJ*, 374, n2061 <https://doi.org/10.1136/bmj.n2061>
- Slater, A. & Tiggemann, M. (2011). Gender differences in adolescent sport participation, teasing, self-objectification and body image concerns. *Journal of Adolescence*, 34(3), 455–463. <https://doi.org/10.1016/j.adolescence.2010.06.007>
- Slay, J. & Stephens, L. (2013). *Co-production in mental health: A literature review*. New Economics Foundation. <https://neweconomics.org/2013/11/co-production-mental-health>
- Smink F., van Hoeken D., & Hoek, H. (2012) Epidemiology of eating disorders: Incidence, prevalence and mortality rates. *Current Psychiatry Reports* 14(4), 406–414. <https://doi.org/10.1007/s11920-012-0282-y>
- Smith, J., & Allen, J. (2018). The transition from primary to secondary school: an opportunity to enhance the student experience. *Pastoral Care in Education*, 36(2), 120-132. <https://doi.org/10.1080/02671522.2020.1849366>
- Smith, A., & Anderson, M. (2018, March 1). *Social media use in 2018*. Pew Research Center. (2018) Social Media Use in 2018. Available <https://www.pewresearch.org/internet/2018/03/01/social-media-use-in-2018/>
- Smith, K. (2019). *50 incredible Instagram statistics*. Brandwatch. <https://www.brandwatch.com/blog/instagram-stats/>
- Smith, D., Leonis, T., & Anandavalli, S. (2021). Belonging and loneliness in cyberspace: Impacts of social media on adolescents' well-being. *Australian Journal of Psychology*, 73(1), 12–23. <https://doi.org/10.1080/00049530.2021.1898914>

- Smetana, J. G., Campione-Barr, N., & Metzger, A. (2006). Adolescent development in interpersonal and societal contexts. *Annual Review of Psychology*, 57, 255–284. <https://doi.org/10.1146/annurev.psych.57.102904.190124>
- Smolak, L., & Levine, M. P. (1996). Adolescent transitions and the development of eating problems. In L. Smolak, M. P. Levine, & R. Striegel-Moore, (Eds.), *The developmental psychopathology of eating disorders Implications for research, prevention, and treatment* (pp. 207–233). Lawrence Erlbaum Associates, Inc.
- Smolak, L., & Levine, M. P. (2001). Body image in children. In J. K. Thompson & L. Smolak (Eds.), *Body image, eating disorders, and obesity in youth: Assessment, prevention, and treatment*. (pp. 41–66). American Psychological Association. <https://doi.org/10.1037/10404-002>
- Smolak, L. (2004). Body image in children and adolescents: where do we go from here? *Body Image* 1(1), 15–28. [https://doi.org/10.1016/s1740-1445\(03\)00008-1](https://doi.org/10.1016/s1740-1445(03)00008-1)
- Smolak, L. (2012). Body image development—girl children. In: Cash, T. F., editor. *Encyclopedia of Body Image and Human Appearance, Volume 1*. Academic Press. (pp. 212–218). <http://dx.doi.org/10.1016/B978-0-12-384925-0.00033-X>
- Smolak, L. (2012). Body image development in childhood. In T. M. Cash, & L. Smolak, (Eds.), *Body Image: A Handbook of Science, Practice, and Prevention* (2nd ed.). The Guilford Press.
- Smollar, J., & Youniss, J. (1985). Parent-adolescent relations in adolescents whose parents are divorced. *The Journal of Early Adolescence*, 5(1), 129 – 144. <https://doi.org/10.1177/0272431685051011>
- Spiel, E., Paxton, S., & Yager, Z. (2012). Weight attitudes in 3- to 5-year-old children: Age differences and cross-sectional predictors. *Body image*, 9, 524–527. <http://dx.doi.org/10.1016/j.bodyim.2012.07.006>
- Social Media Today. (2019). *10 social media statistics you need to know in 2019*. [Infographic]. <https://www.socialmediatoday.com/news/10-social-media-statistics-you-need-to-know-in-2019-infographic/559181/>
- Sole-Smith, V. (2021, January 15). Should you worry about your kid’s pandemic weight gain? *New York Times*. <https://www.nytimes.com/2021/01/15/parenting/childrens-weight-gain-covid-pandemic.html>
- Sole-Smith, V. (2021, March) Trapped in a house with an eating disorder. *New York Times*. <https://www.nytimes.com/2021/03/31/well/mind/covid-eating-disorders.html>

- Song, H., Zmyslinski-Seelig, A., Kim, J., Drent, A., Victor, A., Omori, K., & Allen, M. (2014). Does Facebook make you lonely? A meta-analysis. *Computers in Human Behavior*, 36, 446-452. <https://doi.org/10.1016/j.chb.2014.04.011>
- Statista. (2020). *Social media & user-generated content*. <https://www.statista.com/markets/424/topic/540/social-media-user-generated-content/#overview>
- Stefanone, M. A., Lackaff, D., & Rosen, D. (2011). Contingencies of self-worth and social-networking-site behavior. *Cyberpsychology, Behaviour, and Social Networking*, 14(1-2). <https://doi.org/10.1089/cyber.2010.0049>
- Steinhausen, H.-C., & Jensen, C. M. (2015). Time trends in lifetime incidence rates of first-time diagnosed anorexia nervosa and bulimia nervosa across 16 years in a Danish nationwide psychiatric registry study. *International Journal of Eating Disorders*, 48, 845–850. <https://doi.org/10.1002/eat.22402>
- Stevens, A., & Griffiths, S. (2020). Body positivity (#BoPo) in everyday life: An ecological momentary assessment study showing potential benefits to individuals' body image and emotional wellbeing. *Body Image*, 35, 181–191. <https://doi.org/10.1016/j.bodyim.2020.09.003>
- Stice, E. (2002). Risk and maintenance factors for eating pathology: a meta-analytic review. *Psychological Bulletin*, 128, 825–848. <https://doi.org/10.1037/0033-2909.128.5.825>
- Stice, E., Chase, A., Stormer, S., & Appel, A. (2001). A randomized trial of a dissonance-based eating disorder prevention program. *International Journal of Eating Disorders*, 29(3), 247–262. <https://doi.org/10.1002/eat.1016>
- Stice, E. (2001). A prospective test of the dual-pathway model of bulimic pathology: Mediating effects of dieting and negative affect. *Journal of Abnormal Psychology*, 110(1), 124–135. <https://doi.org/10.1037/0021-843X.110.1.124>
- Stice, E., Fisher, M., & Martinez, E. (2004). Eating Disorder Diagnostic Scale: Additional Evidence of Reliability and Validity. *Psychological Assessment*, 16(1), 60–71. <https://doi.org/10.1037/1040-3590.16.1.60>
- Stice, E., Shaw, H., & Marti, C. N. (2007). A meta-analytic review of eating disorder prevention programs: encouraging findings. *Annual Review of Clinical Psychology* 2007 3(1), 207–231. <https://doi.org/10.1146/annurev.clinpsy.3.022806.091447>
- Stice, E., & Presnell, K. (2007). *The body project: Promoting body acceptance and preventing eating disorders*. Oxford University Press.
- Stice, E., Rohde, P., Shaw, H., & Gau, J. (2011). An effectiveness trial of a selected dissonance-based eating disorder prevention program for female high school students: Long-term effects. *Journal of Consulting and Clinical Psychology*, 79(4), 500–508. <https://doi.org/10.1037/a0024351>

- Stice, E., & Shaw, H. (2004). Eating disorder prevention programs: A meta-analytic review. *Psychological Bulletin*, 130(2), 206–227. <https://doi.org/10.1037/0033-2909.130.2.206>
- Stice, E., Becker, C., & Yokum, S. (2013). Eating disorder prevention: current evidence-base and future directions. *The International Journal of Eating Disorders*, 46, 478–485. <https://doi.org/10.1002/eat.22105>
- Stice, E., Gau, J. M., Rohde, P., & Shaw, H. (2017). Risk factors that predict future onset of each DSM–5 eating disorder: Predictive specificity in high-risk adolescent females. *Journal of Abnormal Psychology*, 126(1), 38–51. <https://doi.org/10.1037/abn0000219>
- Strauman, T. J., Vookles, J., Berenstein, V., Chaiken, S., & Higgins, E. T. (1991). Self-discrepancies and vulnerability to body dissatisfaction and disordered eating. *Journal of personality and social psychology*, 61(6), 946. <https://doi.org/10.1037//0022-3514.61.6.946>
- Streatfeild, J., Hickson, J., Austin, S. B., Hutcheson, R., Kandel, J. S., Lampert, J. G., Myers, E. M., Richmond, T. K., Samnaliev, M., Velasquez, K., Weissman, R. S., Pezzullo, L. (2021). Social and economic cost of eating disorders in the United States: Evidence to inform policy action. *International Journal of Eating Disorders*, 54(5), 851–868. <https://doi.org/10.1002/eat.23486>
- Streiner, D., Norman, G., & Cairney, J. (2015). *Health Measurement Scales: A Practical Guide to Their Development and Use* (5th ed.). Oxford University Press.
- Strongman, S. (2021, March 22). Dying for help: Eating disorder treatment waiting lists months long. *Stuff*. <https://www.stuff.co.nz/national/health/300258689/dying-for-help-eating-disorder-treatment-waiting-lists-months-long>
- Strudwick, G., Sockalingam, S., Kassam, I., Sequeira, L., Bonato, S., Youssef, A., Mehta, R., Green, N., Agic, B., Soklaridis, S., Impey, D., Wiljer, D., & Crawford, A. (2021). Digital interventions to support population mental health in Canada during the COVID-19 pandemic: Rapid review. *JMIR Mental Health Health*, 8(3), Article e26550. <https://doi.org/10.2196/26550>
- Sullivan, G. M., Artino Jr., A. R. (2013). Analyzing and interpreting data from likert-type scales. *Journal of Graduate Medical Education*, 5(4), 541–542. <https://doi.org/10.4300/JGME-5-4-18>
- Sundgot-Borgen, C., Friberg, O., Kolle, E., Engen, K. M. E., Sundgot-Borgen, J., Rosenvinge, J. H., Pettersen, G., Torstveit, M. K., Piran, N., & Bratland-Sanda, S. (2019). The healthy body image (HBI) intervention: Effects of a school-based cluster-randomized controlled trial with 12-months follow-up. *Body Image*, 29, 122–131. <https://doi.org/10.1016/j.bodyim.2019.03.007>

- Sun, V., Soh, N., Touyz, S., Maguire, S. & Aouad P. (2023). Asian students in the anglosphere - unravelling the unique familial pressures contributing to eating pathology: a systematic review. *Journal of Eating Disorders*, 11, Article 4. <https://doi.org/10.1186/s40337-023-00733-y>
- Sung, Y. T., Chang, K. E., & Liu, T. C. (2016). The effects of integrating mobile devices with teaching and learning on students' learning performance: A meta-analysis and research synthesis. *Computers & Education*, 94, 252 – 275. <https://doi.org/10.1016/j.compedu.2015.11.008>
- Swami, M. K., & Gupta, T. (2021). Psychological impact of fear-based messages in context of COVID 19. *International Journal of Social Psychiatry*, 67(8), 1081-1082. <https://doi.org/10.1177/0020764020980773>
- Swami, V., Horne, G., & Furnham, A. (2021a). COVID-19-related stress and anxiety are associated with negative body image in adults from the United Kingdom. *Personality and Individual Differences*, 170, Article 110426. <https://doi.org/10.1016/j.paid.2020.110426>
- Swami, V., Todd, J., Robinson, C., & Furnham, A. (2021b). Self-compassion mediates the relationship between COVID-19-related stress and body image disturbance: Evidence from the United Kingdom under lockdown. *Personality and Individual Differences*, 183, Article 111130. <https://doi.org/10.1016/j.paid.2021.111130>
- Swami, V. (2017). Sketching people: Prospective investigations of the impact of life drawing on body image. *Body Image*, 20, 65–73. <https://doi.org/10.1016/j.bodyim.2016.12.001>
- Swami, V., Weis, L., Barron, D., & Furnham, A. (2017). Positive body image is positively associated with hedonic (emotional) and eudaimonic (psychological and social) well-being in British adults. *The Journal of Social Psychology*, 158(5), 541–552. <https://doi.org/10.1080/00224545.2017.1392278>
- Talbot, C. V., Gavin, J., Van Steen, T., & Morey, Y. (2017). A content analysis of thinspiration, fitspiration, and bonespiration imagery on social media. *Journal of Eating Disorders*, 5(1), 1–8. <https://doi.org/10.1186/s40337-017-0170-2>
- Tamplin, N. C., McLean, S. A., Paxton, S. J. (2018). Social media literacy protects against the negative impact of exposure to appearance ideal social media images in young adult women but not men. *Body Image*, 26, 29–37. <https://doi.org/10.1016/j.bodyim.2018.05.003>
- Tancred, T., Fletcher, A., Melendez-Torres, G. J., Thomas, J., Campbell, R., & Bonell, C. (2017). Integrating health education in academic lessons: is this the future of health education in schools? *The Journal of School Health*, 87(11), 807–810. <https://doi.org/10.1111/josh.12554>

- Taraban, L., & Shaw, D. S. (2018). Parenting in context: Revisiting Belsky's classic process of parenting model in early childhood. *Developmental Review, 48*, 55–81. <https://doi.org/10.1016/j.dr.2018.03.006>
- Tashakkori, A., & Teddlie, C. (2010). *SAGE handbook of mixed methods in social & behavioral research*. (2nd ed.). SAGE Publications, Inc. <https://dx.doi.org/10.4135/9781506335193>
- Tashakkori, A., & Teddlie, C. (2003). *Handbook of mixed methods in social & behavioral research*. (1st ed.). SAGE Publications, Inc.
- Tatangelo, G., McCabe, M., Mellor, D., & Mealey, A. (2016). A systematic review of body dissatisfaction and sociocultural messages related to the body among preschool children. *Body Image, 18*, 86–95. <https://doi.org/10.1016/j.bodyim.2016.06.003>
- Teddlie, C., & Tashakkori, A. (2009). *Foundations of Mixed Methods Research: Integrating Quantitative and Qualitative Approaches in the Social and Behavioral Sciences*. SAGE Publications, Inc.
- Terhoeven, V., Nikendei, C., Bärnighausen, T., Bountogo, M., Friederich, H. C., Ouermi, L., Sié, A. & Harling, G. (2020). Eating disorders, body image and media exposure among adolescent girls in rural Burkina Faso. *Tropical Medicine & International Health 25*, 132–141. <https://doi.org/10.1111/tmi.13340>
- Termorshuizen, J. D., Watson, H. J., Thornton, L. M., Borg, S., Flatt, R. E., MacDermod, C. M., Harper, L. E., van Furth, E. F., Peat, C. M., & Bulik, C. M. (2020). Early impact of COVID-19 on individuals with self-reported eating disorders: A survey of 1000 individuals in the United States and the Netherlands. *International Journal of Eating Disorders, 53*, 1780–1790. <https://doi.org/10.1002/eat.23353>
- Thai, H., Davis, C. G., Mahboob, W., Perry, S., Adams, A., & Goldfield, G. S. (2023). Reducing social media use improves appearance and weight esteem in youth with emotional distress. *Psychology of Popular Media*. Advance online publication. <https://psycnet.apa.org/doi/10.1037/ppm0000460>
- Thomee, S., Harenstam, A., & Hagberg, M. (2011). Mobile phone use and stress, sleep disturbances, and symptoms of depression among young adults - a prospective cohort study. *BMC Public Health, 11*, Article 66. <https://doi.org/10.1186/1471-2458-11-66>
- Thompson, B. W. (1992). "A way outa no way": Eating problems among African-American, Latina, and White women. *Gender & Society, 6*(4), 546-561. <https://doi.org/10.1177/089124392006004002>
- Thompson, J. K. (1990). *Body image disturbance: Assessment and treatment*. Pergamon Press.

- Thompson J. K., Heinberg L. J., Altabe M., & Tantleff-Dunn, S. (1999). *Exacting Beauty: Theory, assessment, and treatment of body image disturbance*. American Psychological Association.
<https://psycnet.apa.org/doi/10.1037/10312-000>
- Thompson, J. K., & Stice, E. (2001). Thin-ideal internalization: Mounting evidence for a new risk factor for body-image disturbance and eating pathology. *Current Directions in Psychological Science*, 10(5), 181–183.
<https://doi.org/10.1111/1467-8721.00144>
- Tiggemann, M. (2003). Media exposure, body dissatisfaction and disordered eating: Television and magazines are not the same! *European Eating Disorders Review*, 11(5), 418–430. <https://doi.org/10.1002/erv.502>
- Tiggemann, M., Hayden, S., Brown, Z., Veldhuis, J. (2018). The effect of Instagram “likes” on women’s social comparison and body dissatisfaction. *Body Image*, 26, 90–97. <https://doi.org/10.1016/j.bodyim.2018.07.002>
- Tiggemann, M., & Polivy, J. (2010). Upward and downward: Social comparison processing of thin idealized media images. *Psychology of Women Quarterly*, 34(3), 356–364. <https://doi.org/10.1111/j.1471-6402.2010.01581.x>
- Tiggemann, M., & Slater, A. (2013). NetTweens: The internet and body image concerns in preteenage girls. *The Journal of Early Adolescence*, 34(5), 606–620. <https://doi.org/10.1177/0272431613501083>
- Tiggemann, M., & Slater, A. (2014). NetGirls: The Internet, Facebook, and body image concern in adolescent girls. *International Journal of Eating Disorders*, 47(6), 630-649. <https://doi.org/10.1002/eat.22141>
- Tiggemann, M., & Slater, A. (2017). Facebook and body image concern in adolescent girls: A prospective study. *International Journal of Eating Disorders*, 50(1), 80–83. <https://doi.org/10.1002/eat.22640>
- Tiggemann, M., & Zaccardo, M. (2015). "Exercise to be fit, not skinny": The effect of fitspiration imagery on women's body image. *Body Image*, 15:61-7.
<https://doi.org/10.1016/j.bodyim.2015.06.003>
- Tiggemann, M., & Zaccardo, M. (2018). ‘Strong is the new skinny’: A content analysis of# fitspiration images on Instagram. *Journal of health psychology*, 23(8), 1003–1011. <https://doi.org/10.1177/1359105316639436>
- Tiilikainen, M., Toom, A., Lepola, J., & Husu, J. (2019). Reconstructing choice, reason and disposition in teachers’ practical theories of teaching (PTs), *Teaching and Teacher Education*, 79, 124–136.
<https://doi.org/10.1016/j.tate.2018.12.011>.
- Tindall, R., Ferris, M., Townsend, M., Boschert, G., & Moylan, S. (2021) A first-hand experience of co-design in mental health service design: opportunities,

challenges, and lessons. *International Journal of Mental Health Nursing*, 30(6), 1693–1702. <https://doi.org/10.1111/inm.12925>

- Thorisdottir, I. E., Sigurvinsdottir, R., Asgeirsdottir, B. B., Allegrante, J. P., & Sigfusdottir, I. D. (2019). Active and passive social media use and symptoms of anxiety and depressed mood among Icelandic adolescents. *Cyberpsychology Behavior Social Networking*, 22(8), <https://doi.org/10.1089/cyber.2019.0079>
- Todd, C., Christian, D., Davies, H., Rance, J., Stratton, G., Rapport, F., & Brophy, S. (2015). Headteachers' prior beliefs on child health and their engagement in school based health interventions: a qualitative study. *BMC Research Notes*, 8, Article 161. <https://doi.org/10.1186/s13104-015-1091-2>
- Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19(6), 349 – 357. <https://doi.org/10.1093/intqhc/mzm042>
- Torgerson, D. J. (2001). Contamination in trials: is cluster randomisation the answer? *BMJ*, 322, 355–357. <https://doi.org/10.1136/bmj.322.7282.355>
- Torrey, W., Mueser, K., Mchugo, G., & Drake, R. (2000). Self-esteem as an outcome measure in studies of vocational rehabilitation for adults with severe mental illness. *Psychiatric Services*, 51(2), 229–233. <https://doi.org/10.1176/appi.ps.51.2.229>
- Toulany, A., Kurdyak, P., Guttman, A., Stukel, T. A., Fu, L., Strauss, R., Fiksenbaum, L., & Saunders, N. R. (2022). Acute care visits for eating disorders among children and adolescents after the onset of the COVID-19 pandemic. *Journal of Adolescent Health*, 70(1), 42–47. <https://doi.org/10.1016/j.jadohealth.2021.09.025>
- Tremblay, L., & Limbos, M. (2009). Body Image Disturbance and Psychopathology in Children: Research Evidence and Implications for Prevention and Treatment. *Current Psychiatry Reviews*, 5, 62-72. <http://dx.doi.org/10.2174/157340009787315307>
- Tremblay, L., & Lariviere, M. (2009). The influence of puberty onset, body mass index, and pressure to be thin on disordered eating behaviors in children and adolescents. *Eating Behaviours*, 10(2), 75–83. <https://doi.org/10.1016/j.eatbeh.2008.12.001>
- Tremblay, M. S., LeBlanc, A. G., Janssen, I., Kho, M. E., Hicks, A., Murumets, K., Colley, R. C., & Duggan, M. (2011). Canadian sedentary behaviour guidelines for children and youth. *Applied Physiology, Nutrition, and Metabolism*. 36(1), 59–64. <https://doi.org/10.1139/H11-012>
- Tribukait, M. (2021). Students' prejudice as a teaching challenge: How European history educators deal with controversial and sensitive issues in a climate of

- political polarization. *Theory & Research in Social Education*, 49(4), 540–569.
<https://doi.org/10.1080/00933104.2021.1947426>
- Tritter, J. Q., & McCallum, A. (2006). The snakes and ladders of user involvement: Moving beyond Arnstein. *Health Policy*, 76(2), 156–168.
<https://doi.org/10.1016/j.healthpol.2005.05.008>
- Trott, M., Driscoll, R., Iraldo, E. & Pardhan, S. (2022). Changes and correlates of screen time in adults and children during the COVID-19 pandemic: A systematic review and meta-analysis. *eClinical Medicine*, 48, Article 101452.
<https://doi.org/10.1016/j.eclinm.2022.101452>
- Turner, P. G., & Lefevre, C. E. (2017). Instagram use is linked to increased symptoms of orthorexia nervosa. *Eating and Weight Disorders – Studies on Anorexia, Bulimia and Obesity*, 22(2), 277–284.
<https://doi.org/10.1007/s40519-017-0364-2>
- Twenge, J. M., & Campbell, W. K. (2018). Associations between screen time and lower psychological well-being among children and adolescents: Evidence from a population-based study. *Preventative Medicine Reports*, 12, 271–283.
<https://doi.org/10.1016/j.pmedr.2018.10.003>
- Twenge, J. M., Hisler, G. C., & Krizan, Z. (2018). Associations between screen time and sleep duration are primarily driven by portable electronic devices: Evidence from a population-based study of U.S. children ages 0–17. *Sleep Medicine*, 56, 211–218. <https://doi.org/10.1016/j.sleep.2018.11.009>
- Twenge, J. M., Joiner, T. E., Rogers, M. L., & Martin, G. N. (2018). Increases in depressive symptoms, suicide-related outcomes, and suicide rates among U.S. adolescents after 2010 and links to increased new media screen time. *Clinical Psychological Science*, 6(1), 3–17.
<https://doi.org/10.1177/2167702617723376>
- Twenge, J. M., Spitzberg, B. H., & Campbell, W. K. (2019). Less in-person social interaction with peers among U.S. adolescents in the 21st century and links to loneliness. *Journal of Social and Personal Relationships*, 36(6), 1892–1913.
<https://doi.org/10.1177/0265407519836170>
- Tylka, T. L., & Wood-Barcalow, N. L. (2015). What is and what is not positive body image? Conceptual foundations and construct definition. *Body Image*, 14, 118–129. <https://doi.org/10.1016/j.bodyim.2015.04.001>
- Uhles, Y. T., Ellison, N. B., & Subrahmanyam, K. (2017). Benefits and costs of social media in adolescence. *Pediatrics*, 140(2), S67–S70.
<https://doi.org/10.1542/peds.2016-1758E>
- University of the West of England. Thematic analysis: an introduction: Victoria Clarke & Virginia Braun [video on the Internet]. 2018 June 25. Available from: <https://www.youtube.com/watch?v=5zFcC10vOVY>

- Valkenburg, P. M., Peter, J., & Schouten, A. P. (2006). Friend networking sites and their relationship to adolescents' well-being and social self-esteem. *CyberPsychology & Behavior*, *9*(5), 584–590. <https://doi.org/10.1089/cpb.2006.9.584>
- Valkenburg, P. M., & Peter, J. (2013). The differential susceptibility to media effects model. *Journal of Communication*, *63*(2), 221–243. <https://psycnet.apa.org/doi/10.1111/jcom.12024>
- Vandenbosch, L., & Eggermont, S. (2012). Understanding sexual objectification: A comprehensive approach toward media exposure and girls' internalization of beauty ideals, self-objectification, and body surveillance. *Journal of Communication*, *62*(5), 869–887. <https://doi.org/10.1111/j.1460-2466.2012.01667.x>
- Vandenbosch, L., & Eggermont, S. (2016). The interrelated roles of mass media and social media in adolescents' development of an objectified self-concept: A longitudinal study. *Communication Research*, *43*(8), 1116 – 1140. <https://doi.org/10.1177/0093650215600488>
- van den Eijnden, R. J. J. M., Geurts, S. M., ter Bogt, T. F. M., van der Rijst, V. G., & Koning, I. M. (2021). Social media use and adolescents' sleep: A longitudinal study on the protective role of parental rules regarding internet use before sleep. *International Journal of Environmental Research and Public Health*, *18*(3), Article1346 <https://doi.org/10.3390/ijerph18031346>
- Vannucci, A., & Ohannessian, C. M. (2019). Social media use subgroups differentially predict psychosocial well-being during early adolescence. *Journal of Youth and Adolescence*, *48*, 1469–1493. <https://doi.org/10.1007/s10964-019-01060-9>
- Vanwynsberghe, H., Vanderlinde, R., Georges, A., & Verdegem, P. (2015). The librarian 2.0: Identifying a typology of librarians' social media literacy. *Journal of Library and Information Science*, *47*, 283–293. <https://doi.org/10.1177/0961000613520027>
- Vedel, I., Le Berre, M., Sourial, N., Arsenault-Lapierre, N., Bergman, H., & Lapointe, L. (2018). Shedding light on conditions for the successful passive dissemination of recommendations in primary care: a mixed methods study. *Implementation Science*, *13*, 129. <https://doi.org/10.1186/s13012-018-0822-x>
- Veldhuis, J., Alleva, J. M., Bij de Vaate, A. J., Keijer, M., & Konijn, E. A. (2020). Me, my selfie, and I: The relations between selfie behaviors, body image, self-objectification, and self-esteem in young women. *Psychology of Popular Media*, *9*(1), 3–13. <https://psycnet.apa.org/doi/10.1037/ppm0000206>
- Verbiest, F., Pinto-Varela, T., Cornelissens, T., Springael, J., & Barbosa-Povoa, A. (2019). Decomposition approaches for the design and scheduling of multiproduct multistage batch plants with parallel lines. *Computers &*

Chemical Engineering, 127, 111–126.
<https://doi.org/10.1016/j.compchemeng.2019.05.001>

- Verbiest, M. E. A., Corrigan, C., Dalhousie, S., Firestone, R., Funaki, T., Goodwin, D., Grey, J., Henry, A., Humphrey, G., Jull, A., Vano, M., Pekepo, C., Te Morenga, L., Whittaker, R., & Ni Mhurchu, C. (2019). Using codesign to develop a culturally tailored, behavior change mHealth intervention for indigenous and other priority communities: A case study in New Zealand, *Translational Behavioral Medicine*, 9(4), 720–736. <http://dx.doi.org/10.1093/tbm/iby093>
- Verduyn, P., Ybarra, O., Résibois, M., Jonides, J., & Kross, E. (2017). Do social network sites enhance or undermine subjective well-being? A critical review. *Social Issues and Policy Review*, 11(1), 274–302. <https://doi.org/10.1111/sipr.12033>
- Verrastro, V., Liga, F., Cuzzocrea, F., & Gugliandolo, M. C. (2020). Fear the Instagram: beauty stereotypes, body image and Instagram use in a sample of male and female adolescents. *Qwerty-Open and Interdisciplinary Journal of Technology, Culture and Education*, 15(1), 31–49. <http://dx.doi.org/10.30557/QW000021>
- Vogel, E. A., Rose, J. P., Roberts, L. R., & Eckles, K. (2014). Social comparison, social media, and self-esteem. *Psychology of popular media culture*, 3(4), 206–222. <http://dx.doi.org/10.1037/ppm0000047>
- Voelker, D. K., Reel, J. J., Greenleaf, C. (2015). Weight status and body image perceptions in adolescents: current perspectives. *Adolescent Health Medicine and Therapeutics*, 25(6), 149-158. <https://doi.org/10.2147/ahmt.s68344>
- Vuore, M., Orben, A., & Przybylski, A. K. (2021). There is no evidence that associations between adolescents' digital technology engagement and mental health problems have increased. *Clinical Psychological Science*, 9(5), 823–835. <https://doi.org/10.1177/2167702621994549>
- Wade, T. D., Wilksch, S. M., Paxton, S. J., Byrne, S. M., & Austin, S. B. (2017). Do universal media literacy programs have an effect on weight and shape concern by influencing media internalization? *International Journal of Eating Disorders*, 50, 731–738. <https://doi.org/10.1002/eat.22689>
- Walker, R., Usher, K., Jackson, D., Reid, C., Hopkins, K., Shepherd, C., Smallwood, R., & Marriott, R. (2021). Connection to... Addressing digital inequities in supporting the well-being of young Indigenous Australians in the wake of COVID-19. *International Journal of Environmental and Public Health*, 18(4), Article 2141. <https://doi.org/10.3390/ijerph18042141>
- Walsh, O., & McNicholas, F. (2020). Assessment and management of anorexia nervosa during COVID-19. *Irish Journal of Psychological Medicine*, 37(3), 187-191. <https://doi.org/10.1017/ipm.2020.60>

- Wan, Y., McGuigan, P., Bilzon, J., & Wade, L. (2023). The effectiveness of a 6-week biofeedback gait retraining programme in people with knee osteoarthritis: protocol for a randomised controlled trial. *BMC Musculoskeletal Disorders* 24, 984. <https://doi.org/10.1186/s12891-023-07098-y>
- Wang, C., & Burris, M. A. (1997). Photovoice: Concept, methodology and use for participatory needs assessment. *Health Education & Behavior*, 24(3), 369–387. <https://doi.org/10.1177/109019819702400309>
- Wang, D., Ogihara, M., Gallo, C. G., Villamar, J., Smith, J. D., Vermeer, W., Cruden, G., Benbow, N., & Brown, C. H. (2016). Automatic classification of communication logs into implementation stages via text analysis. *Implementation Science*, 11, 119. <https://doi.org/10.1186/s13012-016-0483-6>
- Want, S. C. (2009). Meta-analytic moderators of experimental exposure to media portrayals of women on female appearance satisfaction: Social comparisons as automatic processes. *Body Image*, 6, 257–269. <https://doi.org/10.1016/j.bodyim.2009.07.008>
- Warschburger, P., & Zitzmann, J. (2018). The efficacy of a universal school-based prevention program for eating disorders among German adolescents: Results from a randomized controlled trial. *Journal of Youth Adolescence*, 47(6), 1317–1331. <https://doi.org/10.1007/s10964-018-0852-3>
- Wasil, A. R., Park, S. J., Gillespie, S., Shingleton, R., Shinde, S., Natu, S., Weisz, J. R., Hollon, S. D., & DeRubeis, R. J. (2020). Harnessing single-session interventions to improve adolescent mental health and well-being in India: development, adaptation, and pilot testing of online single-session interventions in Indian secondary schools. *Asian Journal of Psychiatry*, 50, 101980. <https://doi.org/10.1016/j.ajp.2020.101980>
- Watson, A. & Murnen, S. K. (2019). Gender differences in responses to thin, athletic, and hyper-muscular idealized bodies, *Body Image*, 30, 1–9. <https://doi.org/10.1016/j.bodyim.2019.03.010>
- Watson, J. C. (2017). Examining the relationship between self-esteem, mattering, school connectedness, and wellness among middle school students. *Professional School Counseling*, 21(1), 108–118. <https://doi.org/10.5330/1096-2409-21.1.108>
- We are Social. (2021). *Special report – Digital 2021*. <https://wearesocial.com/uk/blog/2021/01/digital-2021-uk/>
- Webb, H. J., Zimmer-Gembeck, M. J., Waters, A. M., Farrell, L. J., Nesdale, D., & Downey, G. (2017) “Pretty Pressure” from peers, parents, and the media: a longitudinal study of appearance-based rejection sensitivity. *Journal of Research on Adolescence*, 27(4), 718–735. <https://doi.org/10.1111/jora.12310>

- Webb, J. B., Thomas, E. V., Rogers, C. B., Clark, V. N., Hartsell, E. N., & Putz, D. Y. (2019) Fitspo at Every Size? A comparative content analysis of #curvyfit versus #curvyoga Instagram images. *Fat Studies* 8(2), 154–172. <https://doi.org/10.1080/21604851.2019.1548860>
- Webb, J. B., Wood-Barcalow, N. L., & Tylka, T. L. (2015). Assessing positive body image: Contemporary approaches and future directions, *Body Image*, 14, 130–145. <https://doi.org/10.1016/j.bodyim.2015.03.010>
- Wertham, F. (1954). *Seduction of the innocent*. Rinehart & Company.
- Wheelright, T. (2022, January 24). 2022 Cell Phone Usage Statistics : How Obsessed are we? Reviews.org. <https://www.reviews.org/mobile/cell-phone-addiction/>
- White, M. & Epston, D. (1990). *Narrative Means to Therapeutic Ends*. W. W. Norton.
- Whitlock, J., & Masur, P. K., (2019). Disentangling the association of screen time with developmental outcomes and well-being: problems, challenges, and opportunities. *JAMA Pediatrics*, 173(11), 1021-1022. <https://doi.org/10.1001/jamapediatrics.2019.3191>
- Wilksch, S. M. (2015). School-based eating disorder prevention: a pilot effectiveness trial of teacher-delivered *Media Smart*. *Early Intervention in Psychiatry*, 9(1), 21–28. <https://doi.org/10.1111/eip.12070>
- Wilksch, S. M., Tiggemann, M., & Wade, T. D. (2006). Impact of interactive school-based media literacy lessons for reducing internalization of media ideals in young adolescent girls and boys. *International Journal of Eating Disorders*, 39(5), 385–393. <https://doi.org/10.1002/eat.20237>
- Wilksch, S. M., O'Shea, A., & Wade, T. D. (2019). Depressive symptoms, alcohol and other drug use, and suicide risk: Prevention and treatment effects from a two-country online eating disorder risk reduction trial. *International Journal of Eating Disorders*, 52(2), 132–141. <https://doi.org/10.1002/eat.23005>
- Wilksch S.M., & Wade T.D. (2015). Media literacy in the prevention of eating disorders. In L. Smolak, & M. P. Levine (Eds.), *The Wiley Blackwell Handbook of Eating Disorders*. Wiley-Blackwell (pp. 610–624). <https://doi.org/10.1002/9781118574089.ch45>
- Williamson, D. A., Cubic, B. A., & Gleaves, D. H. (1993). Equivalence of body image disturbances in anorexia and bulimia nervosa. *Journal of Abnormal Psychology*, 102(1), 177–180. <https://doi.org/10.1037/0021-843X.102.1.177>
- Williamson, G. & Karazsia, B. T. (2018). The effect of functionality-focused and appearance-focused images of models of mixed body sizes on women's state-oriented body appreciation. *Body Image*, 24, 95–101. <https://doi.org/10.1016/j.bodyim.2017.12.008>

- Williamson, V., Larkin, M., Reardon, T., Pearcey, S., Hill, C., Stallard, P., Spence, S., Breen, M., Macdonald, I., Ukoumunne, O., Ford, T., Violato, M., Sniehotta, F., Stainer, J., Gray, A., Brown, P., Sancho, M., & Creswell, C. (2021). Codesign and development of a primary school based pathway for child anxiety screening and intervention delivery: a protocol, mixed-methods. *BMJ open*, 11(4). <https://doi.org/10.1136/bmjopen-2020-044852>
- Wiseman, M. C., & Moradi, B. (2010). Body image and eating disorder symptoms in sexual minority men: A test and extension of objectification theory. *Journal of Counseling Psychology*, 57(2), 154. <https://psycnet.apa.org/doi/10.1037/a0018937>
- Wollast, R., Klein, O., VanLeeuwen, D. M., Gervais, S. J., & Bernard, P. (2021). Does self-objectification entail an opposition between appearance and competence? The Likert version of the self-objectification questionnaire (LSOQ). *Psychologica Belgica*, 61(1), 33-45. <https://doi.org/10.5334/pb.481>
- World Health Organization (WHO). (2019). *School Policy Framework: Implementation of the WHO Global Strategy on Diet, Physical Activity and Health*. WHO. <https://www.who.int/publications/i/item/9789241596862>
- World Health Organisation (WHO). (2021). *Young people and COVID-19: behavioural considerations for promoting safe behaviours*. [Policy brief]. WHO. <https://www.who.int/publications/i/item/978-92-4-002831-9>
- World Health Organisation (WHO). (2022). *WHO Europe Urges Governments to Include Young People in Decisions about Their Health*. WHO. <https://www.who.int/europe/news/item/11-02-2022-who-europe-urges-governments-to-include-young-people-in-decisions-about-their-health>
- Wykes, M., & Gunter, B. (2005). *The media and body image: If looks could kill*. Sage Publications.
- Xie, X., & Xie, J. (2020). Parental phubbing accelerates depression in late childhood and adolescence: A two-path model. *Journal of Adolescence*, 78, 43–52. <https://doi.org/10.1016/j.adolescence.2019.12.004>
- Xie, X., Chen, W., Zhu, X., & He, D. (2019). Parents' phubbing increases Adolescents' Mobile phone addiction: Roles of parent-child attachment, deviant peers, and gender. *Children and Youth Services Review*, 105, 104426. <https://doi.org/10.1016/j.childyouth.2019.104426>
- Yager, Z. & O'Dea, J. (2015). Body image, dieting and disordered eating and activity practices among teacher trainees: implications for school-based health education and obesity prevention programs. *Health Education Research*, 24(3), 472–482 <https://doi.org/10.1093/her/cyn044>
- Yager, Z., Diedrichs, P. C., Ricciardelli, L. A., & Halliwell, E. (2013). What works in secondary schools? A systematic review of classroom-based body image

- programs. *Body Image*, 10(3), 271–281.
<https://doi.org/10.1016/j.bodyim.2013.04.001>
- Yamamiya, Y., Shimai, S., Schaefer, L. M., Thompson, J. K., Shroff, H., Sharma, R., & Ordaz, D. L. (2016). Psychometric properties and validation of the Sociocultural Attitudes Towards Appearance Questionnaire-4 (SATAQ-4) with a sample of Japanese adolescent girls, *Body Image*, 19, 89–97.
<https://doi.org/10.1016/j.bodyim.2016.08.006>
- Yang, M. S., Suanpong, K., Ruangkanjanases, A., & Yu, W. (2022). Development and validity test of social attachment multidimensional scale. *Frontiers in Psychology*, 12, Article 757777. <https://doi.org/10.3389/fpsyg.2021.757777>
- Yang, Y., Wang, H., Sha, W., Guo, X., Deng, W., Wang, J., & Fu, C. (2023). Short video-based mental health intervention for depressive symptoms in junior high school students: a cluster randomized controlled trial. *Psychology Research and Behavior Management*, 16, 4169-4181.
<https://doi.org/10.2147/prbm.s433467>
- Yau, J. C., & Reich, S. M. (2017). Are the qualities of adolescents' offline friendships present in digital interactions? *Adolescent Research Review*, 3, 339–355.
<https://doi.org/10.1007/s40894-017-0059-y>
- Yeh, E., & Swinehart, N. (2020). Social media literacy in L2 environments: Navigating anonymous user-generated content. *Computer Assisted Language Learning*, 35(3), 1–23. <http://dx.doi.org/10.1080/09588221.2020.1830805>
- Yin, X., De Vries, D., Gentile, D., & Wang, J. (2021) Cultural background and measurement of usage moderate the association between social networking sites (SNSs) usage and mental health: a meta-analysis. *Social Science Computer Review*, 37(5), 631–648.
<https://doi.org/10.1177/0894439318784908>
- Yiou, A., Murray, S. M., Arlt, J. M., Eneva, K. T., & Chen, E. Y. (2017). The importance of body image concerns in overweight and normal weight individuals with binge eating disorder. *Body Image*, 22, 6–12.
<https://doi.org/10.1016/j.bodyim.2017.04.005>
- YMCA. (2016). *Central YMCA - A world of good. The challenge of being young in modern Britain*. <https://www.ymca.co.uk/campaigns/world-of-good>
- Young Social Innovators. (2019). *Gen Z index, part 2*.
https://www.youngsocialinnovators.ie/images/uploads/inner/content/Gen_Z_Index_Part_2.pdf
- Zimmer-Gembeck, M. J., Hawes, T., & Pariz, J. (2021). A closer look at appearance and social media: Measuring activity, self-presentation, and social comparison and their associations with emotional adjustment. *Psychology of Popular Media*, 10(1), 74–86. <https://doi.org/10.1037/ppm0000277>

- Zuair, A. A., & Sopory, P. (2020). Effects of media health literacy school-based interventions on adolescents' body image concerns, eating concerns, and thin-internalization attitudes: A systematic review and meta-analysis. *Health Communication, 1*, 20-28. <https://doi.org/10.1080/10410236.2020.1813954>
- Zhong, R., & Frenkel, S. (2020, August 14). A third of TikTok's US users may be 14 or under, raising safety questions. *New York Times*. <https://www.nytimes.com/2020/08/14/technology/tiktok-underage-users-ftc.html>
- Züll, C. (2016). *The Coding of Occupations*. SDM Survey Guidelines (GESIS Leibniz Institute for the Social Sciences). https://doi.org/10.15465/gesis-sg_en_019
- Zych, I., Ortega-Ruiz, R., & Del Rey, R. (2015). Systematic review of theoretical studies on bullying and cyberbullying: Facts, knowledge, prevention, and intervention. *Aggression and Violent Behavior, 23*, 1–21. <https://doi.org/10.1016/j.avb.2015.10.001>

Appendix 1a: Summary of Relevant Body Image and Social Media Literacy Interventions

Summary of Relevant Interventions; #MTAS Intervention Developed and Evaluated in the Current Study, SoMe in Australia (Gordon et al., 2021), and Digital Bodies in the UK (Bell et al., 2022).

#MTAS	SoMe	Digital Bodies
(N = 161, Male = 84, Female = 77)	(N = 892, 49.5% Male, 49% Female, 1.5% Other)	(n = 290, Female= 151)
4 x 40 Minute Lessons delivered weekly over 4 weeks	4 Lessons delivered weekly over 4 weeks	1 single hour-long session
<p>Lesson 1 Introduction to body image information, exercise and group discussion.</p> <p>3 x Videos</p> <p>V.1. Insta Lie Video</p> <p>V.2. Boyband: SM pressure.</p> <p>V.3. Media editing</p> <p>Each video followed by group discussion, image-based tasks to identify digital alterations and individual exercises and CD to critique ideals.</p> <p>Homework: Notice your body image influences. Mindful social media exercise.</p>	<p>Lesson 1</p> <p>Corners' game: Students move to represent social media use and discuss positives and negatives of social media</p> <p>Explore ways in which companies use social media advertising to influence and persuade their audience.</p> <p>Facilitator led advert deconstruction task of Facebook / Snapchat post.</p> <p>Students engage and persuade their audience using specific techniques.</p>	<p>Individual Exercise: Participants identify one thing that is important to them and why.</p> <p>Group Exercise: Participants draw perfect body and discuss.</p> <p>Cognitive Dissonance. The idea of a perfect body is critiqued as something that is unrealistic and impossible to attain for most.</p> <p>The Body Perfect Changes over Time & Culture Participants are introduced to the socially constructed nature of body perfect ideals,</p>
<p>Lesson 2:</p> <p>Discussion and written exercise: coping with difficult moods.</p> <p>Group Discussion: How social media makes you feel.</p>	<p>Lesson 2</p> <p>Social media – Is it real? 1. Improve media literacy skills related to realism and representation in order to deconstruct social media</p>	<p>Facilitator-led whole class discussion: how ideals change across time, culture and fast-paced nature of appearance ideals in social media context, including</p>

Appendix 1a: Summary of Relevant Body Image and Social Media Literacy Interventions

<p>5 x Videos</p> <ol style="list-style-type: none"> 1. Body Image/Self Esteem 2. Boyband: Be Yourself 3. MHP Body Image/SM 4. Boyband; SM/Body Image 5. Youth Tips Body Image <p>Group discussion after each.</p> <p>Homework Exercise: Practical changes to improve body image. Supporting friends to improve body image.</p>	<p>posts</p> <p>2.Reduce persuasive impact of social media content.</p> <p>Facilitator ledreview of the homework taskon changes to content followed.</p> <p>Small group quiz: students applydeconstruction skills to consider realism in posts</p> <p>Individual activity: students analyseandprovide written responses on celebrity social media.</p>	<p>appearance-related trends popularized by social media (e.g., large lips and Kylie Jenner lip challenge, contouring).</p> <p>Group-based task:</p> <p>Identifying digital alterations in social media content and messages that equate the body perfect to desirable life outcomes. Explanation of how the body perfect illusion causes body dissatisfaction.</p> <p>The Body Perfect Illusion</p>
<p>Lesson 3</p> <p>Recap on homework.</p> <p>3 x Videos</p> <p>V.1.The Right Fit/Jigsaw</p> <p>Group Discussion:Is it a good idea to change to fit in?</p> <p>Individual Exercise:5 things you would like to try. Goal setting.</p> <p>V.2.Self talk MHP</p> <p>Group Discussion&CBT based written exercise: replacing negative self-talk.</p> <p>V.3. Change how you feel not how you look: MHP.</p> <p>Identify supports:5 people you like spending time &why.</p> <p>Homework exercise: Support friends with goal setting task.</p>	<p>Lesson 3: Interacting with friends on social media. Spend less time curating online profile.</p> <p>Reduce negative emotional response to feedback or lack of feedback Whole-class viewing of an</p> <p>Video: Instagram vs Real life, followed by discussion.</p> <p>Partner activity:How to represent ‘real’ self by focusing on hobbies, skills instead of image.</p> <p>Facilitator leddiscussion about the different ways comments may affect the way someone feels and behaves and helpful ways to provide feedback</p>	<p>Participants engage in group discussions of how individuals use social media to create the body perfect illusion (e.g., image filtering, body positioning) and share ideas with class.</p> <p>Facilitator-led: discussion of why people may engage in these practices (e.g., peer pressure, social media site design, likes & comments).</p> <p>Facilitator led: three examples of how to challenge body perfect pressures, including engaging with body positive accounts, reminding oneself of what the body can do rather than what it looks like, and verbally challenging body perfect ideals with friends.</p>
<p>Lesson 4</p>	<p>Lesson 4 – Promote awareness of the positive</p>	<p>Participants are provided</p>

Appendix 1a: Summary of Relevant Body Image and Social Media Literacy Interventions

<p>Group Discussion: Body Image & Mental Health.</p> <p>4 x Videos:</p> <p>V.1.Understanding Anorexia: MHP.</p> <p>Group Discussion: Impact of AN on body, mind, actions</p> <p>V.2.Understanding Bulimia.</p> <p>Group Discussion: Impact of BN on body, mind, actions</p> <p>V.3.Understanding Binge Eating Disorder</p> <p>Group Discussion: Impact of BED on body, mind, actions.</p> <p>V.4.Kate's Story – animated personal story of ED and recovery</p>	<p>impact social media can have on social issues.</p> <p>Revise content of lessons 1-3 Explore ways to create a real social media profile</p> <p>Reduce focus on appearance in on social media</p> <p>Facilitator led: discussion on how social media can be used to bring about positive social change</p> <p>Individual activity: students create a 'real me' social media profile, drawing upon the partner activity completed in lesson</p>	<p>with three scenarios where they encounter problematic appearance-related messaging on social media (including [i] Body perfect models dominating social media feed, [ii] Attempting to create own body perfect selfies to share, [iii] A friend frequently shares body perfect selfies) and instructed to discuss how they might respond to each scenario to challenge or resist problematic appearance messaging.</p> <p>They write their preferred action for each scenario in their workbook and make a pledge to try and enact these plans over the next week.</p>
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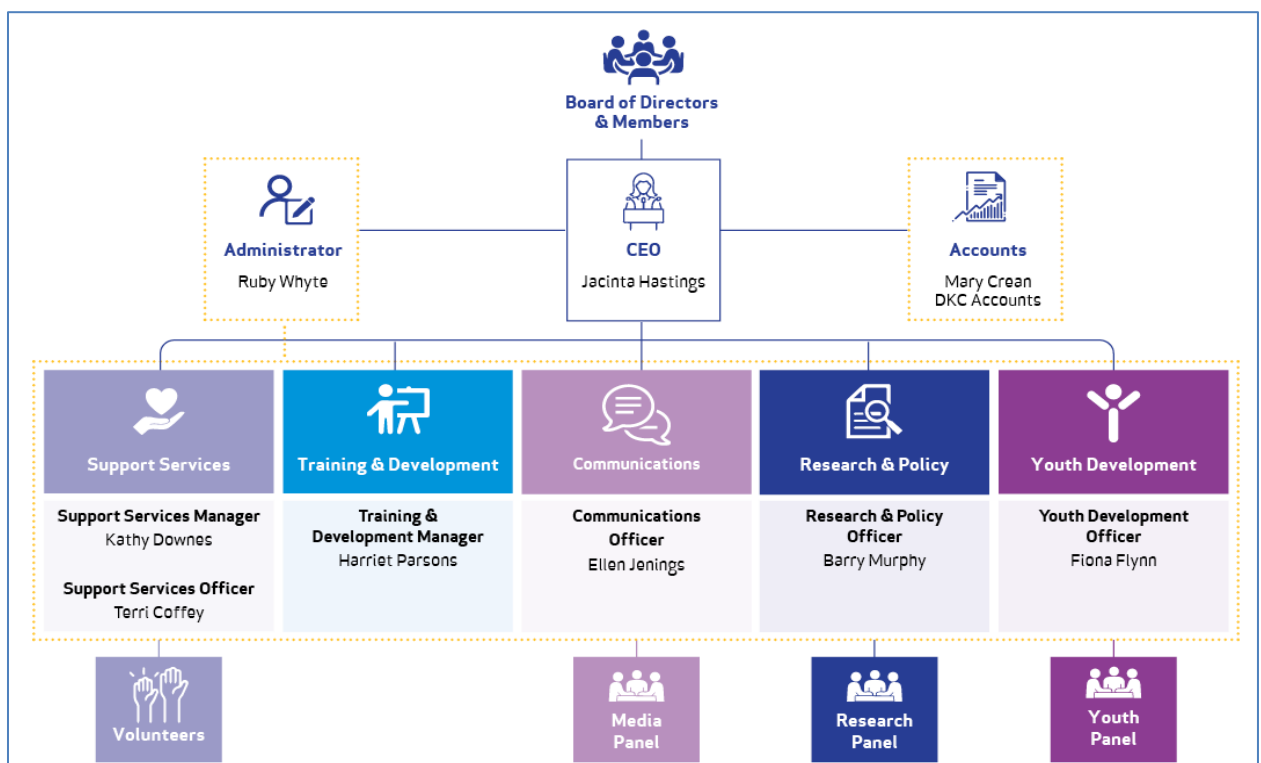
Note:Abbreviations: V: Video, SM:Social Media, MHP: Mental Health Professional, ED: Eating Disorder, BED: Binge Eating Disorder, CD: Cognitive Dissonance, CBT: Cognitive Behavioural Therapy.

Appendix 1b: Bodywhys Information & Organisation Chart

ABOUT BODYWHYS

Founded in 1995, Bodywhys is the national voluntary organisation supporting people affected by eating disorders. Think Bodywhys CLG is a company limited by guarantee (CLG) with a voluntary [Board of Directors](#) of people with expertise in relevant areas.

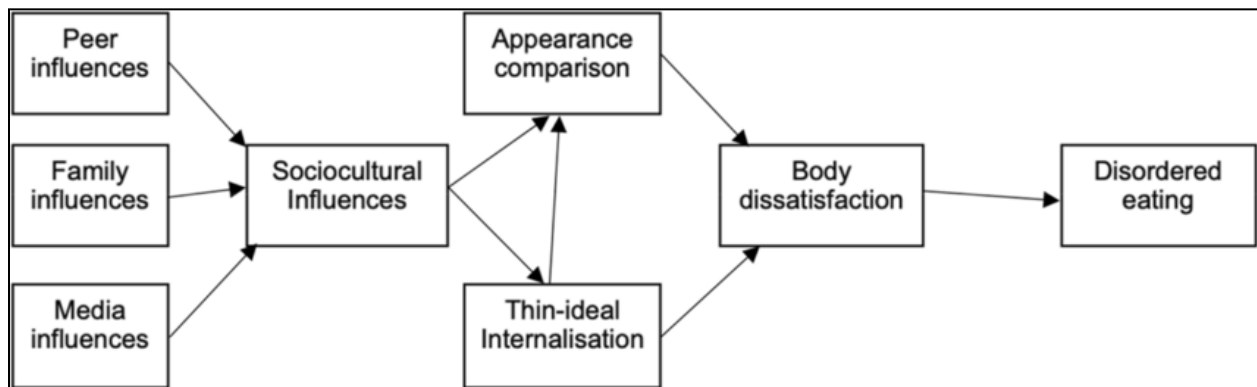
- Bodywhys provide a range of services to support people affected by eating disorders in their recovery including a helpline, support groups, online support groups (including Bodywhys Connect 18+ and Bodywhys Youth Connect 13-18), e-mail support.
- Bodywhys provide services for family and friends including a free four week (PiLaR) family support programme, Maudesley carer skills training, information and access to helpline and email support.
- Bodywhys also provide training nationwide via the clinical programme to primary care staff, medical and mental health professionals relating to eating disorders and recovery.
- Bodywhys provide a range of supports for schools and education professionals to promote awareness of eating disorders, to promote awareness of body image and to support schools to disseminate relevant information to parents and on the supports available.



Appendix 2a. Tripartite Influence Model of Body Image

Tripartite Influence Model of Body Image

(Thompson et al., 1999)



The Tripartite Influence Model of Body Image adapted from Burke et al, 2021; Schaefer et al., 2021 and Sun et al., 2023

Appendix 3a. School Consent Form Pilot Evaluation

To Whom It May Concern,

RE: #MoreThanASelfie Research

This is to confirm that Fiona Flynn, Youth Development Officer has the support of the Bodywhys Team, including our Training & Development Manager, Harriet Parsons, a trained and accredited Psychotherapist in carrying out the #MoreThanASelfie Research. Fiona also has the support of Professor Sinead McGilloway at the Centre for Mental Health and Community Research at Maynooth University.

Fiona has been working with schools in the delivery and development of programmes to improve body image, self esteem and to promote awareness of eating disorders and mental health since 2009. Bodywhys are keen to follow best practice in carrying out this research. Body image is a key issue affecting youth mental health with a recent study (Reach Out, 2017) indicating that 72% of young people report body image concerns causing them difficulties. The #MoreThanASelfie programme has been developed in conjunction with mental health professionals and young people and is presented as an easy to use pack for teachers which includes a range of short videos (1-3 minutes) and group and individual exercises to promote discussion and complement the SPHE Junior Cycle curriculum modules on: Body Image; Belonging & Integrating; Communication Skills and Friendship.

Bodywhys are aware of the need to provide schools and teachers with support during this research. Fiona Flynn has spoken to the Principal, SPHE team, Counsellors and Chaplains in participating schools and will provide brief training on using the lesson plans, guidance on facilitating discussion on sensitive topics and a clear pathway for teachers and schools to follow if an issue arises. In this event, schools will be advised to contact Fiona directly who will have the support of Harriet Parsons, Training and Development Manager and an accredited Psychotherapist and support of the Bodywhys team and/or Board of Management as required.

Fiona will be present to administer both sets of questionnaires to student participants. She will clearly explain the research and provide an opportunity to answer questions. All participants will receive a list of useful resources, links and websites relevant to youth mental health and given the contact details of Fiona Flynn, the Researcher/ Bodywhys Youth Development Officer. Student participants will be advised to speak to the relevant school contact/Counsellor or Chaplain if an issue arises. Fiona will also be available in the relevant school for 1 hour following completion of questionnaires to answer any additional questions or discuss any concerns participants may have.

Appendix 3a. School Consent Form Pilot Evaluation

Teachers who are delivering the #MTAS programme will also have access to the materials in advance and are encouraged to contact Fiona should they have any questions or concerns. Teachers will also be provided with information relating to the Bodywhys and Teacher Employee Assistance support information.

If you have any suggestions which could improve the support Bodywhys could provide to schools participating in the research or any questions, please do not hesitate to contact me.

Yours faithfully,

Jacinta Hastings

Bodywhys Chief Executive Officer

Researcher's Name: Fiona Flynn

Postgraduate Researcher
Department of Psychology
Maynooth University
Co Kildare

Fiona.Flynn.2018@mu.ie

Phone: 087 1228282

Supervisor's Name: Prof Sinead McGilloway

Centre for Mental Health and Community Research
Maynooth University Department of Psychology and
Social Sciences Institute
NUI Maynooth

Co.Kildare

sinead.mcgilloway@mu.ie

Phone: 01 708 4765

If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact the Secretary of the Maynooth University Ethics Committee at research.ethics@mu.ie or +353 (0)1 708 6019. Please be assured that your concerns will be dealt with in a sensitive manner.

Appendix 3a. School Consent Form Pilot Evaluation

#MoreThanASelfie Research

School Consent Form

Please read through the following and tick to confirm agreement with each statement.

I have met with Fiona Flynn, the Youth Development Officer with Bodywhys to discuss the #MoreThanASelfie research.

The school has agreed to send parental consent forms provided by Bodywhys to parents of the relevant students at least 10 days before research commences.

I understand that four class periods will be required for completion of the questionnaires: Two class periods for the pre intervention and also for the post intervention questionnaires

I understand that participants will require a signed parental consent form and their own written consent to participate

I agree to the designated SPHE teacher/s delivering the programme for 4 weeks during the scheduled SPHE class which will be a total of 4 class periods.

I have agreed that any students who do not wish to participate will be supervised by a member of the school teaching staff.

I have been given the proposed questionnaires and lesson plans by Bodywhys

I understand that the questionnaires will be anonymous but that participants names will be noted with an assigned number to identify them for the second set of questionnaires

I understand that the questionnaires will be stored in a secure location at Maynooth University and in accordance with data protection will be destroyed after 5 years.

I have agreed that Bodywhys will provide brief training to our school Counsellors and relevant SPHE teachers to ensure they are equipped to deal with any issues which may arise.

I have spoken to Bodywhys to ensure students with special educational needs will be included and agreed that a Special Needs Assistant will be available to any student who has access granted for the SPHE classes.

Appendix 3a. School Consent Form Pilot Evaluation

I consent to the #MoreThanASelfie Research being conducted in _____. I understand that I can contact Fiona Flynn, the researcher to seek further clarification and information as required.

School Name & Address

Name of School Principal

Signature of School Principal

Date

If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact the Secretary of the Maynooth University Ethics Committee at research.ethics@mu.ie or +353 (0)1 708 6019. Please be assured that your concerns will be dealt with in a sensitive manner.

Appendix 3b. Parental Consent Form Pilot Evaluation

Dear Parent / Carer,

My name is Fiona Flynn and I am the Youth Development Officer with Bodywhys. Bodywhys is the national organisation supporting people affected by eating disorders in their recovery through a range of support services. Bodywhys provide support to schools nationwide in promoting awareness of eating disorders and preventing eating disorders by targeting risk factors such as negative body image and self-esteem.

Body image is a key issue affecting youth mental health.

What is body image? Body image describes how a person feels about their own body and appearance.

A recent study of 2,500 young people in Ireland indicated that 72% reported body image concerns (Reach Out, 2017). The My World Survey (2013) of 14,500 young people in Ireland found that body image dissatisfaction was linked to higher levels of depression, self-harm, alcohol/substance abuse, eating disorders and suicide.

Bodywhys have recently developed the #MoreThanASelfie programme to improve body image. The content of this programme has been devised by mental health professionals and young people and is linked to the SPHE curriculum modules on; Body Image, Belonging & Integrating, Communication Skills and Friendship. We will be providing this programme to first years in your son/daughter's school. The programme will be delivered over 4 weeks during your child's SPHE (Social Personal Health Education) class by their SPHE teacher.

We are contacting you to ask your permission to include your son/daughter in a study to evaluate the effectiveness of the #MoreThanASelfie programme. In order to evaluate the programme we will be randomly assigning classes to one of 2 groups. Students will remain with their SPHE class group but classes will be randomly assigned by the researcher to receive the programme at 2 different times:

Group 1: This group will complete questionnaires, 1 week later they will commence the 4 week programme and the following week, they will complete the same questionnaires and an evaluation form.

Group 2: This group will complete questionnaires and 6 weeks later will complete the same questionnaires. This group will receive the 4 week programme after the questionnaires.

Students will complete 4 separate Questionnaires during a 70 minute period. The questionnaires will be explained by the researcher and students will have an opportunity to ask questions. You can see a sample of the questions asked on the sheet attached. Students do not have to take part and any student who does not wish to participate will be supervised by a member of school staff. Your child will also be asked to sign a consent form to confirm that they agree to participate.

All questionnaires will be anonymous. However, names will be noted with an assigned number so that student's questionnaires can be matched with their follow up questionnaires. In combination with a school code, this number will give each person a unique code. Bodywhys are collaborating with the National

Appendix 3b. Parental Consent Form Pilot Evaluation

University of Ireland, Maynooth in carrying out this research. Questionnaires will be stored in a secure location at Maynooth University. Only the Researcher, and Research Supervisor, Professor Sinead McGilloway will have access to these codes i.e. the names of the participants involved. General results of the research may be published at a later date. Your son/daughter's name will not be published or disclosed at any stage.

It must be recognised that, in some circumstances, confidentiality of research data and records may be overridden by courts in the event of litigation or in the course of investigation by lawful authority. In such circumstances the University will take all reasonable steps within law to ensure that confidentiality is maintained to the greatest possible extent.

This study has Research Ethics Approval from the Social Research Ethics Committee of National University of Ireland, Maynooth.

If you are happy that your child be involved in this research, I would appreciate it if you could carefully read the attached consent form. Please tick each section to indicate that you consent to each aspect of the research before signing the form and returning it to the school. If you would like more information on this study, you can contact me directly on 0872361535 or using the email address below. Thank you very much for taking the time to read this letter. I hope that you will give permission for your son/daughter to participate in this research.

Yours Sincerely,

Fiona Flynn,

Researcher's Name: Fiona Flynn
Postgraduate Researcher
Department of Psychology
Maynooth University
Co Kildare

Supervisor's Name: Prof Sinead McGilloway
Centre for Mental Health and Community Research
Maynooth University Department of Psychology and
Social Sciences Institute
NUI Maynooth
Co.Kildare

Fiona.Flynn.2018@mu.ie

sinead.mcgilloway@mu.ie

Phone: 087 1228282

Phone: 01 708 4765

If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact the Secretary of the Maynooth University Ethics Committee at research.ethics@mu.ie or +353 (0)1 708 6019. Please be assured that your concerns will be dealt with in a sensitive manner.

Appendix 3b. Parental Consent Form Pilot Evaluation

Consent form #MoreThanASelfie Study Evaluation

Please tick to confirm your consent to each aspect of the research	
I consent to my son/daughter taking part in the #MoreThanASelfie programme evaluation study.	
I understand that I can or my son/daughter can withdraw their participation at any stage during the study and their schoolwork will not be affected by this withdrawal.	
I understand that that the investigators may stop my son/daughter's participation in the study at any time without my consent for extremely disruptive behaviour.	
I consent to 6 SPHE class periods for the #MoreThanASelfie Programme including time to complete questionnaires and time for 4 lessons	
I have read the information letter about the research	
I have the contact details of the researcher, Fiona Flynn and understand that I can contact her at any time if I have questions about the research	
I understand that if I am unhappy with this process in any way I can contact the Secretary of the Maynooth University Ethics Committee using the details provided.	

I consent to my child participating in the #MoreThanASelfie research.

 Student Name

 Parent's Name

 Parent's Signature

 Date

Appendix 3b. Parental Consent Form Pilot Evaluation

Sample Questions from each questionnaire:

Questionnaire 1:

It is important for me to look athletic.			
<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
I want my body to look very thin.			
<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>

Questionnaire 2:

I feel that I have a number of good qualities.			
<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
At times I think I am no good at all.			
<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>

Questionnaire 3:

My teacher(s) treat me fairly...					
<i>Never</i>	<i>Almost Never</i>	<i>Some of the time</i>	<i>Most of the time</i>	<i>Almost Always</i>	<i>Always</i>
My teacher(s) explains things that I don't understand					
<i>Never</i>	<i>Almost Never</i>	<i>Some of the time</i>	<i>Most of the time</i>	<i>Almost Always</i>	<i>Always</i>

Questionnaire 4:

I often compare how I look with how other people look						
<i>Strongly disagree</i>	<i>Disagree</i>	<i>Disagree Slightly</i>	<i>Does not affect me</i>	<i>Agree Slightly</i>	<i>Agree</i>	<i>Strongly Agree</i>
I often worry about whether the clothes I am wearing make me look good						
<i>Strongly disagree</i>	<i>Disagree</i>	<i>Disagree Slightly</i>	<i>Does not affect me</i>	<i>Agree Slightly</i>	<i>Agree</i>	<i>Strongly Agree</i>

Dear Parent/Guardian

Bodywhys, The Eating Disorders Association of Ireland are conducting research to investigate body image pressures in young people to determine how we can develop additional resources to support young people in developing more positive body image. We are interested in conducting this research because body image is a key issues affecting youth body image is a key issue affecting the mental health of young people in Ireland. The My World Survey (2012) of 14,500 young people in Ireland found that body image dissatisfaction was linked to higher levels of depression, self-harm, alcohol/substance abuse, eating disorders and suicide.

We are interested in conducting research which would involve discussing body image pressures with small focus groups of young people aged 15-19. The findings from this study may also be used to develop information to support parents in understanding body image pressure and ways to enhance positive mental health and to minimise challenges to health or wellbeing in children and/or young people.

As the lead researcher, I will personally facilitate these workshops. I have a psychology background, over 20 years of professional experience and 13 years of experience working in youth mental health. All research will be carried out according to best practice. Due to the age of participants we will require parental consent.

What will the focus groups involve?

Focus groups will be facilitated by the lead researcher and a co-facilitator, both of whom are Garda vetted. Your child will take part in two 60 minute focus groups with a group of young people from their Comhairle na n'Og group and a group of young people from another Comhairle na n'Og group.

The researcher will clearly explain to your child that their participation in the focus groups is entirely voluntary and that they have the right to refuse to participate, refuse to answer any question and/or withdraw up to the point of data analysis (approximately two weeks after the focus group) without any consequence.

Recording and storing of focus group data

The focus group will be recorded (audio only) and then typed up. The recordings and typed notes will be stored in a secure location. Only the lead researcher will have access to the consent forms, names of the participants and transcripts. The transcripts and recordings will be later destroyed.

Confidentiality

The names of participants will remain confidential. Your child's name will not be included in any subsequent publications or presentation related to the study.

Sensitive Disclosures

The researcher will agree confidentiality with the group. The researcher will explain to the group that although the sessions are confidential, that if a participant mentions that they or someone else is in danger that they will have a 'duty of care' to report this to the Comhairle na n'Og youth group leader who will then follow the procedures for handling disclosures.

If you have any questions please do not hesitate to contact me on 0871228282 or using the email address below.

Yours sincerely,

Fiona Flynn
Youth Development Officer, Bodywhys
Youthdevelopment@bodywhys.ie

Researcher's Name: Fiona Flynn
Postgraduate Researcher
Department of Psychology
Maynooth University
Co Kildare

Fiona.Flynn.2018@mu.ie

Phone: 087 1228282

Supervisor's Name: Prof Sinead McGilloway
Centre for Mental Health and Community Research
Maynooth University Department of Psychology and
Social Sciences Institute
NUI Maynooth
Co.Kildare

sinead.mcgilloway@mu.ie

Phone: 01 708 4765

If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact the Secretary of the Maynooth University Ethics Committee at research.ethics@mu.ie or +353 (0)1 708 6019. Please be assured that your concerns will be dealt with in a sensitive manner.

**Focus Groups
Parent/Guardian Consent Form**

Please read through the following and tick to confirm agreement with each statement.

I understand that Fiona and a co-facilitator who are Garda Vetted will conduct two 60 minute focus groups with 8-10 students from Comhairle na n'Og groups.

I understand that participants will require a signed Parent/Guardian consent form and their own written consent to participate

I understand that the aim of the focus groups is to gain a broader understanding of body image pressure on young adolescents in Ireland

I understand that the focus groups will be recorded (audio only) and the audio recording used to type up transcripts of the focus group discussions and the recording will then be destroyed

I understand that the transcripts will be stored in a secure location at Bodywhys offices and in accordance with data protection will be later destroyed.

I understand that the findings from the focus groups may later be published but that the identity of my child will not be disclosed.

I consent to my child participating in the Bodywhys focus groups to gain a broader understanding of social media use in young adolescents in Ireland. I understand that I can contact Fiona Flynn, the researcher to seek further clarification and information as required.

Name of Parent/Guardian

Signature of Parent/Guardian

Date _____

If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact the Bodywhys CEO on 01-2834963.

Dear Parent/Guardian

Thank you for agreeing for your child to participate in the pilot phase of the #MoreThanASelfie programme. I hope they enjoyed participating in the programme.

In addition to the #MoreThanASelfie study, we will be conducting focus groups with a small group of students (6-8 students) who have participated in the study to discuss their experience participating in the programme. Your child has expressed an interest in participating in these focus groups.

An additional aim of the focus groups is to gain a broader understanding of social media use in young people in Ireland to assist in developing further programmes for young people. The findings may also be used to develop information to support parents in understanding social media use in children to assist them in managing social media use in young people to improve mental health and to reduce any negative effects to health or wellbeing.

How are participants selected for the focus groups?

All participants who have received all 4 weeks of the programme will be invited to participate. Any students who wish to participate can sign up to the focus groups through their teacher and 8 students from the list will be randomly selected (names put into a hat).

What will the focus groups involve?

Focus groups will be facilitated by the lead researcher and a co-facilitator, both of whom are Garda vetted. Your child will take part in one 60 minute focus group with a small group of students from their year. The researcher will explain that the purpose of the focus groups to the students, ask some questions about their experience of the programme and ask a few additional questions related to social media use and body image pressures experienced (or not) by their age group. The researcher and co-facilitator input will be minimal to ensure the focus groups are youth led and capture actual experience of the participants whilst also minimising any researcher influence.

Recording and storing of focus group data

The focus groups will be recorded (audio only) and then typed up. The recordings and typed notes will be stored in a secure location at Maynooth University. Only the lead researcher and will have access to the signed consent forms, names of the participants and the transcripts of the focus groups. The transcripts and recordings will be later destroyed.

Confidentiality

The names of participants will remain confidential. Your child's name will not be included in any subsequent publications or presentation related to the study.

Sensitive Disclosures

The researcher will agree confidentiality with the group and explain that although the session is confidential, that if a participant mentions that they or someone else is in danger that they will have a 'duty of care' to report this to the school Principal who will then follow the procedures for handling disclosures within the school.

Scheduling Focus Groups

Focus groups will be conducted during school time. Your child will miss two class periods to participate in the focus group.

If you are happy for your child to participate in the focus group, I would appreciate it if you could carefully read the attached consent form. Please tick each section to indicate that you consent to each aspect of the research before signing the form and returning it to the school. If you would like more information on this study, you can contact me directly on 0871228282 or using the email address below. Thank you very much for taking the time to read this letter.

Yours Sincerely,

Fiona Flynn,

Researcher's Name: Fiona Flynn
Postgraduate Researcher
Department of Psychology
Maynooth University
Co Kildare

Supervisor's Name: Prof Sinead McGilloway
Centre for Mental Health and Community Research
Maynooth University Department of Psychology and
Social Sciences Institute
NUI Maynooth
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Phone: 087 1228282

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If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact the Secretary of the Maynooth University Ethics Committee at research.ethics@mu.ie or +353 (0)1 708 6019. Please be assured that your concerns will be dealt with in a sensitive manner.

**Focus Groups
Parent/Guardian Consent Form**

Please read the following and tick to confirm agreement with each statement.	
I understand that Fiona and a co-facilitator who are Garda Vetted will conduct two 60 minute focus groups with 6-8 first year students in our school who have been involved in the #MoreThanASelfie programme.	
I understand that the focus groups will occur during school hours and my child will miss two class periods to participate.	
I understand that participants will require a signed Parent/Guardian consent form and their own written assent to participate.	
I understand that the aim of the focus groups is to gain a broader understanding of the experience of social media use in young adolescents in Ireland	
I understand that the focus groups will be recorded (audio only) and the audio recording used to type up transcripts of the focus group discussions and the recording will then be destroyed	
I understand that the transcripts will be stored in a secure location at Maynooth University and in accordance with data protection will be later destroyed.	
I understand that only Photovoice photos agreed by my child and the other participants may be used in any presentation of findings or publication related to this study and will not contain identifying content related to persons, location or names.	
I understand that the findings from the focus groups may later be published but that the identity of my child will not be disclosed.	

I consent to my child participating in the #MoreThanASelfie focus groups to gain a broader understanding of social media use in young adolescents in Ireland. I understand that I can contact Fiona Flynn, the researcher to seek further clarification and information as required.

Name of Parent/Guardian

Signature of Parent/Guardian

Date

If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact the Secretary of the Maynooth University Ethics Committee at research.ethics@mu.ie or +353 (0)1 708 6019. Please be assured that your concerns will be dealt with in a sensitive manner.

Appendix 3c: Participant Information and Assent Form – Pilot Evaluation

Dear Student,

My name is Fiona Flynn and I work with Bodywhys. Bodywhys have recently developed the #MoreThanASelfie programme to help young people to feel better about how they look and about themselves in general.

Most young people say that concerns about how they look hold them back from enjoying life. A recent study of 2,500 young people in Ireland showed that 72% said that concerns about how they looked caused them difficulties (Reach Out, 2017).

We would like to trial the #MoreThanASelfie programme in your school. We want to see if the programme is useful in helping young people to feel better about how they look and to feel happier in general. To do this we will be asking young people to fill out questionnaires before and after the lessons. These questionnaires include questions about how happy you are with how you look, how happy you are in general, questions about social media and some questions about how well you get along with friends, family, teachers and people in your class. The questionnaires will be confidential. You will not put your names on the questionnaires. You will be given a number so that we can match your questionnaires. Only the researcher, Fiona Flynn will have the list with the names of the people involved and this will be stored in a locked cabinet in Maynooth University and later destroyed. Any report on this research will not include your name.

Taking part in this programme and study will not affect your schoolwork. If you agree to take part in the study, you can withdraw at any stage during the study and your schoolwork will not be affected.

The researcher may stop your participation in the study at any time without your consent for extremely disruptive behaviour.

If you are happy to be involved in this project and the accompanying research, I would appreciate if you could sign the consent form attached. If you would like more information on this study, you can contact the researcher, Fiona Flynn directly on 0871228282 or using the email address below. Thank you very much for taking the time to read this letter. I hope that you will consent to participate in this project.

Yours Sincerely,

Fiona Flynn,

Fiona.Flynn.2018@mu.ie

Researcher's Name:

Fiona Flynn
Postgraduate Researcher
Department of Psychology
Maynooth University
Co Kildare

Fiona.Flynn.2018@mu.ie

Supervisor's Name:

Prof Sinead McGilloway
Centre for Mental Health and Community Research
Maynooth University Department of Psychology and
Social Sciences Institute
NUI Maynooth
Co.Kildare

sinead.mcgilloway@mu.ie

Appendix 3c: Participant Information and Assent Form – Pilot Evaluation

Phone: 087 1228282

Phone: 01 708 4765

#MoreThanASelfieResearch

Consent to take part in research

I.....voluntarily agree to take part in this research study.	
I understand that even if I agree to take part now, I can change my mind at any time or refuse to answer any question and that will be fine	
This research has been explained to me, I have been given an information page and I have had the opportunity to ask questions.	
I understand that taking part involves answering 4 separate questionnaires on 2 different days and that this will take 60-70 minutes each time	
I understand that taking part will also involve 4 SPHE classes with my usual SPHE teacher with videos and lessons on body image, social media and related topics	
I understand that if I do not wish to participate that I will be supervised doing school work by a teacher	
I understand that all of the answers I give on the questionnaires will be confidential	
I understand that any report on the results of this research will not mention names of anyone taking part	
I understand that if I tell the researcher that I or someone else is at risk of harm - they will discuss this with me first but they may have to report this to someone who can help.	
I understand that signed consent forms and questionnaires will be kept locked away and later destroyed	
I understand that I have a right to access the information I have given at any time while it is in storage.	
I understand that I am free to contact the researcher, Fiona Flynn or any of the people involved in the research if I have any questions or would like more information on the research.	

Signature of research participant

Date

Please print name

If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact the Secretary of the Maynooth University Ethics Committee at research.ethics@mu.ie or +353 (0)1 708 6019. Please be assured that your concerns will be dealt with in a sensitive manner.

Appendix 3c: Participant Information and Assent/Consent Form: Stage One

We are very happy you would like to be involved in the focus groups. Before you decide for definite that you would like to be involved please read through this information letter and tick all the boxes on the back to show that you understand what the focus groups are all about and what you will be doing. Then if you are sure you would like to take part you can sign the consent/assent form.

Bodywhys, The Eating Disorders Association of Ireland are conducting research to investigate body image pressures in young people to determine how we can develop additional resources to support young people in developing more positive body image. We are interested in conducting this research because body image is a key issues affecting youth body image is a key issue affecting the mental health of young people in Ireland. The My World Survey (2012) of 14,500 young people in Ireland found that body image dissatisfaction was linked to higher levels of depression, self-harm, alcohol/substance abuse, eating disorders and suicide.

We are interested in conducting research which would involve discussing body image pressures with small focus groups of young people aged 15-19. The findings from this study may also be used to develop information to support teachers or parents in understanding body image pressure and ways to support young people to have a more positive body image. They may also be used to develop information for young people themselves.

As the lead researcher, I will personally facilitate these focus groups. I have a psychology background, over 20 years of professional experience and 13 years of experience working in youth mental health. All research will be carried out according to best practice. All participants aged less than 18 will require a signed parental consent form. If you are under 18, you can only take part if I have already received a signed parental consent form.

What will the focus groups involve?

Focus groups will be facilitated by the lead researcher and a co-facilitator, both of whom are Garda vetted. You will take part in one 60 minute focus group with a group of young people from their Comhairle na n'Og group and a group of young people from another Comhairle na n'Og group.

Recording and storing of focus group data

The focus groups will be recorded (audio only) and then typed up. The recordings and typed notes will be stored in a secure location. Only the lead researcher will have access to the consent forms, names of the participants and transcripts. The transcripts and recordings will be later destroyed.

Confidentiality

The names of participants will remain confidential. Your name will not be included in any subsequent publications or presentation related to the study.

Sensitive Disclosures

We will discuss confidentiality at the beginning of the focus group. Although the focus groups are confidential, if a participant mentions that they or someone else is in danger, the researcher will have a 'duty of care' to report this to the Comhairle na n'Og youth group leader who will then follow the procedures for handling disclosures.

Appendix 3c: Participant Information and Assent/Consent Form: Stage One

If you have any questions please do not hesitate to contact me on 0871228282 or using the email address below.

Yours sincerely,

Fiona Flynn
Youth Development Officer, Bodywhys
Youthdevelopment@bodywhys.ie

Researcher's Name: Fiona Flynn
Postgraduate Researcher
Department of Psychology
Maynooth University
Co Kildare

Fiona.Flynn.2018@mu.ie

Phone: 087 1228282

Supervisor's Name: Prof Sinead McGilloway
Centre for Mental Health and Community Research
Maynooth University Department of Psychology and
Social Sciences Institute
NUI Maynooth
Co.Kildare

sinead.mcgilloway@mu.ie

Phone: 01 708 4765

If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact the Secretary of the Maynooth University Ethics Committee at research.ethics@mu.ie or +353 (0)1 708 6019. Please be assured that your concerns will be dealt with in a sensitive manner.

Appendix 3c: Participant Information and Assent/Consent Form: Stage One

**Focus Groups
Assent/ Consent Form**

Please read through the following and tick to confirm agreement with each statement.

I understand that Fiona and a co-facilitator who are Garda Vetted will conduct two 60 minute focus groups with 8-10 students from Comhairle na n'Og groups.	
Fiona Flynn has explained what the focus group will involve and I would like to take part. I understand that by ticking this box and signing below that I am consenting to participate	
Fiona Flynn has explained that my participation is entirely voluntary, and I have the right to refuse to participate, refuse to answer any question and/or withdraw up to the point of data analysis (approximately two weeks after the focus group) without any consequence.	
I understand that the aim of the focus groups is to gain a broader understanding of body image pressure on young adolescents in Ireland	
I understand that the focus groups will be recorded (audio only) and the audio recording used to type up transcripts of the focus group discussions and the recording will then be destroyed	
I understand that the transcripts will be stored in a secure location at Bodywhys offices and in accordance with data protection will be later destroyed.	
I understand that the findings from the focus groups may later be published but that my name or other identifying information will not be disclosed.	

I consent/assent to participating in the Bodywhys focus groups to gain a broader understanding of body image in young adolescents in Ireland. I understand that I can contact Fiona Flynn, the researcher to seek further clarification and information as required.

Name of Participant (Block letters)

Signature of Participant

Date

If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact the Bodywhys CEO on 01-2834963.

Appendix 3. Participant Assent Form. Stage Two

Dear Student

We are very happy you are interested in participating in this focus group. The researcher (Fiona) will read through the information letter and form and give you time to ask questions. Before you decide for definite that you would like to be involved please also read through this information letter and tick all the boxes on the back to show that you understand what the focus groups are all about and what you will be doing.

Why are we doing this?

We are doing this to find out more about your experience of participating in the #MoreThanASelfie lessons in your school. There will be no right or wrong answers. We really want the focus groups to be an honest discussion of your experience of the lessons, what parts you liked or did not like and any suggestions you have for how the lessons could be improved. We will ask a few questions and encourage you to talk to each other about your experience of the programme. We will also ask some questions about body image and social media.

How will the information from the focus groups be used?

We will record the focus groups (audio/sound only). We may use this information to develop new lessons for schools, teachers, parents and young people to promote positive body image and social media literacy and support young people in living happier lives.

Confidentiality

We may write articles about what we have learned in this research. Your name will not be in these articles. All of the information will be put together with information from focus groups in other schools. What you say in the focus groups is confidential. The recording of the focus groups will be typed up and the information will not be stored with your name. Only the researcher (Fiona) will have the names of who was involved in each focus group. The typed up information and recording will be stored in a locked cabinet in Maynooth University and later destroyed.

Parent/Guardian Consent.

You can only take part if a parent or guardian has signed a consent form for you to do so.

I am happy to answer any questions you might have before you sign.

Yours sincerely,

Fiona Flynn
Researcher

If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact the Secretary of the Maynooth University Ethics Committee at research.ethics@mu.ie or +353 (0)1 708 6019. Please be assured that your concerns will be dealt with in a sensitive manner.

Appendix 3. Participant Assent Form. Stage Two

#MoreThanASelfie: Focus Groups Participant Consent Form

Please read through the following and tick to show you agree with each part:

Fiona, the researcher has read through the information letter about the focus groups, explained what is involved and I have had a chance to ask questions.	
I understand that Fiona and an assistant and 6-8 first year students in our school will be involved in each focus group	
I understand that the focus groups will take place during school hours and I will miss two class periods to attend.	
My parent/ guardian has signed a consent form for me to take part	
I understand that in each focus group we will be talking about your experience of the #MTAS lessons and also about body image and social media.	
I understand that the focus groups will be recorded (audio/sound only) and the audio recording and typed up version will be stored in a locked cabinet in Maynooth University and later destroyed	
I understand that my name will be confidential and will not be mentioned in any articles about the focus groups	
I understand that the findings from the focus groups may later be published but that my name will not be included.	
Fiona Flynn has explained that my participation is entirely voluntary, and I have the right to refuse to participate, refuse to answer any question and/or withdraw up to the point of data analysis (approximately two weeks after the focus group) without any consequence.	

I agree to being involved in the #MoreThanASelfie focus groups about social media use in Ireland, I understand that I can contact Fiona Flynn, the researcher to seek further clarification and information as required.

Name of child

Signature

If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact the Secretary of the Maynooth University Ethics Committee at research.ethics@mu.ie or +353 (0)1 708 6019. Please be assured that your concerns will be dealt with in a sensitive manner.

Consolidated criteria for reporting qualitative studies (COREQ): 32-item checklist

Developed from:

Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007. Volume 19, Number 6: pp. 349 – 357

No. Item	Guide questions/description	Reported on Page #
Domain 1: Researcher and reflexivity		
<i>Personal Characteristics</i>		
1. Inter viewer/facilitator	Which author/s conducted the interview or focus group? <i>The researcher, Fiona Flynn conducted all interviews, focus groups and co-creation workshops described in the thesis.</i>	Chapters 4 and 6
2. Credentials	What were the researcher’s credentials? E.g. PhD, MD. <i>The researcher credentials include a BSc (Hons) in Social Psychology and an MA in Occupational Psychology.</i>	Cover Page
3. Occupation	What was their occupation at the time of the study? <i>The researcher was working part-time as the Youth Development Officer with Bodywhys (The Eating Disorders Association of Ireland) while conducting the study.</i>	Chapter Four, p. 104
4. Gender	Was the researcher male or female? <i>Female</i>	Female
5. Experience and training	What experience or training did the researcher have? <i>The researcher has over 15 years working in the development and delivery of content to promote wellbeing in schools(e.g. from her work with Bodywhys and prior to that with the National Suicide Research Foundation and the Saving and Empowering Young Lives in Europe programme. She has also conducted research on wellbeing programmes in schools and presented at</i>	Appendix 4

Appendix 4a. COREQ Completed with Information Pertaining to #MTAS Research

	<i>Psychology conferences in Ireland and overseas (e.g. the World Congress of Behavioural and Cognitive Therapies, Barcelona, 2007 and the Association of Child and Adolescent Mental Health conference, Oxford, March 2007, European Council of Eating Disorders, Belfast, September 2022, Body Peace Conference, Canada – Online, October 2022, National Eating Disorder Conference, Dublin, 2022).</i>	
<i>Relationship with participants</i>		
6. Relationship established	<p>Was a relationship established prior to study commencement?</p> <p>The researcher had an established relationship with the Bodywhys Youth Panel and with the Bodywhys CEO who was a decision maker participant. The researcher had no established relationship with any of the other participants.</p>	Chapter Four
7. Participant knowledge of the interviewer	<p>What did the participants know about the researcher? e.g. personal goals, reasons for doing the research</p> <p><i>The participants were informed that the researcher was the Youth Development Officer with Bodywhys and that the primary objectives of the research were to determine; (i) What is the nature and extent of social media behaviour in a sample of Irish young adolescents (aged 12-14) and what are their experiences, views and perceptions of social media? and (ii) How effective and feasible is a brief intervention delivered by teachers in the classroom setting, in terms of its impact on body image, self-esteem and social media use/ behaviours?</i></p>	Chapter One
8. Interviewer characteristics	<p>What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic.</p> <p><i>Information pertaining to researcher reflexivity is outlined in Chapter 3 and revisited in Chapters 4 and 6.</i></p>	Chapter Three, p. 99. Also in Chapters 4 and 6.

Appendix 4a. COREQ Completed with Information Pertaining to #MTAS Research

Domain 2: study design		
<i>Theoretical framework</i>		
9. Methodological orientation and Theory	<p>What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis.</p> <p><i>The research was rooted in the pragmatic paradigm and a mixed methods approach was utilised. Information pertaining to overarching methodology was described in Chapter 3. Further information pertaining to the use of specific approaches, including content analysis and reflexive thematic analysis, is also included in Chapters 4 and 6.</i></p>	Chapter 3, p. 90.
<i>Participant selection</i>		
10. Sampling	<p>How were participants selected? e.g. purposive, convenience, consecutive, snowball</p> <p><i>Participants were selected using mainly purposive sampling. Specific information relating to participant recruitment is described in Chapters 4 and 6.</i></p>	Chapter 4 and 6.
11. Method of approach	<p>How were participants approached? e.g. face-to-face, telephone, mail, email</p> <p>Decision makers were contacted by phone to outline the research and to schedule an interview time. Schools were also contacted by phone and then a follow up email with additional information was sent. The researcher then arranged a suitable time to meet school principals and relevant teachers to discuss the research and provide an opportunity for questions and time to read through and sign their respective consent forms.</p>	Chapters 4 and 6.
12. Sample size	<p>How many participants were in the study?</p> <p>70 participants were involved in intervention development: 16 Phase One and 54 in Phases Two and Three</p>	Intervention development participants: Chapter Four

Appendix 4a. COREQ Completed with Information Pertaining to #MTAS Research

	<p>Youth participants: 161 (reduced to 139 for analysis) were involved in the pilot evaluation</p> <p>3 – Teacher participants</p>	<p>Pilot evaluation participants: Chapter Six</p>
13. Non-participation	<p>How many people refused to participate or dropped out? Reasons?</p> <p>No participants refused to participate or dropped out of the study.</p>	<p>None</p>
Setting		
14. Setting of data collection	<p>Where was the data collected? e.g. home, clinic, workplace.</p> <p><i>The one-to-one interviews were conducted at the work locations of the interviewees. The focus groups were conducted in a city centre location convenient to bus and rail routes and the school focus group was conducted in a room in the school.</i></p>	<p>Described in Chapters 4 and 6</p>
15. Presence of non-participants	<p>Was anyone else present besides the participants and researchers?</p> <p><i>A co-facilitator was present for the focus groups but only the researcher and participants were present during the interviews.</i></p>	<p>Chapter 4 and 6</p>
16. Description of sample	<p>What are the important characteristics of the sample? e.g. demographic data, date.</p> <p><i>Specific information pertaining to participants (e.g. age, sex, background) is described in Chapters Four and Six.</i></p>	<p>Chapter 4 and 6.</p>
Data collection		
17. Interview guide	<p>Were questions, prompts, guides provided by the authors? Was it pilot tested?</p> <p><i>Yes focus group topic guides, interview schedules and guides for the co-creation workshops were all developed by the</i></p>	<p>Chapter 4 and 6.</p>

Appendix 4a. COREQ Completed with Information Pertaining to #MTAS Research

	<i>researcher.</i>	
18. Repeat interviews	Were repeat interviews carried out? If yes, how many? <i>No</i>	n/a
19. Audio/visual recording	Did the research use audio or visual recording to collect the data? <i>Audio only.</i>	Chapter
20. Field notes	Were field notes made during and/or after the interview or focus group? <i>Yes, notes were made during the semi-structured interviews, immediately after focus groups and during and after co-creation workshops.</i>	Chapter 4.
21. Duration	What was the duration of the interviews or focus group? Interviews were 40 minutes to hour duration. Focus groups lasted approximately one hour.	Chapter 4.
22. Data saturation	Was data saturation discussed? Yes.	
23. Transcripts returned	Were transcripts returned to participants for comment and/or correction? No, transcripts pertaining to the focus groups or interviews were not returned to participants, however the iterative cycle utilised in the co-creation workshops involved repeated checking in to clarify participant input and views.	Chapter 4.
Domain 3: analysis and findings		
<i>Data analysis</i>		
24. Number of data coders	How many data coders coded the data? <i>One - only the researcher (due to limited resources).</i>	Chapters 6 and 9
25. Description of the coding tree	Did authors provide a description of the coding tree? <i>Yes a description of the codes pertaining</i>	Chapters 5 and 7.

Appendix 4a. COREQ Completed with Information Pertaining to #MTAS Research

	<i>to each of the qualitative research stages is provided in the relevant results sections (e.g. Chapter Five and Chapter Seven).</i>	
26. Derivation of themes	<p>Were themes identified in advance or derived from the data?</p> <p>Themes were derived from the data.</p>	Chapters 5 and 7
27. Software	<p>What software, if applicable, was used to manage the data?</p> <p>The qualitative data were analysed solely by hand.</p>	Chapter 6.
28. Participant checking	<p>Did participants provide feedback on the findings?</p> <p>Yes, participants provided feedback on the intervention (described in Chapter Seven).</p>	Chapter 7.
<i>Reporting</i>		
29. Quotations presented	<p>Were participant quotations presented to illustrate the themes/ findings? Was each quotation identified?</p> <p><i>Yes participant quotations were provided. No quotations were identified – only information on sex was provided to illustrate differences in male and female experiences of the intervention.</i></p>	Chapter 5 and Chapter 7
30. Data and findings consistent	<p>Was there consistency between the data presented and the findings?</p> <p>Yes, attempts were made to present the data in ways consistent with the findings.</p>	Chapters 5 and 7.
31. Clarity of major themes	<p>Were major themes clearly presented in the findings?</p> <p>Yes, major themes were identified and clearly presented .</p>	Chapters 5 and 7.
32. Clarity of minor themes	<p>Is there a description of diverse cases or discussion of minor themes?</p> <p>Yes, some more minor themes were presented as subthemes. (No diverse cases were identified.)</p>	Chapters 5 and 7.

Topic Guide: Focus Group Youth Participants

The following questions were intended to elicit views and attitudes of the youth participants in relation to body image, influences to body image and possible suggestions on how to effectively promote positive body image in youth populations.

- Do you think there is body image pressure on young people?
- Where do you think that pressure comes from?
- Would you say the pressure is the same for males and females?
- Is there pressure on people to look a certain way? Please describe
- Do you think body image pressure is something people talk about? Why? Why not?
- As an organisation Bodywhys provide talks in schools. What areas do think would be important to talk about?
- Do you think it would be possible to do lessons on body image in the school setting?
- Do you think there is any need for lessons to promote positive body image?
- How do you think lessons could be designed so that the content was the same across all schools?

Interview Schedules: Key Decision Makers

The following questions were intended to elicit the views and experiences of decision makers related to the development of practical lessons to promote positive body image in the school setting.

SPHE Decision Maker Interview Schedule

The interview schedule was designed to stimulate discussion on all specific requirements pertaining to the SPHE curriculum and or other relevant documents to ensure that the new materials were in line with expectations and curriculum requirements.

- Do you think there is a need for additional content to promote positive body image in the school setting?
- Do you have plans to include new content on body image and social media literacy in the school setting?
- Bodywhys conducted focus groups with young people on body image and they indicated that social media is a key source of appearance pressure and that it would be good to provide lessons on these in the school setting but the content would need to include videos (by young people for young people) to stimulate relevant discussion. What do you think of this idea?
- Is there anything else you think I should know about the implementation of this approach?
- What specific needs do you think it meets from your perspective?
- Do you have specific templates for lesson design?
- What are some of the newer lesson frameworks?
- Do teachers have preferences for lesson style?
- What format do you think should be provided?
- Do you have any sample templates that I could review?
- Do you have any questions you would like to ask?

Bodywhys Decision Maker Interview Schedule

This interview schedule was designed to discuss the development of new content to promote positive body image in the school setting and to discuss all relevant.

- Remind Jacinta of the results from the focus groups with young people on body - they indicated that social media is a key source of appearance pressure and that it would be good to provide lessons on these in the school setting but the content would need to include videos (by young people for young people) to stimulate relevant discussion. What do you think of this idea?
- What are your thoughts in relation to how to approach the development of a new schools programme for the school setting?
- What are your concerns about developing a programme for schools which will be delivered by teachers?
- What are the requirements of the Bodywhys board?
- How do I need to report the developments to the board for approval?
- What are the particular steps to follow to ensure the board are informed and have information required to approve and is there a timeframe to be aware of?
- What are the requirements for the HSE?
- I know Bodywhys need to report statistics on delivery of programmes to the HSE. What are your thoughts on how to do this if delivery is teacher led?
- Are there any other parameters to be aware of in developing schools content?
- Is there funding to develop video content for the lesson plans?
- Is there anything else you think I should know about the implementation of this approach?
- What specific needs do you have in relation to programme development and updating you, the Bodywhys Team and Board on development of the materials?
- Are there any new policies related to education on eating disorders, mental health or relevant areas in the school setting?
- Can you provide samples of these?
- Do you have any questions you would like to ask?

One to One Interview Schedule: Teacher Stakeholders

- Do you think there is a requirement for lessons to promote positive body image in the school setting?
- Do you think there is a need for content to promote media literacy?
- Do you have existing SPHE content related to body image?
- Have you delivered any content on body image in the classroom?
- How do you feel about delivering content on body image/social media literacy?
- What are your concerns?
- How much training have you received on SPHE?
- What in your opinion are the main pressures or influences to body image in young people?
- Do you think social media is a source of appearance pressure?
- If you were provided with lessons to promote positive body image what would be the easiest format for you to use in the classroom?
- Would you prefer video content, group discussion points, powerpoint slides?
- Would you use facilitator guides to deliver class content?
- Would it be helpful to have handouts for students?
- Do you have a favourite SPHE lesson to deliver?
- Can you please describe the format of this and why it is a favourite?
- Do you have any questions you would like to ask?

Appendix 4d. Phase Two Youth Consultation Workshop Guide

Introduction

Tell them about Bodywhys, tell them what I do and the reason for coming to speak to them today is because of the research which tells us that body image is a key issue for young people. We need their honest feedback to try to develop a programme to support young people to feel happier with their body image and/or happier in general.

Tell the group about some of the findings from the Phase One Focus Groups

I am here today to get your honest feedback on some new videos and lesson plans we are hoping to put together which can be used to help young people to feel good about their body image. We're doing that because the research tells us that body image is a common issue for young people (72% of 2,500) have body image concerns.

There are no right or wrong answers today – I really want your honest opinions – you are the experts on what young people will think about the videos and content. If we are going to be able to develop a programme for schools to help people then we need to know if young people think it's any good. I'm going to show you some of the videos and then ask you a few questions. You can stop me at any stage if you want to ask me a question or if something is not clear too – please do.

	Youth Videos	Media Images/Videos	Eating Disorder Vidos
What do you think this video was about?			
Interesting? Y/N Why, why not?			
Do you think this video would get young people talking? Why? Why not?			
This video is intended to encourage young people to think differently. Does it? How? Why/ Why not?			
What do you like about this vido			
What do you not like			
Do you have any ideas for what would work better			
Honest thoughts overall			

Thank you so much for taking part. Your feedback today may be used to develop a programme to support young people to feel happier with their body image and/or happier in general.

Appendix 4e. Co Creation Workshop Guides

Phase Three CCW Rounds One/Two/ Three. Repeating the same process each time.

Reminder: I am here today to get your **honest** feedback on some new videos and lesson plans we are hoping to put together which can be used to help young people to feel good about their body image. We're doing that because the research tells us that body image is a common issue for young people (72% of 2,500) have body image concerns.

There are no right or wrong answers today – I really want your honest opinions – you are the experts on what young people will think about the videos and content. If we are going to be able to develop a programme for schools to help people then we need to know if young people think it's any good. I'm going to show you some of the videos and then ask you a few questions. You can stop me at any stage if you want to ask me a question or if something is not clear too – please do.

Repeat the below process for each video/new lesson slide

	Video Name	Lesson Ideas	Images/Graphics
What do you think this video was about? What do you think of the lesson materials?			
Interesting? Y/N Why, why not?			
Do you think this video would get young people talking? Why? Why not?			
This video is intended to encourage young people to think differently. Does it? How? Why/ Why not?			
What do you like about this video? What about the text? Graphics? Font?			
What do you not like? What about the text? Graphics? Font?			
Do you have any ideas for what would work better			
Honest thoughts overall... be ruthless!			

Appendix 4e. Co Creation Workshop Guides

Will this work with First year students? What else to we need?

	Video Name	Lesson Ideas	Images/Graphics
What do you think this video was about? What do you think of the lesson materials?			
Interesting? Y/N Why, why not?			
Do you think this video would get young people talking? Why? Why not?			
This video is intended to encourage young people to think differently. Does it? How? Why/ Why not?			
What do you like about this video? What about the text? Graphics? Font?			
What do you not like? What about the text? Graphics? Font?			
Do you have any ideas for what would work better			
H.onest thoughts overall.			

Have you seen any videos, images, content online that you could suggest for style?

Appendix 4e. Co Creation Workshop Guides

	Video Name	Lesson Ideas	Images/Graphics
What do you think this video was about? What do you think of the lesson materials?			
Interesting? Y/N Why, why not?			
Do you think this video would get young people talking? Why? Why not?			
This video is intended to encourage young people to think differently. Does it? How? Why/ Why not?			
What do you like about this video? What about the text? Graphics? Font?			
What do you not like? What about the text? Graphics? Font?			
Do you have any ideas for what would work better			
Honest thoughts overall... be ruthless!			

Thank you so much for taking part. Your feedback today may be used to develop a programme to support young people to feel happier with their body image and/or happier in general.

The researcher brought some printed copies of these forms so participants could make notes on each video also if wished but the process was mostly discussion.

Appendix 5a: An Overview of the SPHE Wellbeing Curriculum for Junior Cycle

Junior Cycle Social, Personal and Health Education (SPHE) is a 100 hour short course. The course is designed to support schools in providing the required 100 hours of learning in SPHE which is a minimum requirement for all junior cycle short courses.

Learning in SPHE aims to help students to

- build self-awareness and positive self-worth
- develop the knowledge, understanding, skills, dispositions and values that will support them to lead fulfilling and healthy lives
- feel empowered to create, nurture and maintain respectful and loving relationships with self and others
- enhance their capacity to contribute positively to society

The SPHE Wellbeing short course was first published in 2016 and was updated in 2023.

The #MTAS programme was designed to complement the SPHE curriculum. Additional details relating to the SPHE curriculum can be accessed online at: <https://www.curriculumonline.ie/Junior-Cycle/Short-Courses/SPHE/?lang=en-ie>.

An overview of the SPHE Wellbeing curriculum for Junior Cycle is provided overleaf.

Appendix 5a: An Overview of the SPHE Wellbeing Curriculum for Junior Cycle

An Overview of the SPHE Curriculum:

Social, Personal and Health Education (SPHE) in junior cycle provides a unique opportunity where students can develop the skills and competencies to learn about themselves, to care for themselves and others and to make informed decisions about their overall health and wellbeing.

This junior cycle short course in SPHE is designed to enable students to develop a positive sense of themselves and a commitment to caring for themselves and others.

Strand 1: Who am I? This strand focuses on developing self-awareness and building self-esteem.

Strand 2: Minding myself and others. This strand provides opportunities for students to reflect on how they can best take care of themselves and others.

Strand 3: Team up. This strand focuses on students learning about important relationships in their lives and building relationship skills.

Strand 4: My mental health. This strand focuses on building positive mental health, examining young people's experience of mental ill health and learning how to support themselves and others in challenging time.^a

Appendix 5b. Transcripts Bodywhys Presentation

Draft Outline: Bodywhys Presentation

Brief Videos to Camera for First Year Students

Video 1: Anorexia

The three main types of eating disorders are Anorexia, Bulimia and Binge eating disorder. I'm going to talk about these 1 by 1, starting with Anorexia.

I think what most people associate with anorexia is someone being very thin or underweight. This is because when someone has anorexia they really try to eat as little as possible. As a result of this, they lose a lot of weight and become really underweight – this is usually what makes us realise there is something wrong. It is often very obvious to other people how thin the person is but the person themselves doesn't seem to be able to see that and they continue to try to lose weight. This can be very difficult for people to understand. Often the person will do lots of exercise – they might be trying to fit as much exercise into their day as they can – so, say if you were with that person, if you were to leave the room for a few minutes, the person might take that time as an opportunity to jog on the spot or try and fit in some kind of exercise and I think this really gives us an idea of how much this is on the person's mind. These thoughts around food, weight, exercise and also lots of really horrible thoughts about themselves are what is going round in the person's head all the time. As the eating disorder progresses these horrible thoughts about themselves get worse and worse and the person tries to avoid them by not eating. And this is the eating disorder thinking and it really takes over for the person until it's very hard for them to think about anything else and they feel trapped by the eating disorder. This is a very difficult place for the person to be but it is possible for people to fully recover if they go for help and it's really important that they go for help as early as possible so that their recovery will be easier.

Kate's Story

The video of 'Kate's Story' – the animated short video of a girl developing an eating disorder which is included in lesson four also helps to illustrate 'eating disorder thinking' and how a person can feel trapped in an eating disorder. It also highlights pathways to recovery.

Video 2: Bulimia

With Bulimia we have a cycle of behaviours. We have the person eating and then we have all these behaviours where they try to prevent themselves from putting on weight from the food they have just eaten. I'm going to talk about the eating part first. I think often people have the idea that with Bulimia the person binges and eats lots at the one time and sometimes they do but sometimes it might be just a

standard meal, lunch or dinner, that amount of food... or sometimes it might be less than that. It might be what we might think is a small amount of food but it might be more than that person is comfortable about eating or maybe more than they planned to eat so for them it feels like a binge. Once it feels like a binge then the person feels like they need to do something to compensate for having eaten that food so we see different behaviours where they try to prevent themselves from putting on weight. One behaviour we see with Bulimia is the person making themselves sick or sometimes after eating they might do lots of exercise or they might try not to eat for a while. Sometimes too they take different types of medication that they hope will prevent them from putting on weight.... And there are products available that claim to do that.. that claim to cause weight loss or prevent weight gain but most of these products don't have any effect at all on a person's weight but what they do is cause a lot of damage to the person's body. All of the behaviours that we see with bulimia can cause a lot of damage to the person's body and in a way the person knows that. They know what they're doing isn't good for them but they don't really care about that at the time. When somebody has bulimia, the same as with anorexia, at that time they are not thinking clearly, they are not thinking about what's good for their body, their head is clouded with the eating disorder thinking and that really takes over for them and they feel trapped in the eating disorder. This is a very difficult place for the person to be but it is possible for people to fully recover if they go for help and it's really important that they go for help as early as possible so that their recovery will be easier.

As a result of the behaviours we see with Bulimia a person can be any weight. They can become underweight, overweight or stay within their healthy weight range. Generally what we see with bulimia is that a person's weight goes up and down but often they look pretty much the same as they have always looked. Most people with bulimia stay within their healthy weight range which can mean it can go unnoticed for a very long time. Even though they look Ok however they are doing a lot of damage to their body which is very worrying as perhaps nobody is even aware of the bulimia or trying to help them. We will discuss some of the damage they do in another video.

Binge Eating Disorder:

With binge eating disorder the main behaviour is that the person binges and eats a lot of food at one sitting. When we talk about a binge with binge eating disorder, we do mean a lot of food, more than you would need to fill you up if you were hungry – in fact it has nothing to do with hunger. What people with BED describe is that once they start bingeing, they eat very quickly, so quickly that often they don't even taste the food or enjoy the food.... So it isn't like sitting down to watch a film and having some of your favourite things to eat – the person is eating the food so fast that they don't even taste it or enjoy it... It's almost like they go into a zone where they are eating and are numb to anything else at that time. People describe feeling very out of control during a binge.

At the end of a binge people describe feeling very bad about themselves, ashamed of themselves and disgusted with themselves for eating so much – very difficult feelings and what tends to happen then is the person decides to diet. That decision makes them feel a bit better, they feel relieved they are going to stop bingeing, that's their plan but then something happens and they do binge again and it's like they are stuck in this cycle of bingeing and dieting and all those difficult feelings.

Other Types of Eating Disorders we hear about in the media.

Motion Graphics: Put up the different names: I will provide a list

Eating Disorder Not Otherwise Specified

Orthorexia

Muscle Dysmorphia

I think what is important to say is that a person will not always fall neatly into the categories of anorexia, bulimia and binge eating disorder I described – they may have a combination of behaviours and sometimes this can make it harder for the person themselves to realise that they have an eating disorder. So what I think is really important is that if a person is having lots of thoughts about food and weight and exercise and also lots of bad thoughts about themselves is – rather than wasting time trying to figure out if they have an eating disorder or what type of eating disorder is that instead they would go and talk to someone about these thoughts and feelings as soon as possible to prevent them from getting any worse and to help them to be free of these thoughts that are holding them back and get on the road to feeling good about themselves again and enjoying their lives. That's the key message – if any of these worries sound familiar then take steps to talk to someone as early as possible and remember you can get lots of advice from Bodywhys about how to do this.

Video 4:

I know you've heard of self-esteem and body image. I know you know what they are but I think they are important things to talk about and think about at any age.

Self-esteem:

Self-esteem is how you feel about yourself. If you have good self-esteem, you feel good about yourself but nobody has good self-esteem all the time. Everyone has ups and downs. How you feel about yourself really affects everything in your life. If you're feeling good, you may feel more confident, you may feel you can say what you think and stand up for yourself. If you have good self-esteem you are more likely to believe in yourself, this affects the choices you make, you might be more likely to go for things you want as you believe you have a chance of getting them.

As I said though, our self-esteem and how we feel about ourselves can change. The same person if they're not in good form may think, feel and act differently. If they're not feeling good maybe they don't make the same choices, they don't believe in themselves, they might think "what's the point?" and may be less likely to go for things. Maybe they don't feel good around people, don't feel like talking to anyone. They might feel less confident, less happy.

So, self-esteem is really important. How you feel about yourself really affects everything we do. In order to be happy and make good choices for ourselves it's really important for us to try have good self-esteem and to make an effort to feel good about ourselves because it doesn't always come naturally. In

order to have good self esteem we need to treat ourselves with kindness – that means going easy on ourselves if we make mistakes, giving ourselves another chance, treating ourselves with the same kindness as we would treat a friend. It means tuning in to our self talk and making a choice to replace harsh thoughts about ourselves with kinder more supportive thoughts. We all have negative self talk – as humans we tend to be way harder on ourselves than we are on others – we might say mean things to ourselves we would never say to other people – about our abilities or how we look and that harsh thinking can really get us down. There are examples in the ‘Be Body Positive’ leaflets to illustrate how even one really harsh thought about how we look can really affect lots of things.... For now let’s think about the link between body image and self esteem.

Body Image

Body image is part of our self-esteem - body image is more to do with how you look but that’s also important. If we don’t feel happy with how we look then that can really hold us back and make us feel unhappy in general. If we don’t feel good about our bodies maybe we don’t treat them well, we don’t look after ourselves, we make poor choices for our bodies so it’s really important that we try and feel comfortable about our bodies, that we try and accept how we look and I know that’s not easy. It’s tough to accept how you look when we are bombarded with all these messages and images from the media of very slim flawless girls and very muscly, flawless guys. I think that’s important to say out loud – to acknowledge that it can be difficult to accept ourselves the way we are but it’s an important step towards feeling happy so it’s really important that we try. We’re not going to get it right all the time – nobody does but acknowledging that and trying our best to look after and accept the bodies we are in and enjoy them for what they can do is important.

Body image refers to how you think and feel about your body. You can have good body image at any size or shape.

NOBODY feels good about themselves or how they look all the time. If you’re not happy with how you look or happy in general, you can take steps to change that.

Coping With Difficult Moods

What to do if you’re not feeling great:

I think the tendency if we’re not in good form is to push ourselves that little bit harder, to get annoyed with ourselves and that pushing is not helpful, that just pushes us further away from what’s good for us, from listening to ourselves and knowing what we need.

What we need to do is SLOW DOWN, to realise what we’re feeling is normal, we’re human and to allow ourselves time to figure it out, to get back to the place of listening to ourselves, trusting ourselves and being nice to ourselves.

I think that’s much easier said than done though. I think often when we’re not in good form we blame ourselves, we might look around at other people’s lives and think ‘How come everyone else is getting on

so well, what's wrong with me?' and that blaming ourselves just holds us back from doing something that will cheer us up. So how can we stop and pay attention if we're not in good form?

The first step is noticing that we're not feeling good. All of us have ups and downs. All of us also have clues that we're not in good form. If we know what these clues are then maybe we can make a deal with ourselves that if we notice any of these clues we will stop and do something nice for ourselves, something that will make us feel better.

To get you thinking about clues and what these might be, I'm going to share some of my clues.

If I'm not in good form, I am much more easily annoyed. I'm not usually easily annoyed but if I'm not in good form, lots of little things start to get on my nerves, everything is annoying. Another clue for me might be I don't feel like being around people, I don't want to talk to anyone, don't feel like answering my phone – that would be a clue for me and another one might be, I don't feel like doing things I usually enjoy. I don't feel like drawing or going for a run. And if I don't notice those clues, if I'm busy and I keep going and I don't pay attention and slow down, then suddenly maybe I won't be sleeping that well or things that are usually easy might start to seem much more difficult and you can go further down that road and start feeling really awful about yourself and it's an easy thing to happen to anyone but we don't want that. We want to notice early that we're not in good form and slow down and go easy on ourselves.

If you're not feeling good – instead of pushing harder or being hard on yourself - it's time to stop, slow down and do something nice, be around people who make you feel good or do something you enjoy. And these are important things to think about as everyone has ups and downs so it's important to be prepared for them so you can deal with them more quickly. So the steps are..

1. Know what the clues are that you're not in good form and make a deal with yourself that if you notice any of these clues you will stop and do something nice for yourself – these could be crying more easily, finding it hard to concentrate, becoming more easily annoyed – you will see the examples in your – fill in your clues in your student workbook
2. Know what will help to cheer you up and it's good to have a few different ideas because the same thing won't work all the time – one day, the perfect thing might be to have a chat with a friend and another day that might be the last thing you need.... Just take a minute or two to think about what might help to cheer you up
3. Know what to stay away from. A lot of young people say that if they are not in good form, social media can make them really compare themselves and feel a lot worse so that's something to be aware of. Sometimes too there are people in our lives who don't always make us feel good, maybe we feel they judge us or bring us down – be aware of how people make you feel and try and surround yourself with people who make you feel good – particularly if you're not in good form.. again just take a minute or two to think about how you could reduce time doing things or being around people who make you feel bad

I think it's also really important to say that these tips will work to improve some difficult moods but if you find that your mood is not improving and you still feel down and if you don't feel like being around people or don't know how to explain your feelings to people close to you then it would be a good idea to get some extra help. At the back of your student workbooks there's a list of support options – these are trained professional people who have experience dealing with all kinds of issues – no matter what your concerns are – even if you think nobody could possibly understand, there is always someone who can help. Make sure and talk through your concerns as early as possible so you can get the help you need and get back to feeling good about yourself.

Self Talk Inside Leaflet

How do you think about yourself

Remember body image is only 1 part of who you are. Sometimes the message from the media is that body image is the most important thing but if you think of the people you like spending time with and why, its usually how they make you feel and their personality that you value. That's what people value in you too 😊
Remind yourself of all the good stuff about you...

Think of 5 things you like about yourself without mentioning how you look... maybe positive qualities or talents 😊

1. _____
2. _____
3. _____
4. _____
5. _____

Five people I feel good spending time with...

1. _____
2. _____
3. _____
4. _____
5. _____



How do you see yourself



How do you talk about yourself

Sometimes we are much harder on ourselves than we are on other people. Thinking about ourselves harshly can really get us down, e.g. Imagine you are running out the door to meet friends and you see yourself in the mirror on your way out and think "I look awful". How could that one thought affect how you feel leaving the house, how you feel meeting your friends, how much you enjoy the evening or how you feel the next day? We all have negative thoughts - noticing these and being kinder to ourselves can really help us to feel happier.

Try and treat yourself with the same kindness you would treat a friend... try to change your negative thoughts to kinder thoughts below:

NEGATIVE THOUGHT

"Hardly anyone liked my social media post - nobody likes me"

POSITIVE THOUGHT

Don't worry about who does or doesn't like your posts. Real friendship is not about the number of likes online - having a few friends who care about you is way more important than likes online. Try and spend more time doing things you enjoy and being around friends instead of connecting online and see how that makes you feel.

NEGATIVE THOUGHT

POSITIVE THOUGHT

Five activities that make me feel good...

1. _____
2. _____
3. _____
4. _____
5. _____



Support each other

Think about the conversations you have with your friends. Talking a lot about how people in the media look or dieting or body building can put body image pressure on your friends.

Support your friends in trying lots of new things and finding stuff they really love.

Do 'social media' experiments! Sometimes people say they feel pressure to be online all the time. Talk to your friends about social media pressure - maybe even do an experiment to reduce time online and see how that makes you feel.

Appendix 5c: #MTAS Slides Lesson 1

Lesson 1

#MoreThanASelfie Programme
Body Image & the Media

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BODYWHYS
The Eating Disorder Association of Ireland

Centre for Mental Health & Community Research

IRISH RESEARCH COUNCIL
An Chomhairle um Theaghlach in Éirinn

What is Body Image?

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How does body image affect your...

Thoughts, feelings and behaviours

Positive Body Image	Negative Body Image
Thoughts:	Thoughts:
Feelings:	Feelings:
Behaviours:	Behaviours:

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Even celebrities describe body image pressure...

You cannot tell if someone has negative body image by looking at them

"I definitely have body issues but everybody does. When you come to the realisation that everybody does - even the people I consider flawless - you can start to live with the way you are".
Taylor Swift.

Channing Tatum says the muscular body we see on screen is not how he usually looks: "My Magic Mike body lasts for about 5 days, like when we're shooting. You time it until that day and then you lose it immediately".

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...and their advice 😊

"You look how you look. What are you going to do - be hungry every day just to keep other people happy? That's just dumb".
Jennifer Lawrence

"If there's any message to my work, it is ultimately that it's OK to be different, that it's good to be different, that we should question ourselves before we pass judgement on someone who looks different, behaves different, talks different, is a different colour."
Johnny Depp

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Body Image Pressure

Do you think there is pressure on body image?

Where does this come from?

Is this pressure different for males and females?

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Appendix 5c: #MTAS Slides Lesson 1


What do young people in Ireland think?

"72% of young people surveyed said that body image caused them difficulties in their life"

"What's Wrecking Your Head?"
Survey of 2,500 young people
(Chambers et al, 2017)

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The influences on body image...



Young people describe social media as a big influence on body image.

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Social Media Myths

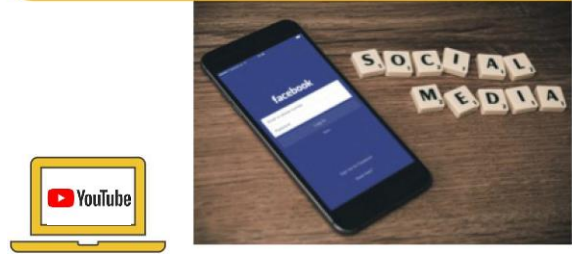
What types of things do we see on social media?

What do we not see?

Does social media give us a realistic view of what life is like? Why? Why not?

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Video 1: Are you living an Insta-lie?



[Watch the video](#)

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We spoke to group of young Irish guys who grew up in the public eye about body image and social media...

Who are they?
The Strypes band shot to success in 2010 with members age 13-15 at the time. They achieved worldwide fame and performed to packed audiences in Japan, South America, Australia and Europe. The band split in November 2018.



Josh McClorey: Lead guitar, vocals (The Strypes), occasional guitarist with Paul Weller, currently writing solo album.
Evan Walsh: Drummer (The Strypes), actor in Rocket Man, Elton John Movie 2019.
Pete O'Hanlon: Bass Guitar, Harmonica (The Strypes), actor in Rocket Man, Elton John Movie 2019.
Ross Farrelly: Lead singer/Harmonica (The Strypes), currently pursuing different musical interests.

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Video 2: Social Media Myths



[Watch the video](#)

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Appendix 5c: #MTAS Slides Lesson 1

What preparation may have gone into creating the photo used in the advertisement below?




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Video 3: Notice the media beauty techniques



[Watch the video](#)



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Real or Marketing?

We know that the advertisements we see on billboards have been professionally styled and edited, but what about **online**?

Can celebrities make money from advertising on social media? **How?**

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Video 4: Real or Marketing?

[Watch the video](#)

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Real or Marketing?

What types of images do we see in the media of women?

What types of images do we see in the media of men?


Do you think it is realistic for everyone to look like that? **Why? Why Not?**

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'Spot the differences' in the before and after images:

666k likes


zendaya Had a new shoot come out today and was shocked when I found my 19 year old hips and torso quite manipulated. These are the things that make women self conscious, that create the unrealistic ideals of beauty that we have. Anyone who knows who I am knows I stand for honest and pure self love. So I took it upon myself to release the real pic (right side) and I love it!!! Thank you @modelstemagazine for pulling down the images and fixing this retouch issue.




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Appendix 5c: #MTAS Slides Lesson 1

Every day we see photos of celebrities who have had their body shape, skin and hair photo-shopped to look like perfection.



Try and notice the images you see this week and remember how these flawless images are created. They are not real.



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Things to think about before the next lesson ☐


What are your influences? People, social media, TV, magazines... ?

Social media – how does it make you feel?

How does the type of media you see make you feel?

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Supports for tough times: Remember no matter what your concern, there is always someone who can help 😊



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Visit www.bodywhys.ie for more information



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Appendix 5c: #MTAS Slides Lesson 2



lesson 2

#MoreThanASelfie Programme
Body Image & Media Literacy


BODYWHYS
The Eating Disorders Association of Ireland

Centre for Mental Health & Community Research

IRISH RESEARCH COUNCIL
on Drug Abuse, Alcohol & Health

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What are your influences?




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Video 1: Body Image & Self Esteem

Fiona Flynn, Youth Development Officer at Bodywhys



[Watch the video](#)

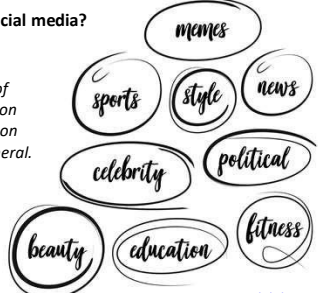


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Social Media Myths

What do you follow on social media?

Group exercise:
Discuss How different types of posts may have an influence on body image or on how a person feels about themselves in general.



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True or False?


1. Everyone has ups and downs
2. People don't usually post their 'bad days' on social media
3. Social media does not give a real view of someone's life

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ALL of us have times when we don't FEEL great...

No matter who you are, whether you are rich, famous or in first year in school - if you're not feeling good the same things happen...

- You start to think differently
- You focus on the negative
- You compare yourself
- You feel like you're not good enough



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Appendix 5c: #MTAS Slides Lesson 2

Sometimes it can be hard to recognise we're not in good form

Remind yourself everyone has ups and downs... (even if we don't see those on social media!).

STOP BLAMING YOURSELF FOR NOT FEELING GOOD!!!

BLAME JUST HOLDS YOU BACK FROM DOING SOMETHING TO CHEER YOURSELF UP!



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Clues you are not in good form...

CLUES YOU'RE NOT IN GOOD FORM

- Thoughts**
 - Thinking negative thoughts about yourself and your body
 - Comparing yourself to other people and thinking you are not 'good enough'
 - Thinking frequently about body image food and weight
- Feelings**
 - Feeling generally unhappy
 - Feeling like you're not good enough
 - Irritable, easily upset, annoyed
 - Increased sensitivity and more likely to take things personally
 - You don't feel like doing things you usually enjoy
- Behaviours**
 - Not being nice to yourself
 - Drinking too much alcohol
 - Changes to eating patterns
 - Sleep difficulties
 - Crying more often than usual
 - Isolation as you don't feel like being around people
 - Avoiding activities you usually enjoy

What are your clues?

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Thinking about what might cheer you up 😊

What do you think would be good to stay away from?

What would be good to do if you were in bad form?

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How could you take better care of yourself right now?

- Hanging out with friends
- Talking to someone you trust
- Watching a feel good movie
- Going outside for a walk
- Do something you enjoy

Individual exercise:
5 people you like spending time with
5 activities that make you feel good

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Things to stay away from

Sometimes there are activities or people that can make us feel worse – it is **important to be aware** of these too and try and avoid these when you are not in good form.

- Some people
- Certain situations
- Different types of social media

Who do you talk to if you're worried about something?

You could stick this leaflet up in your wardrobe where nobody will see it and look at it when you are not in good form.

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Video 2: Part 1. Making a Choice
Part 2. Just Be Yourself






[Watch the video](#)


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Appendix 5c: #MTAS Slides Lesson 2

Video 3: Body Image & Social media
 Fiona Flynn, Youth Development Officer at Bodywhys



[Watch the video](#)



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Making a choice

What are the positives and negatives of social media?

How can **you** use social media in a positive way?

How can **you** impact more positively on social media with your own posts/content?

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TIPS from young people (aged 16-22) to reduce social media pressure
Video 4: Youth advice on challenging social media pressure
 Fiona Flynn, Youth Development Officer at Bodywhys



BE AWARE OF HOW SOCIAL MEDIA MAKES YOU FEEL
 Notice how social media makes you feel and how the things you follow make you feel. If something you follow makes you feel like you want to change yourself or makes you less happy with your life or who you are – **UNFOLLOW!**

LIKES
 Do what you like instead of focussing on 'likes' online. Try new things to find things you enjoy and spend time doing things you love. Young people advise unfollowing things on social media you are not genuinely interested in or which don't add something to your life and only following things **YOU** like so your time online is inspiring and not draining.

KNOW WHEN TO STEP AWAY
 If you're not in good form – beware! "If I'm not in good form social media can make me feel worse – being around people who make me feel good or doing something I enjoy generally cheers me up more." (Aislinn, age 18)

LIMIT TIME ONLINE
 See friends, do things you enjoy and limit your time online so that you don't spend all day free time on the internet.

MAKE A CHOICE
 Rather than responding every time your phone pings – turn off notifications and choose to go online when **YOU** want.

[Watch the video](#) www.bodywhys.ie

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Just be yourself

Sometimes it can take a while to find what we love doing




Individual exercise:
 Write down 5 new things you would love to try.

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How can you create a 'Be Body Positive' attitude with your friends?

Think of some examples of how friends could cause body image pressure and how to lessen these




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Real Friends?

Group exercise:
 Discuss *What is real friendship?*

100 online friends or 1 or 2 friends you can really trust and talk to?

What does being a good friend mean?




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Appendix 5c: #MTAS Slides Lesson 2

Group Exercise

How could you feel better about how you look without changing how you look?




At least 3 ideas per group 😊

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Young people aged 16-22 share their advice about how to feel better about your body image without changing how you look

Video 5: Youth advice on body image



If you're not feeling good about how you look – focusing on that and trying to change myself just make me feel worse. But thinking of something else and doing what I love doing – playing music really helped. I think instead of going along with what your friends are doing – do what you really want to do – you enjoy it and feel proud of yourself and good about yourself and then feel better about how you look too. Works for me! **Sarah – age 18**

"Focus on the positive. We all have things that we don't like about how we look but focussing on these perceived flaws can really hold us back. Think about what you do like and try and focus on that instead" **Eleanor – age 22**

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More body image tips from young people...

"Don't judge people by how they look. If we lighten up a little in the way we judge others then maybe we will also lighten up a little bit on ourselves." **Megan – age 16**

"Remember body image is only 1 part of who you are. The media makes it seem like body image is the most important thing but if you think of real life and the people you love spending time and why you like spending time with them I bet how they look doesn't even come into it! We enjoy being around people for who they are – and that's what they like about us too." **Rowan – age 17**

"Chasing the image of perfection is like chasing a rainbow – you can see it but you're never going to get there." **Jake – age 18**

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Things to think about before the next lesson ☐

Changes you can make to feel more 'body positive'

How can you support your friends to feel 'body positive'

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Supports for tough times: Remember no matter what your concern, there is always someone who can help 😊



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Appendix 5c: #MTAS Slides Lesson 3




#MoreThanASelfie Programme
The Right Fit?

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The right fit?

Sometimes people think that by trying to be more like other people they will fit in and feel better.



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Video 1: The right fit?

This video is about trying to fit in. Each time the students change a part of themselves to fit in they get a jigsaw piece. They think that by changing themselves to fit in they will be liked more. They are all racing to change themselves and fill their jigsaw so they feel more comfortable and don't stand out.





[Watch the video](#)
www.bodywhys.ie

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Trying to fit in

Why do you think the people in the video did not look happy after getting all the jigsaw pieces?



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Trying to fit in

Do you think it is a good idea to change yourself to fit in?




Why? Why not?

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Pressure on Body Image

What were the pressures on body image we saw in the video?




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Appendix 5c: #MTAS Slides Lesson 3

How can you support each other?

How can we lessen pressure on friends in our conversations: about the media, how people look, dieting, protein, fashion or make up?

How can you lessen pressure on friends to post or be online?



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Just Be Yourself

Have you tried any yet?

Reminder: Go back to the 5 things you would like to try

NOTE TO SELF! Set a reminder... in your diary or someplace you'll notice it

What could you do... This Week? This Month? In the next 6 Months?



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Self Talk

What is Self Talk?





Does everyone have self talk?

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Video 2: Self Talk

Fiona Flynn, Youth Development Officer at Bodywhys


[Watch the video](#)

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Self Talk - What we think/say to ourselves in our minds

Scenario 1: You are just running out the door to a night out and catch a glimpse of yourself in the mirror as you leave and think to yourself "the state of me - I look awful".

How could this self talk affect your...

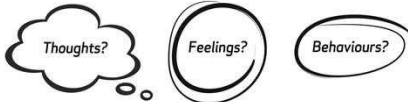


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Self Talk – Everyone has Self Talk

Scenario 2: You have decided to learn the guitar. You go to your first lesson and find it is harder than you thought. You think/say to yourself "I knew I'd be no good at this – it's pointless even trying"

How could this self talk affect your...




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Appendix 5c: #MTAS Slides Lesson 3

Self Talk

Think about some of the things we say to ourselves in our own heads...



Would you say this to your best friend?

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The way you talk to yourself and how you think about things can have a direct effect on how you feel

<p>NEGATIVE THOUGHTS: Hardly anyone liked my social media post – nobody likes me</p>	<p>BALANCED THOUGHTS: I don't need people to like my posts in order for me to feel ok. Real friendship is not about the number of likes online – having a few friends who care about me is more important than likes online.</p>
<p>NEGATIVE FEELINGS: Upset, lonely, hopeless</p>	<p>BALANCED FEELINGS: Not letting my mood be totally dependent on likes online. Comforted by the thought that social media is not representative of real life. Focused on the things I enjoy doing in my own life.</p>

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Each group pick an example of a situation that would be difficult to deal with and fill it in on the chart below

<p>NEGATIVE THOUGHTS:</p>	<p>A MORE BALANCED WAY OF THINKING ABOUT THE SITUATION:</p>
<p>FEELINGS WHEN I THINK OF THE SITUATION IN THIS WAY:</p>	<p>FEELINGS NOW:</p>

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Things to think about before the next lesson ☺

Try and become more aware of what you are saying/thinking to yourself and see if you can change your self talk to be more positive. You can use the grid below to help change some of your self talk if you wish. Sometimes it's easier to consider how you would advise a good friend if they were thinking this way.

<p>NEGATIVE THOUGHTS:</p>	<p>A MORE BALANCED WAY OF THINKING ABOUT THE SITUATION:</p>
<p>FEELINGS WHEN I THINK OF THE SITUATION IN THIS WAY:</p>	<p>FEELINGS NOW:</p>

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Body Image is only 1 part of who we are

Video 3: Change how you feel not how you look



[Watch the video](#)


Think of 5 people you like spending time with – why do you like spending time with them?

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Look out for each other

How can you look out for your classmates?

What are the signs your friend is not feeling great? What you can do?



All of us have ups and downs but a smile or a friendly chat can really make a difference to somebody when they're down

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Appendix 5c: #MTAS Slides Lesson 3

Supports for tough times: Remember no matter what your concern, there is always someone who can help 😊

Logos for support services:

- BODYWHYS: The Eating Disorders Association of Ireland
- belong to
- JIGSAW: Young people's health in mind
- Childline
- +OPTIONS: CRISIS-PREGNANCY SERVICES
- SPUNOUT.ie
- SAMARITANS
- Aware: Your supporting light through depression
- Drug & Alcohol Helpline: 1800 459 459, helpline@rise.ie
- REACH OUT.COM

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Visit www.bodywhys.ie for more information & resources

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Appendix 5c: #MTAS Slides Lesson 4

Lesson 4

#MoreThanASelfie Programme
Body Image & Mental Health

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BODYWHYS
The Eating Disorders Association of Ireland

Centre for Mental Health & Community Research

IRISH RESEARCH COUNCIL
An Chomhairle um Thairgíocht in Éireann

Body Image & Mental Health

What is mental health?

What is body image?

How could body image affect mental health?

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Body Image & Young People

72% of young people say that body image issues have caused them difficulties
(What's Wrecking Your Head Survey, ReachOut, 2017)

If you have concerns about body image, you are not alone

The good news is there are lots of things you can do to feel better happier

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Focus: Understanding Eating Disorders

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Eating Disorders Affect Males & Females

According to UK figures from the NHS:

The number of adult men being admitted to hospital with an eating disorder has risen by 70% over the past six years (from 2010 – 2016).

Source: The Guardian, 31st July 2017

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Zayn Malik opens up about his eating disorder in his autobiography 'Zayn'

"They didn't seem to expect it from a guy, but they expect it from a female, which to me is crazy. We're all human. People are often afraid to admit difficulties, but I don't believe that there should be a struggle with anything that's the truth."

Up to 25% of people with Anorexia or Bulimia are male
Binge eating disorder affects males and females equally (50/50)
Binge eating disorder is the most common type of eating disorder


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Appendix 5c: #MTAS Slides Lesson 4

Eating Disorders – What do you know?

Can you name the **different types** of eating disorders?

(Clue: there are 3 main types)



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What do you know about each of these eating disorders?

Anorexia

Bulimia

Binge Eating Disorder



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Video 1: Understanding Anorexia

Fiona Flynn, Youth Development Officer at Bodywhys

Consider how **Anorexia** could affect:

Body	Mind	Actions

[Watch the video](#)
www.bodywhys.ie

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Anorexia can cause:

Body	Mind	Actions
Severe weight loss	Unable to concentrate	Personality changes
Death through organ failure	Obsessive thoughts about food weight and exercise	The person spends more time on their own
Osteoporosis	Self hatred and very negative thoughts about self	Obsessive behaviours around food and exercise
Hormonal disruption and infertility	Feeling lonely and isolated	
Feel very cold. Growth of fine, downy hair on body to retain heat		



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Video 2: Understanding Bulimia

Fiona Flynn, Youth Development Officer at Bodywhys

Consider how **Bulimia** could affect:

Body	Mind	Actions

[Watch the video](#)
www.bodywhys.ie

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Bulimia can cause:

Body	Mind	Actions
Weight changes	Unable to concentrate	Personality changes
Disruption to potassium levels from vomiting can cause death through heart failure even when the person is a healthy weight	Obsessive thoughts about food, weight and exercise	Mood swings
Hormonal disruption and infertility	Self hatred and very negative thoughts about self	The person spends more time on their own
Vomiting causes damage to teeth, sore throats, swollen glands, mouth ulcers and digestive problems	Feeling lonely and isolated	Rushing to bathroom after meals
		Excessive exercising


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Appendix 5c: #MTAS Slides Lesson 4

Video 3: Understanding Binge Eating Disorder
 Fiona Flynn, Youth Development Officer at Bodywhys

Consider how **Binge Eating Disorder** could affect:

Body	Mind	Actions

[Watch the video](#)
www.bodywhys.ie

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Binge Eating Disorder can cause:

Body	Mind	Actions
Weight gain which may lead to a person becoming overweight or obese	Self hatred and very negative thoughts about self	The person spends more time on their own
Heart disease	Shame over secret bingeing	Bingeing and eating in secret
High cholesterol	Depression	Eat only small amounts in the company of other people
Diabetes	Unable to concentrate	
Hormonal disruption and infertility	Feels very uncomfortable eating in front of other people	
Death through organ failure	Feeling lonely and isolated	

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Video 4: How do people develop eating disorders?

Kate's Story




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An Eating Disorder affects your thinking and takes over every aspect of your life – making you doubt yourself and really holding you back from enjoying life

RECOVERY
 THE EARLIER YOU GET HELP THE BETTER




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Full Recovery is Possible




A person can live a happy life and be happy with their body image after an eating disorder



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Summary Eating Disorders

 <p>Anorexia</p> <p>People with Anorexia:</p> <ul style="list-style-type: none"> • Eat as little as possible • Lose a lot of weight • Fear of putting on weight • Cannot see their body clearly • Excessive exercise 	 <p>Bulimia</p> <p>People with Bulimia:</p> <ul style="list-style-type: none"> • Binge eat • Make themselves sick • Over exercise • Binge and then starve 	 <p>Binge Eating Disorder</p> <p>People with B.E.D.:</p> <ul style="list-style-type: none"> • Feel their eating is 'out-of-control' • Eat so quickly during a binge they do not taste or enjoy food • Binge on large amounts of food • Eat until uncomfortably full • Hide eating habits
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

If you are concerned that thoughts about food, weight or exercise are taking over your thinking or causing difficulty in your life, do not delay - seek help as soon as possible.

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Appendix 5c: #MTAS Slides Lesson 4

Other related disorders we might hear about in the media

For more information see: <http://www.bodywhys.ie/aboutED/general-information/>

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What causes an Eating Disorder?

Eating disorders occur as a result of a complex combination of factors including life experiences, biology, psychology with some common risk factors listed below.

- Negative body image
- Low self esteem
- Bullying
- Dieting
- Training/exercising obsessively
- Following media beauty ideals

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How people recover

Different types of treatment work for different people

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Choosing a Counsellor

- Check that your counsellor is qualified and accredited.
- See the Bodywhys directory of services list on www.bodywhys.ie
- Choose a counsellor that you feel comfortable talking to. Not every counsellor will suit every person.
- Don't be discouraged if your counsellor doesn't suit – be prepared to meet a few before settling on someone you feel comfortable with.

For more information see: <https://www.bodywhys.ie/treatment-pathway/psychotherapy-counselling>

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What can you do if you're worried about a friend?

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What to do if worried about a friend?

- Get some information about eating disorders on www.bodywhys.ie
- Talk to them someplace quiet where you won't be disturbed.
- Approach them gently. Listen to them. Let them know you care.
- Tell them why you are concerned and what you have noticed.
- Let them know they can get better and you want to help them.

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Appendix 5c: #MTAS Slides Lesson 4

What to do if worried about a friend?

- Don't be surprised if they say they are fine and deny a problem.
- Encourage them to seek help and tell someone who can help.
- Although your friend may initially be angry with you if you tell an adult, it may be the first step in getting them the support and help they need.
- Don't change your own eating habits or routines.
- **REMEMBER TO GET SOME SUPPORT FOR YOURSELF TOO.** Supporting a friend who has an eating disorder can also be very stressful for you.

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Supports for tough times: Remember no matter what your concern, there is always someone who can help 😊



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Side One

BODYWHYS
The Eating Disorders Association of Ireland



BODYWHYS
The Eating Disorders Association of Ireland

What can Bodywhys do for you

Bodywhys – the Eating Disorders Association of Ireland – is the national voluntary organisation supporting those affected by eating disorders. Bodywhys provide support services which include support groups, online support groups, an email support service as well as our national **LoCall Helpline**. Bodywhys also have lots of information on their website and booklets you can order for free.

If you have questions, don't know where to turn or just need to talk to someone

Call **01 210 7906**
Email **alex@bodywhys.ie**
Go to **www.bodywhys.ie**
For more information

Bodywhys YouthConnect

Bodywhys has launched an online support group specifically for people under 18 who are affected by eating disorders.

This runs **once per week** and you can access it from your own computer. Simply register at **www.bodywhys.ie**

This service is completely **confidential** so you can talk about how you're feeling without anyone knowing who you are.

Recovery from an eating disorder

The first thing to remember is that recovery is possible. Many people fully recover from eating disorders and go on to live healthy and happy lives. The first step towards recovery is to talk to someone you feel you can trust.

What can you do if a friend has an eating disorder?

- Find out more about eating disorders and services so you can understand more and be ready to help.
- Talk to them and let them know you're concerned and why.
- Don't be surprised if they deny a problem.
- Encourage them to talk to an adult they trust.
- If they won't tell someone, even if it seems like a bad thing to do, it would be a good idea if you could. Although your friend may be angry with you at first, it may be the first step towards getting them the help they need.
- Don't change your own eating habits.
- Let them know you're there for them.



People CAN and DO recover from eating disorders

BODYWHYS
The Eating Disorders Association of Ireland

Helpline
01 210 7906

Support Email
alex@bodywhys.ie

For eating disorder information see:
www.bodywhys.ie

For body image information see:
www.bodywhysbodyimage.ie

Postal Address: PO Box 105, Blackrock, Co. Dublin
T 01 285 4963 E info@bodywhys.ie

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Registered Charity Number 2282024. C17 number 21882L.

Side Two

<h3>What is Body Image</h3> <p>Body image is a way of describing how a person feels about their own body and appearance. It describes how you see yourself, how you think and feel about the way you look and how you think others see you.</p> <p>When you have a positive body image you can see your body's natural size and shape and are comfortable with it. Having a positive body image also means knowing that body image is only one part of who you are. It means knowing that your appearance is not linked to other values like intelligence, popularity or success.</p> <p>If you have a negative body image you may feel unhappy with the way you look. Sometimes this means people may not be able to see their body as it really is. Feeling negative about your appearance can also make you feel bad about yourself and can cause low self esteem. In Ireland 72% of young people say that body image concerns are causing them difficulties in their lives (Reach Out, 2017).</p>	<h3>Images we see</h3> <p>These images of so-called 'perfect' looking people are everywhere. You've probably noticed that they don't look the same as the people you see in everyday life. In real life, people come in all shapes and sizes but in the media they seem to be all the same size. Seeing these 'ideal' images everywhere can damage self esteem and body image by making you feel like you have to live up to these unrealistic ideals.</p> <p>DID YOU KNOW? The images in magazines are not real. They have been air-brushed which means all imperfections have been removed. The shape and size of the models has also been altered.</p>	<h3>Bodywhys youth panel tip</h3> <p>You could try following body positive pages instead of photoshopped celebrities, abop.</p> <p>"Stay away from social media if you're not in good form. If you're home on a Friday night and not in good form and scrolling through social media, it's very easy to feel like you're the only one sitting in, as someone who's out might be posting about it and you're not noticing all the people who are not posting. Very easy to feel like you're the only one who's ever felt down as all the posts are so happy!" Jake - age 18</p>	<h3>What are eating disorders?</h3> <p>An eating disorder like anorexia, bulimia or binge eating disorder is a serious mental health condition that can have a lasting impact on your health.</p> <p>IS THERE A LINK BETWEEN EATING DISORDERS AND BODY IMAGE? People with low self-esteem or a negative body image do tend to be more likely to develop an eating disorder, however there is no single reason why a person develops an eating disorder.</p> <p>It is usually a combination of factors. It may be that someone has a difficult situation or problem that they are finding difficult to deal with, but sometimes it is not obvious what the trigger is.</p> <p>Eating disorders are not about food. An eating disorder develops as a way for the person to cope with or avoid difficult feelings. People do not choose to have an eating disorder and it is NOT a way of attention seeking.</p> <p>An eating disorder can make the person feel very alone and out of control. It can make someone difficult to talk to or spend time with, and it can make it difficult for them to let anyone know what's happening.</p>
<h3>What/who influences Body Image</h3> <p>Your body image can be influenced by those around you like family members and friends. Media messages from TV, social media (Snapchat, Instagram), the internet or advertisements can really affect how you feel about yourself.</p>	<h3>Social Media</h3> <ul style="list-style-type: none"> Remember nobody's life looks like what we see on social media! All of the every day stuff is left out and only the fantastic bits get posted. It's not real. Be aware of how social media makes you feel. If a post makes you feel like changing yourself or less happy with who you are - notice that. Hide or unfollow pages or people on social media that make you feel bad. Think about what you like instead of worrying about 'likes'! Go through all the stuff you follow and see if you like it or you're just following stuff your friends like. Only follow stuff you are really interested in so your time online is inspiring and not draining! ☺ 	<h3>Be nice to yourself</h3> <ul style="list-style-type: none"> Stop comparing yourself to others. Make a list of all the good and special things about you without mentioning your appearance. Remind yourself of these when you're feeling low. Focus on your positive qualities and talents. If someone pays you a compliment, make note of it. Hang out with people that make you feel good. Try and stay away from people who put you down or make fun of you. Spend time on activities you enjoy and that make you feel good about yourself. 	

How do you think about yourself

Remember body image is only 1 part of who you are. Sometimes the message from the media is that body image is the most important thing but if you think of the people you like spending time with and why, its usually how they make you feel and their personality that you value. That's what people value in you too 😊
Remind yourself of all the good stuff about you...

Think of 5 things you like about yourself without mentioning how you look... maybe positive qualities or talents 😊

1. _____
2. _____
3. _____
4. _____
5. _____

Five people I feel good spending time with...

1. _____
2. _____
3. _____
4. _____
5. _____



How do you see yourself



How do you talk about yourself

Sometimes we are much harder on ourselves than we are on other people. Thinking about ourselves harshly can really get us down. e.g. Imagine you are running out the door to meet friends and you see yourself in the mirror on your way out and think "I look awful". How could that one thought affect how you feel leaving the house, how you feel meeting your friends, how much you enjoy the evening or how you feel the next day? **We all have negative thoughts** - noticing these and being kinder to ourselves can really help us to feel happier.

Try and treat yourself with the same kindness you would treat a friend... try to change your negative thoughts to kinder thoughts below:

NEGATIVE THOUGHT

"Hardly anyone liked my social media post - nobody likes me"

POSITIVE THOUGHT

Don't worry about who does or doesn't like your posts. Real friendship is not about the number of likes online - having a few friends who care about you is way more important than likes online. Try and spend more time doing things you enjoy and being around friends instead of connecting online and see how that makes you feel.

NEGATIVE THOUGHT	POSITIVE THOUGHT
------------------	------------------

Five activities that make me feel good...

1. _____
2. _____
3. _____
4. _____
5. _____



Support each other

Think about the conversations you have with your friends. Talking a lot about how people in the media look or dieting or body building can put body image pressure on your friends.

Support your friends in trying lots of new things and finding stuff they really love.

Do 'social media' experiments! Sometimes people say they feel pressure to be online all the time. Talk to your friends about social media pressure - maybe even do an experiment to reduce time online and see how that makes you feel.

Appendix 6b. Cronbach's α of Standardised Measures

A Cronbach's alpha of 0.7 or higher is considered evidence of sufficient dependability (Breakwell, 2006); all measures were found to have alpha greater than 0.7.

Table 7:10

Cronbach's α of measures at baseline used in data collection

	Cronbach's α
Rosenberg Self-Esteem Scale	.88
CASSS	
Parent	.78
Teacher	.79
Classmates	.75
CloseFriend	.78
SchoolPeople	.75
CASSS Total	.85
SATAQ	
Thin Internalisation	.80
Muscular Internalisation	.88
Internalisation Total	.87
Family Pressure	.89
Peer Pressure	.88
Media Pressure	.88
Pressures Total	.86
SATAQ Total	.88

Appendix 6c. Quantitative Measures Used in the Pilot Phase

Sociocultural Attitudes Towards Appearance Questionnaire – 4

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

Definitely Disagree = 1
 Mostly Disagree = 2
 Neither Agree Nor Disagree = 3
 Mostly Agree = 4
 Definitely Agree = 5

	Definitely Disagree				Definitely Agree
1. It is important for me to look athletic.	1	2	3	4	5
2. I think a lot about looking muscular.	1	2	3	4	5
3. I want my body to look very thin.	1	2	3	4	5
4. I want my body to look like it has little fat.	1	2	3	4	5
5. I think a lot about looking thin.	1	2	3	4	5
6. I spend a lot of time doing things to look more athletic.	1	2	3	4	5
7. I think a lot about looking athletic.	1	2	3	4	5
8. I want my body to look very lean.	1	2	3	4	5
9. I think a lot about having very little body fat.	1	2	3	4	5
10. I spend a lot of time doing things to look more muscular.	1	2	3	4	5

Answer the following questions with relevance to your Family (include: parents, brothers, sisters, relatives):

11. I feel pressure from family members to look thinner.	1	2	3	4	5
12. I feel pressure from family members to improve my appearance.	1	2	3	4	5
13. Family members encourage me to decrease my level of body fat.	1	2	3	4	5
14. Family members encourage me to get in better shape.	1	2	3	4	5

Answer the following questions with relevance to your Peers (include: close friends, classmates, other social contacts):

Appendix 6c. Quantitative Measures Used in the Pilot Phase

15. My peers encourage me to get thinner.	1	2	3	4	5
16. I feel pressure from my peers to improve my appearance.	1	2	3	4	5
17. I feel pressure from my peers to look in better shape.	1	2	3	4	5
18. I get pressure from my peers to decrease my level of body fat.	1	2	3	4	5

Answer the following questions with relevance to the Media (include: television, magazines, the Internet, movies, billboards, and advertisements):

19. I feel pressure from the media to look in better shape.	1	2	3	4	5
20. I feel pressure from the media to look thinner.	1	2	3	4	5
21. I feel pressure from the media to improve my appearance.	1	2	3	4	5
22. I feel pressure from the media to decrease my level of body fat.	1	2	3	4	5

Note: SATAQ-4 Scoring:

Internalization – Thin/Low body fat: 3, 4, 5, 8, 9

Internalization – Muscular/Athletic: 1, 2, 6, 7, 10

Pressures – Family: 11, 12, 13, 14

Pressures – Peers: 15, 16, 17, 18

Pressures – Media: 19, 20, 21, 22

SMBQ Social Media Background Scoring

Question 9. Daily hours on social media.

Hours spent on social media daily is saved as SMQ9. A continuous variable was generated from daily social media use by estimating mid-points for each of the time periods (less than one hour = 0; 1-2 hours = 1.5; 2-3 hours = 2.5; 3-4 hours = 3.5; more than 4 hours = 5).

Scale Items were scored on a five point Likert scale from ‘Strongly Disagree’ to ‘Strongly Agree’.

Likert-type responses in the SMBQ were converted to numerical scores for purposes of analysis by assigning values to each response option (see below)

Strongly Disagree = 1
Disagree = 2
Neither Agree nor Disagree = 3
Agree = 4
Strongly Agree = 5

This is an approach commonly used and recommended by researchers(e.g.Rickards G, Magee C, Artino AR., Jr) particularly when they are “attempting to measure less concrete concepts...[and] where a single survey item is unlikely to be capable of fully capturing the concept being assessed” (Sullivan and Artino, 2013).

Background Information:

The SMBQ Includes a background questionnaire to determine information relating to participants age, gender.

Social Media Use:

The SMBQ also includes questions relating to social media use which offer multiple choice response options e.g. ‘How often do you use social media?’ Every day (1), Every few days (2), (3) Once per week, (4) Less than once per week. Each option was accorded a numerical score for the purposes of data analysis.

Data obtained from the Background Information questions (1-3) and Social Media Use questions (4-15) were used for the baseline analysis only.

Scoring SMBQ Scales

SOCIAL MEDIA LITERACY AWARENESS

Total the scores for Q. 17, 20, 21, 22 and 23 – a lower score on these at follow up is desirable. There are no reverse scored items.

Strongly Disagree = 1
Disagree = 2
Neither Agree nor Disagree = 3
Agree = 4
Strongly Agree = 5

17. I think social media gives a clear picture of real life

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

20. I feel pressure to post pictures of myself on social media

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

21. I use filters on my photos

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

22. I edit/Photoshop the photos I post on social media

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

23. I compare myself to posts on social media and feel like I'm not good enough

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

SOCIAL MEDIA ATTITUDE/BEHAVIOUR

Total the scores for Q18, 19. A higher score on these at follow up is desirable. There are no reverse scored items.

Strongly Disagree = 1
Disagree = 2
Neither Agree nor Disagree = 3
Agree = 4
Strongly Agree = 5

18. I notice how social media makes me feel

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

19. I try to follow only pages/people that make me feel good

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

#MoreThanASelfie

Social Media Background Questionnaire

Definition of Social Media: Social media is the name give to websites or applications which allow users to share information, messages and content such as pictures and video. *This was explained by the researcher at the outset and participants were given an opportunity to ask questions to clarify.*

The following questions ask about your social media use. Please take your time and answer honestly.

1. Please circle your gender below

Male	Female	Other
------	--------	-------

2. Please circle your age below

Under 12	Age 12	Age 13	Age 14	Over 14
----------	--------	--------	--------	---------

3. How many hours per day do you spend online? Please circle

Less than 1 hour	1-2 hours	2-3 hours	3-4 hours	More than 4 hours
------------------	-----------	-----------	-----------	-------------------

4. Do you use social media?

Yes

No

5. At what age did you start using social media?

Before age 8	Age 8	Age 9	Age 10	Age 11	Age 12	Age 13	Age 14	Older than 14
--------------	-------	-------	--------	--------	--------	--------	--------	---------------

6. Do you own a smartphone with internet and social media access?

Yes

No

7. If you own a smartphone with internet and social media access – at what age did you get your own smartphone?

Before age 8	Age 8	Age 9	Age 10	Age 11	Age 12	Age 13	Age 14	Older than 14
--------------	-------	-------	--------	--------	--------	--------	--------	---------------

8. If you use social media - how often do you use social media?

Every day

Every few days

Once per week

Less than once per week

9. IF you use social media every day, how many hours on average do you spend on social media every day?

Less than 1 hour	1-2 hours	2-3 hours	3-4 hours	More than 4 hours
------------------	-----------	-----------	-----------	-------------------

10. Do you ever check social media at night?

Yes

No

13. Do your parents supervise your social media use?

Yes

No

Appendix 6c. Quantitative Measures Used in the Pilot Phase

14. What do you follow on social media?

Celebrities	<input type="checkbox"/>	Educational	<input type="checkbox"/>
Political	<input type="checkbox"/>	Science	<input type="checkbox"/>
Sports	<input type="checkbox"/>	Health	<input type="checkbox"/>
Beauty	<input type="checkbox"/>	News	<input type="checkbox"/>
Fitness	<input type="checkbox"/>	Inspirational quotes	<input type="checkbox"/>
Body Positive blogs	<input type="checkbox"/>	Fashion	<input type="checkbox"/>
Funny	<input type="checkbox"/>		

15. Which of the following has the biggest influence on how you feel about your body/appearance:

Social Media	Peers	TV	Magazines
--------------	-------	----	-----------

16. I feel like social media takes up too much of my time

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

17. I think social media gives a clear picture of real life

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

18. I notice how social media makes me feel

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

Appendix 6c. Quantitative Measures Used in the Pilot Phase

19. I try to follow only pages/people that make me feel good

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

20. I feel pressure to post pictures of myself on social media

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

21. I use filters on my photos

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

22. I edit/Photoshop the photos I post on social media

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

23. I compare myself to posts on social media and feel like I'm not good enough

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

24. I wish I could spend LESS time on social media

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

Appendix 6c. Quantitative Measures Used in the Pilot Phase

Rosenberg Scale:

Instructions

Below is a list of statements dealing with your general feelings about yourself. Please circle ONE response to each statement that best describes how strongly you agree or disagree with the statement.

1. On the whole, I am satisfied with myself.

Strongly Agree Agree Disagree Strongly Disagree

2. At times I think I am no good at all.

Strongly Agree Agree Disagree Strongly Disagree

3. I feel that I have a number of good qualities.

Strongly Agree Agree Disagree Strongly Disagree

4. I am able to do things as well as most other people.

Strongly Agree Agree Disagree Strongly Disagree

5. I feel I do not have much to be proud of.

Strongly Agree Agree Disagree Strongly Disagree

6. I certainly feel useless at times.

Strongly Agree Agree Disagree Strongly Disagree

7. I feel that I'm a person of worth, at least on an equal plane with others.

Strongly Agree Agree Disagree Strongly Disagree

8. I wish I could have more respect for myself.

Strongly Agree Agree Disagree Strongly Disagree

9. All in all, I am inclined to feel that I am a failure.

Strongly Agree Agree Disagree Strongly Disagree

10. I take a positive attitude toward myself.

Strongly Agree Agree Disagree Strongly Disagree

Appendix 6c. Quantitative Measures Used in the Pilot Phase

Child & Adolescent Social Support Scale (CASSS)

On the next two pages, you will be asked to respond to sentences about some form of support or help that you might get from either a parent, a teacher, a classmate, or a close friend. Read each sentence carefully and respond to them honestly. There are no right or wrong answers.

For each sentence you are asked to provide two responses. First, rate how often you receive the support described and then rate how important the support is to you. Below is an example. Please read it carefully before starting your own ratings.

	<u>HOW OFTEN?</u>						<u>IMPORTANT?</u>		
	NEVER	ALMOST NEVER	SOME OF THE TIME	MOST OF THE TIME	ALMOST ALWAYS	ALWAYS	NOT IMPORTANT	IMPORTANT	VERY IMPORTANT
1. My teacher(s) helps me solve problems.	1	2	3	4	5	6	1	2	3

In this example, the student describes her 'teacher helps me solve problems' as something that happens 'some of the time' and that is 'important' to her.

Please ask for help if you have a question or don't understand something. Do not skip any sentences. Please turn to the next page and answer the questions. Thank you!

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Appendix 6c. Quantitative Measures Used in the Pilot Phase

My Parent(s)...	How Often?						Important?		
	Never	Almost Never	Some of the Time	Most of the Time	Almost Always	Always	Not important	Important	Very important
1...show they are proud of me.	1	2	3	4	5	6	7	8	9
2...understand me.	1	2	3	4	5	6	7	8	9
3...listen to me when I need to talk.	1	2	3	4	5	6	7	8	9
4...make suggestions when I don't know what to do.	1	2	3	4	5	6	7	8	9
5...give me good advice.	1	2	3	4	5	6	7	8	9
6...help me solve problems by giving me information.	1	2	3	4	5	6	7	8	9
7...tell me I did a good job when I do something well.	1	2	3	4	5	6	7	8	9
8...nicely tell me when I make mistakes.	1	2	3	4	5	6	7	8	9
9...reward me when I've done something well.	1	2	3	4	5	6	7	8	9
10...help me practice my activities.	1	2	3	4	5	6	7	8	9
11...take time to help me decide things.	1	2	3	4	5	6	7	8	9
12...get me many of the things I need.	1	2	3	4	5	6	7	8	9
My Teacher(s)...	How Often?						Important?		
	Never	Almost Never	Some of the Time	Most of the Time	Almost Always	Always	Not important	Important	Very important
13...cares about me.	1	2	3	4	5	6	7	8	9
14...treats me fairly.	1	2	3	4	5	6	7	8	9
15...makes it okay to ask questions.	1	2	3	4	5	6	7	8	9
16...explains things that I don't understand.	1	2	3	4	5	6	7	8	9
17...shows me how to do things.	1	2	3	4	5	6	7	8	9
18...helps me solve problems by giving me information.	1	2	3	4	5	6	7	8	9
19...tells me I did a good job when I've done something well.	1	2	3	4	5	6	7	8	9
20...nicely tells me when I make mistakes.	1	2	3	4	5	6	7	8	9
21...tells me how well I do on tasks.	1	2	3	4	5	6	7	8	9
22...makes sure I have what I need for school.	1	2	3	4	5	6	7	8	9
23...takes time to help me learn to do something well.	1	2	3	4	5	6	7	8	9
24...spends time with me when I need help.	1	2	3	4	5	6	7	8	9

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Appendix 6c. Quantitative Measures Used in the Pilot Phase

My Classmates...	How Often?						Important?		
	Never	Almost Never	Some of the Time	Most of the Time	Almost Always	Always	Not Important	Important	Very Important
25...treat me nicely.	1	2	3	4	5	6	7	8	9
26...like most of my ideas and opinions.	1	2	3	4	5	6	7	8	9
27...pay attention to me.	1	2	3	4	5	6	7	8	9
28...give me ideas when I don't know what to do.	1	2	3	4	5	6	7	8	9
29...give me information so I can learn new things.	1	2	3	4	5	6	7	8	9
30...give me good advice.	1	2	3	4	5	6	7	8	9
31...tell me I did a good job when I've done something well.	1	2	3	4	5	6	7	8	9
32...nicely tell me when I make mistakes.	1	2	3	4	5	6	7	8	9
33...notice when I have worked hard.	1	2	3	4	5	6	7	8	9
34...ask me to join activities.	1	2	3	4	5	6	7	8	9
35...spend time doing things with me.	1	2	3	4	5	6	7	8	9
36...help me with projects in class.	1	2	3	4	5	6	7	8	9

My Close Friend...	How Often?						Important?		
	Never	Almost Never	Some of the Time	Most of the Time	Almost Always	Always	Not Important	Important	Very Important
37...understands my feelings.	1	2	3	4	5	6	7	8	9
38... sticks up for me if others are treating me badly.	1	2	3	4	5	6	7	8	9
39... spends time with me when I'm lonely.	1	2	3	4	5	6	7	8	9
40...gives me ideas when I don't know what to do.	1	2	3	4	5	6	7	8	9
41...gives me good advice.	1	2	3	4	5	6	7	8	9
42...explains things that I don't understand.	1	2	3	4	5	6	7	8	9
43...tells me he or she likes what I do.	1	2	3	4	5	6	7	8	9
44...nicely tells me when I make mistakes.	1	2	3	4	5	6	7	8	9
45...nicely tells me the truth about how I do on things.	1	2	3	4	5	6	7	8	9
46...helps me when I need it.	1	2	3	4	5	6	7	8	9
47...shares his or her things with me.	1	2	3	4	5	6	7	8	9
48...takes time to help me solve my problems.	1	2	3	4	5	6	7	8	9

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Appendix 6c. Quantitative Measures Used in the Pilot Phase

People in my School...	How Often?						Important?		
	Never	Almost Never	Some of the Time	Most of the Time	Almost Always	Always	Not Important	Important	Very Important
49... care about me.	1	2	3	4	5	6	7	8	9
50... understand me.	1	2	3	4	5	6	7	8	9
51...listen to me when I need to talk.	1	2	3	4	5	6	7	8	9
52... give me good advice.	1	2	3	4	5	6	7	8	9
53... help me solve my problems by giving me information.	1	2	3	4	5	6	7	8	9
54... explain things that I don't understand.	1	2	3	4	5	6	7	8	9
55... tell me how well I do on tasks.	1	2	3	4	5	6	7	8	9
56... tell me I did a good job when I've done something well.	1	2	3	4	5	6	7	8	9
57... nicely tell me when I make mistakes.	1	2	3	4	5	6	7	8	9
58... take time to help me decide things.	1	2	3	4	5	6	7	8	9
59...spend time with me when I need help.	1	2	3	4	5	6	7	8	9
60... make sure I have the things I need for school.	1	2	3	4	5	6	7	8	9

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Appendix 6c. Quantitative Measures Used in the Pilot Phase

Objectified Body Consciousness Scale for Youth (OBC-Y)

		Strongly disagree		Neither agree nor disagree			Strongly agree		Does not apply
1.	I often compare how I look with how other people look.	1	2	3	4	5	6	7	N/A
2.	During the day, I think about how I look many times.	1	2	3	4	5	6	7	N/A
3.	I often worry about whether the clothes I am wearing make me look good.	1	2	3	4	5	6	7	N/A
4.	I often worry about how I look to other people.	1	2	3	4	5	6	7	N/A
5.	I feel ashamed of myself when I haven't made an effort to look my best.	1	2	3	4	5	6	7	N/A
6.	I feel like I must be a bad person when I don't look as good as I could.	1	2	3	4	5	6	7	N/A
7.	I would be ashamed for people to know what I really weigh.	1	2	3	4	5	6	7	N/A
8.	When I'm not exercising enough, I question whether I am a good person.	1	2	3	4	5	6	7	N/A
9.	When I'm not the size I think I should be, I feel ashamed.	1	2	3	4	5	6	7	N/A

Appendix 6c. Quantitative Measures Used in the Pilot Phase

10	I think I am pretty much stuck with the looks I was born with.	1	2	3	4	5	6	7	N/A
11	I think I could look as good as I wanted to if I worked at it.	1	2	3	4	5	6	7	N/A
12	I really don't think I have much control over how my body looks.	1	2	3	4	5	6	7	N/A
13	I think my weight is mostly determined by the genes I was born with.	1	2	3	4	5	6	7	N/A
14	I can weigh what I'm supposed to if I try hard enough.	1	2	3	4	5	6	7	N/A

Scoring:

The OBC-Youth has 14 items in 3 subscales. Separate scores are computed for each subscale.

Self-Surveillance Subscale:

Items 1-4. Composite is computed as a mean allowing 1 missing item.

1. Sum the responses to items 1-4. Omit any items that the participant reported did not apply to them.
2. Divide the total by the number of items completed.
3. Composite scores should range from 1-7, with higher scores indicating greater self-surveillance.

Body Shame Subscale:

Items 5-9. Composite is computed as a mean allowing 1 missing item.

1. Sum the responses to items 5-9. Omit any items that the participant reported did not apply to them.
2. Divide the total by the number of items completed.
3. Composite scores should range from 1-7, with higher scores indicating greater body shame.

Appendix 6c. Quantitative Measures Used in the Pilot Phase

Control Beliefs Subscale:

Items 10-14. 3 items are recoded, and a composite is created as a mean allowing 1 missing item.

1. Recode items 10, 12, and 13. (1→7, 2→6, 3→5, 4→4, 5→3, 6→2, and 7→1.)
2. Sum the responses to items 10(recoded), 11, 12(recoded), 13(recoded), and 14. Omit any items that the participant reported did not apply to them.
3. Divide the total by the number of items completed.
4. Composite scores should range from 1-7, with higher scores indicating greater control beliefs.

For full description of scale development and psychometric properties, see:

Lindberg, S.M., Hyde, J.S., & McKinley, N.M. (2006). A measure of objectified body consciousness for preadolescent and adolescent youth. *Psychology of Women Quarterly*, 30, 65-76.

Appendix 6d. TiDieR Guidelines.

Template for intervention description and replication completed with information pertaining to the #MoreThanASelfie Intervention.

Item 1. Brief name: provide the name or a phrase that describes the intervention

#MoreThanASelfie Programme. The #MTAS programme was designed to promote positive body image and social media literacy in young adolescents.

Item 2. WHY: describe any rationale, theory, or goal of the elements essential to the intervention

The #MTAS programme was designed for use by teachers in the school setting to meet the need for school based resources to promote positive body image and social media literacy. Research indicates that body image is a widespread concern in male and female adolescents (Bell et al., 2022; Gordon et al., 2022). Research indicates that body image is a key aspect of mental health and that negative body image is linked to higher levels of depression, anxiety, eating disorders, self harm and substance abuse (Dooley et al., 2019). Research also recognises social media use as an appearance based pressure and recommends that any new interventions to promote positive body image should ideally include a focus on social media literacy (APA, 2023). The #MTAS programme was designed to be delivered by teachers in the real world setting with no requirement for training as research indicates that teachers receive little or no training for social and/or health education topics which are often marginalized in the school setting in favour of academic subjects (Tancred et al., 2017).

Appendix 6d. TiDieR Guidelines.

Template for intervention description and replication completed with information pertaining to the #MoreThanASelfie Intervention.

Item 3. WHAT (materials): describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in the training of intervention providers. Provide information on where the materials can be accessed (for example, online appendix, URL)

The #MTAS programme includes four lessons. Each lesson includes online slides with information, discussion points and videos included. Each lesson also includes a corresponding guide for facilitators with information on broaching the sensitive topics therein with class groups, clear information on dividing the class into sub groups, discussion prompts and guidelines for responding to participant questions and discussion themes. Each lesson also includes a student workbook with key information on each slide and space to complete individual and group exercises. The student workbooks serve as a 'take home' document with all aspects of the #MTAS programme included. Each student workbook also includes two pages of information on a range of support services for youth related issues. The #MTAS programme is accessed through the secondary school teacher online portal on the www.bodywhysbodyimage.ie website which was developed specifically to support the use of the #MTAS resources. The portal has access restrictions which require teachers to input general information on the profile of their class group including; age; number of students; male/female and year group. Once this information is provided teachers receive a link to access the #MTAS programme materials.

The #MTAS materials are presented alongside clear guidance to support teachers in preparing for delivery of each lesson including the requirement to download and print student workbooks (1 for each student) and the corresponding facilitator's guide for each lesson in advance, to ensure that internet access is available to play the videos which are embedded in the lesson slides, that the classroom has an interactive whiteboard (IWB) or overhead projector to present the slides (these are now standard in most school

Appendix 6d. TiDieR Guidelines.

Template for intervention description and replication completed with information pertaining to the #MoreThanASelfie Intervention.

classrooms) and that the correct lesson slides are open before the class commences. The #MTAS programme materials can be accessed on any device with internet access without any need for specific software. The secondary school teacher portal also includes a range of information, videos, webinars and articles to support teachers in promoting positive body image in the classroom and in the wider school setting including information on fostering positive body image to share with students and with parents.

Item 4. WHAT (procedures): describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities

The intervention was delivered by the SPHE teachers to the participants in their usual SPHE classroom at the designated SPHE class time. In order to deliver the intervention, the teachers were required to download and print off one copy of the facilitators guide and one copy of the student workbook for each participant. Teachers were instructed to familiarize themselves with the content of each lesson prior to lesson delivery and also to have checked the lesson slides in advance, to ensure that the videos were playing correctly and that there was internet access to ensure the lesson could proceed smoothly. Teachers were advised to read the introductory information in the facilitators guides on delivering body image content in the classroom setting before each lesson and to be mindful of the requirement to create a more relaxed classroom atmosphere at the outset to differentiate the class from a curriculum based class.

Item 5. WHO provided: for each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background, and any specific training given

The teachers were all SPHE teachers. The teachers received no additional training to deliver the #MTAS intervention. This was intentional as in the real world setting teachers often receive little or no training for health and social education topics. The

Appendix 6d. TiDieR Guidelines.

Template for intervention description and replication completed with information pertaining to the #MoreThanASelfie Intervention.

teachers were all familiar with the SPHE curriculum to promote health and wellbeing in secondary schools and had all been delivering SPHE for over three years. The teachers had received no specific training to deliver SPHE. They had been using the SPHE classroom materials and were thus experienced in the delivery of health and wellbeing content in the classroom setting and the need to create a more relaxed environment for the lesson.

Item 6. HOW: describe the modes of delivery (e.g., face-to-face, internet or telephone) of the intervention and whether it was provided individually or in a group

Each lesson includes introductory information, videos, group discussion points and individual exercises. Clear instructions are provided in the facilitators guide to introduce each aspect of the session including advice on dividing the class into subgroups of (2-3 or 3-4) for group discussion points, clear advice on encouraging students to share their ideas from the group discussion with the class group to promote engagement and prompts for the facilitator to guide the discussion if students were not forthcoming with responses. The #MTAS lessons are designed with group discussion exercises based on video content to provide an easy starting point for discussing body image, media and social media.

Item 7. WHERE: describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features

The intervention was delivered in the classroom setting. The classroom required an interactive white board or overhead projector so that lesson slides and videos could be easily displayed and clearly visible to all participants. Internet access was also required to ensure that the #MTAS lessons could be accessed and played without disruptions. The lessons were accessible via the secondary school teachers portal on the

Appendix 6d. TiDieR Guidelines.

Template for intervention description and replication completed with information pertaining to the #MoreThanASelfie Intervention.

www.bodywhysbodyimage.ie website which also included clear advice on checking sound quality, video quality, internet access in advance of the lesson to ensure no disruptions.

Item 8. WHEN AND HOW MUCH: describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity, or dose

The intervention was delivered four times over a four week period. The intervention was delivered during the assigned SPHE period in each school over the four weeks for 50 minutes each time. The lesson was delivered by the usual SPHE teacher. The experimental group received the intervention during this time. The control group were moved to another room during this time and were given an unrelated activity by their teacher.

Item 9. TAILORING: if the intervention was planned to be personalized, titrated, or adapted, then describe what, why, when, and how

The intervention was designed to be easily delivered by teachers following the guidance in the facilitators guide. There was no requirement to tailor or adapt the intervention.

Item 10. MODIFICATIONS: if the intervention was modified during the course of the study, describe the changes (what, why, when, and how)

No modifications were made.

Item 11. HOW WELL (planned): if intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them

Teachers were asked to adhere to the instructions in the facilitators guide to maintain fidelity and to ask the researcher if there were any aspects they were unclear of. The researcher contacted the teachers in each school weekly for the four weeks of

Appendix 6d. TiDieR Guidelines.

Template for intervention description and replication completed with information pertaining to the #MoreThanASelfie Intervention.

intervention delivery to check if there had been any issues during lesson delivery, whether they were able to cover the assigned material during the class time, if the guidance in the facilitator guides was clear and whether the students seemed to enjoy the lessons. Teachers were also invited to comment on any other aspects of lesson delivery. No other strategies were used to assess fidelity.

Item 12: HOW WELL (actual): if intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned.

Adherence to the lesson was assessed through self-report by teachers only. The researcher contacted teachers by email each week to check when the lesson had been delivered and asked the following questions – did you have any problems with accessing the materials, did you watch all of the videos, did you present all of the content, did students seem to enjoy the lesson and do you have any additional comments?

Appendix 6e. Programme Evaluation Form (PEF)



Programme Evaluation Form
Please give your honest feedback

<i>Week 1 Body Image and the Media</i>	<i>Week 2 Body Image and the Media</i>	<i>Week 3 The Right Fit</i>	<i>Week 4 Body Image, Mental Health and Eating Disorder</i>
------------------------------------------------	------------------------------------------------	---------------------------------	-------------------------------------------------------------------------

Which of the 4 lessons did you enjoy most and why?

Which of the 4 lessons did you enjoy least and why?

What do you remember most from the programme?

Do you think these lessons were good for your class? Yes No

Please give reasons:

What did you like most about week 1?

Please give reasons:

What did you like least about week 1

Please give reasons:

What did you like most about week 2?

Please give reasons:

Appendix 6e. Programme Evaluation Form (PEF)

What did you like least about week 2?

Please give reasons:

What did you like most about week 3?

Please give reasons:

What did you like least about week 3?

Please give reasons:

What did you like most about week 4?

Please give reasons:

What did you like least about week 4?

Please give reasons:

Would you recommend this programme for your friends or younger family when they are in first year? Yes

No

Please give reasons:

Do you have any suggestions as to how these lessons could be improved?

General comments

Hello and Welcome

Checking Names of Participants Against Parental Consent Forms.

Read through information letters and consent forms with the group and ensure that they are clear that their participation in the group is voluntary, they can opt out at any time, and it will not impact on their school work. Allow the participants to ask questions and give them time to sign the consent forms, collect all signed forms and start the focus group.

Thank you for taking part.

Outline: Purpose – to have a chat about what you thought of the #MTAS Lessons. There are no right or wrong answers – we just want your honest feedback.

- What do you remember about the #MTAS Lessons?
- Which lesson did you like most and why?
- Which lesson did you like least and why?
- Do you remember any of the videos?
- What did you think of them? Did you think they were relevant for your age group – why, why not.

We're also going to use today as an opportunity to talk to you about your ideas about body image:

- Do you think there's any pressure on people to look a certain way?
- Is the pressure the same for males and females?
- Where do you get your ideas about body shape from?
- Do you think there is pressure on people to look a certain way?
- What would you say are the main influences to body image – why?

Allow silence to encourage the group to talk.

- Young people often mention social media as a pressure – would you agree? If so, why?
- Social Media – do you use social media? If so, how often, what do you tend to follow?
- Do you post? Do you comment?

Allow the group an opportunity to talk to direct the conversation.

- Did you enjoy doing the lessons with your class?
- Were they suitable for a school group?
- Did the videos encourage class discussion?
- Did you find it easy/difficult to talk about these topics in your class group? Why? Why not?
- Do you have any ideas for how the lessons could be improved?

Do you have anything else you would like to add?

Thank you so much for taking part in the research.



**#MoreThanASelfie Online Resource
Teacher Feedback Form**

Please give your honest feedback

Please indicate the length of your SPHE classes: 40 minutes 1 hour
Other: Please specify _____

	Did this lesson fit into class time? If not, please specify which slide you ended with.	Did you have any issues with delivering this lesson?	Which aspect do you think students enjoyed most?	Which aspect do you think students enjoyed least?	Do you have any recommendations for how this lesson could be improved?
Lesson 1					
Lesson 2					
Lesson 3					
Lesson 4					

Which lesson do you think students enjoyed most and why?

Which lesson did you think students enjoyed least and why?

What do you remember most from the programme?

Do you think these lessons were good for your class? Yes No
 Please give reasons:

Appendix 6e. Teacher Feedback Form (TFF)

Would you recommend these lessons to another SPHE teacher? Please give reasons.

Do you have any suggestions as to how these lessons could be improved?

General comments

Thank you for your participating in the #MoreThanASelfie Pilot Programme

Thank you for your time in completing this form.

Your contribution is greatly appreciated.

Appendix 7a: Crosstabulation of age distribution in control and intervention groups

With reference to Table 7.1 (and Cramer's V)

Group * Please circle your age below Crosstabulation

Count

		Please circle your age below				Total
		Under 12	Age 12	Age 13	Age 14	
Group	Control	0	12	37	2	51
	Intervention	1	26	53	8	88
Total		1	38	90	10	139

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	2.963 ^a	3	.397	.421		
Likelihood Ratio	3.414	3	.332	.380		
Fisher-Freeman-Halton Exact Test	2.736			.429		
Linear-by-Linear Association	.095 ^b	1	.758	.762	.439	.116
N of Valid Cases	139					

a. 3 cells (37.5%) have expected count less than 5. The minimum expected count is .37.

b. The standardized statistic is -.309.

Cramer's V

Symmetric Measures

		Value	Approximate Significance	Exact Significance
Nominal by Nominal	Phi	.146	.397	.421
	Cramer's V	.146	.397	.421
N of Valid Cases		139		

Additional Chi Square Test: with participant >11 excluded

Case Processing Summary

	Valid		Cases Missing		Total	
	N	Percent	N	Percent	N	Percent
Group * Please circle your age below	138	100.0%	0	0.0%	138	100.0%

Group * Please circle your age below Crosstabulation

Count

		Please circle your age below			Total
		Age 12	Age 13	Age 14	
Group	Control	12	37	2	51
	Intervention	26	53	8	87
Total		38	90	10	138

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	2.372 ^a	2	.305	.343		
Likelihood Ratio	2.495	2	.287	.304		
Fisher-Freeman-Halton Exact Test	2.187			.343		
Linear-by-Linear Association	.012 ^b	1	.912	1.000	.519	.110
N of Valid Cases	138					

a. 1 cells (16.7%) have expected count less than 5. The minimum expected count is 3.70.

b. The standardized statistic is -.110.

Symmetric Measures

		Value	Approximate Significance	Exact Significance
Nominal by Nominal	Phi	.131	.305	.343
	Cramer's V	.131	.305	.343
N of Valid Cases		138		

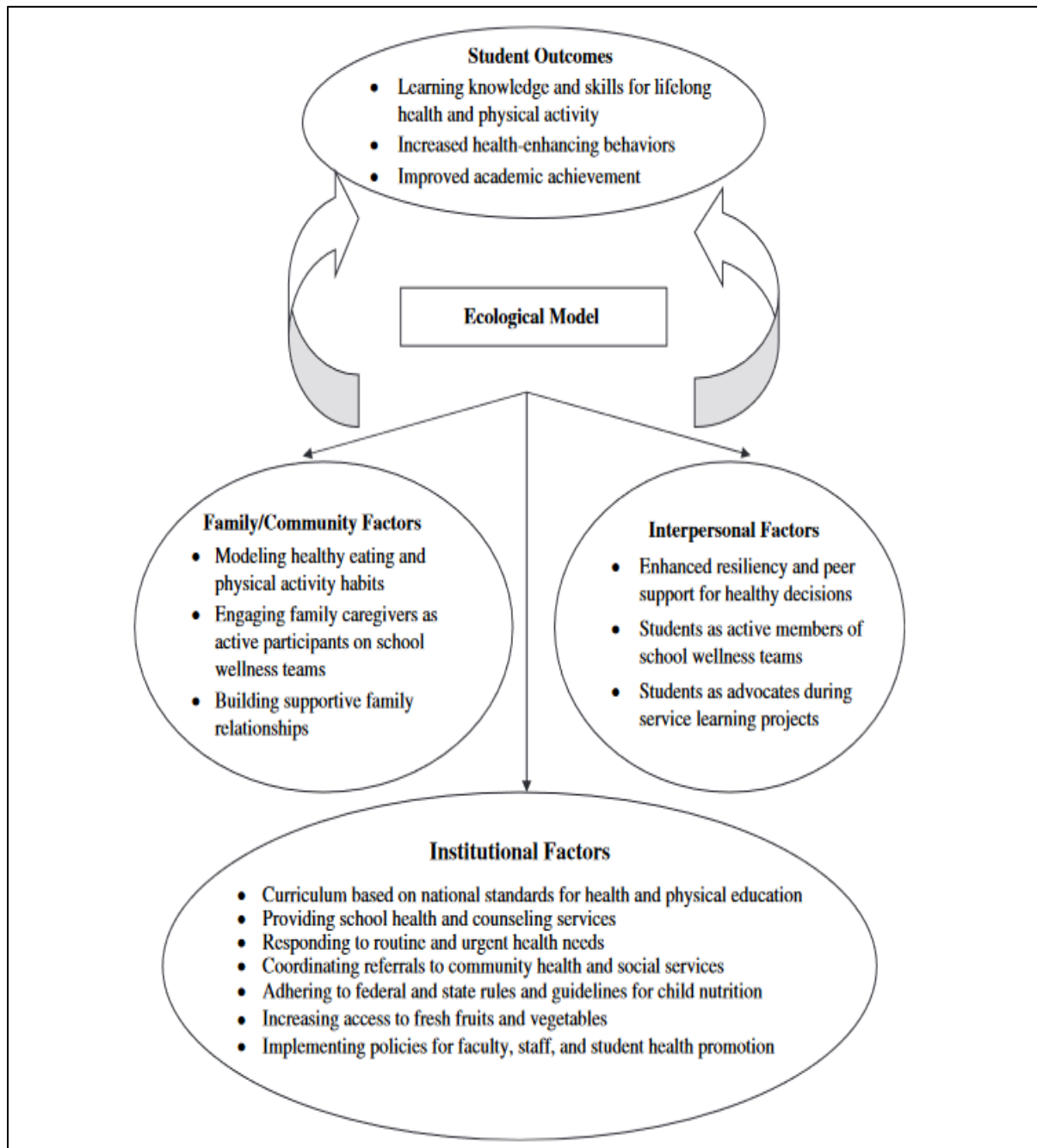
Cramer's V = effect small

Appendix 7b. Sample of the Syntax used for SPSS

	A	B	C	D
	* Encoding: UTF-8.			
	UNIANOVA RosenbergPost BY Group Sex WITH RosenbergPre			
	/METHOD=SSTYPE(3)			
	/INTERCEPT=INCLUDE			
	/EMMEANS=TABLES(Group) WITH(RosenbergPre=MEAN) COMPARE ADJ(LSD)			
	/EMMEANS=TABLES(Sex) WITH(RosenbergPre=MEAN) COMPARE ADJ(LSD)			
	/EMMEANS=TABLES(Group*Sex) WITH(RosenbergPre=MEAN) COMPARE(Group) ADJ(LSD)			
	/EMMEANS=TABLES(Group*Sex) WITH(RosenbergPre=MEAN) COMPARE(Sex) ADJ(LSD)			
	/CRITERIA=ALPHA(.05)			
0	/DESIGN=Group Sex RosenbergPre Group*RosenbergPre RosenbergPre*Sex Group*Sex			
1	Group*RosenbergPre*Sex.			
2				

Appendix 8a. Ecological Model of Body Image

Ecological Model of Body Image



Burnett et al., 2008: Ecological Strategies to Promote Healthy Body Image Among Children.

REVIEW OF THE PARENTS SECTION OF BODY IMAGE WEBSITE

The Parents section of the www.bodywhysbodyimage.ie website was also extensively reviewed by two facilitators of the PiLaR programme. Selected comments are provided below.

Bodywhys PiLaR Programme Facilitators Feedback on Parents Section: Selected Comments

I've just finished reading through the section on IBI, and the parents section - it's all fantastic- really very, very well done. It's going to be such a relief to signpost parents to it.

I have made a note of a couple of comments, or highlighted typos or where formatting is off slightly. Very little really and they are just suggestions. It's a great piece of work. Well done.

PART 8 - suggest making the link between EDs and BI more explicit.. that it is often a big part of the disorder, that in the same way that it is not about food, but food is the way distress is expressed, the same can be for neg BI, that improving BI satisfaction is a big part of the recovery process.

BACKGROUND INFORMATION RELATING TO THE PILAR PROGRAMME

In 2014, Bodywhys developed PiLaR as a support programme for those supporting a person with an eating disorder, including family members such as parents, siblings, partners and friends. Family members have their own support needs and need a structure and space to feel heard.

Supporting family and parents has always been a core aspect of our work. As part of this, we offer parents and families a **free** four week (delivered once a week, over 2 hours) structured programme, incorporating both psycho-education and support, as well as practical advice and skills to help you support your family member towards recovery.

The PiLaR programme is delivered by Bodywhys, in support of the HSE's National Clinical Programme for Eating Disorders.

PiLaR benefits from having two highly skilled and experienced facilitators. Harriet Parsons (BA (psych), MA, MSc., Reg. Pract. APPI, ICP.) is a fully accredited psychoanalytic psychotherapist and Kathy Downes (BA (psych), P.G. Dip, MSc., Reg. Pract. IFCAPP, ICP) is a fully accredited Child and Adolescent psychotherapist. Harriet

Appendix 8b. Feedback on Parents Section by Bodywhys PiLaR Team

joined Bodywhys in 2005, and is the Training and Development Manager, working to provide the support component to the HSE National Clinical Programme for Eating Disorders. Harriet provides professional training to various professional groups, GPs, psychiatrists, youth workers, foster carers, social care workers and others. She also regularly lectures at 3rd Level on the subject of eating disorders in UCD, TCD School of Nursing and Midwifery. She is a member of the Editorial Board of the APPI Journal *Lacunae*. Kathy joined Bodywhys in 2017 and delivered her first PiLaR in the same year. She is the support officer with Bodywhys; her position involves managing all the support services provided by Bodywhys (telephone helpline, face to face support groups, online support groups, email support, SeeMySelf online psychoeducation programme), as well as training and supervising the volunteers who work on these services. Kathy is the Chairperson of the Irish Forum of Child and Adolescent Psychoanalytic Psychotherapy (IFCAPP) and is a registered practitioner with I.C.P. Kathy teaches on the MSc in Psychoanalytic Psychotherapy in Trinity College Dublin and works in private practice



**New Bodywhys Body Image Website
Evaluation Form: Youth Panel**
Please give your honest feedback

There are 3 sections in the new Bodywhys website. This website is dedicated to body image and is a totally new resource to the existing Bodywhys website. This new website is currently in a draft format and password protected until final editing has been completed and we are satisfied that we have included all areas. The new lesson plans for both primary schools and secondary schools will be uploaded in the appropriate sections of the schools resource.

Research indicates that in order to improve body image in young people it is advisable to promote awareness of body image concerns and to provide information and tools to educators, parents and young people to promote body image. In this resource we have therefore devised three different sections. We still have time to review all areas and make amendments to ensure the final resource addresses all body image concerns and is an effective and valuable resource for young people, parents and educators when it is launched and made available later this year.

We will continue to update and add new research to this resource but I am keen to ensure that we have covered all the relevant areas in a useful way prior to the launch.

Please see the feedback tables below. Please be honest and feel free to add as much detail as you like in the comments sections about any areas which you feel are lacking. Please feel free to comment on design, layout, images etc and if you think there are things we could improve any areas, images you would like to see, celebrity quotes, ideas for projects - anything that might improve the resource please feel free to send them to me.

Likewise, if you feel it is fine as it is and sufficiently comprehensive then include positive comments!

Thank you for taking the time to review this. As mentioned we will be launching the new website and the primary and secondary school resources later this year. I would be delighted to have you attend the launch and if you would like a more active role on the day, helping out with information stands or saying a few words about your involvement in reviewing the resources please let me know.

- 1: I think this section is lacking
- 2: I think this section is fine
- 3: I really like this section

Please allocate 1-3 in each section. If you are allocating 1 or 2 please also insert constructive feedback on how you think this could be improved.

Section 1: Improving Body Image

Appendix 8c. KT-Strategy Development: Website Feedback Form. Youth Panel

Section 1: IBI	Content	Graphics	Layout	Useful	Additional comments
Part 1:					
Part 2					
Part 3					
Part 4					
Part 5					
Part 6					
Part 7					
Part 8					
Part 9					

Section 2: Schools

Section 2: Schools	Content	Graphics	Layout	Useful	Additional comments
Part 1:					
Part 2					
Part 3					
Part 4					
Part 5					
Part 6					
Part 7					

Appendix 8c. KT-Strategy Development: Website Feedback Form. Youth Panel

Part 8					
Part 9					
Part 10					
Part 11					

Section 3: Parents

Section3: Parents	Content	Graphics	Layout	Useful	Additional comments
Part 1:					
Part 2					
Part 3					
Part 4					
Part 5					
Part 6					
Part 7					

Thank you for your time in completing this form.

Your contribution is greatly appreciated.

Appendix 8d. Communication with Relevant Stakeholders in KT-Strategy Development

Third Level Section: Feedback

Follow up email from Researcher to Third Level Contact regarding items discussed

Lovely to talk to you both today. As discussed I will compile information to collaborate on developing content specific to body image/eating disorder issues at third level for a new section on the bodywhysbodyimage.ie website. We discussed the importance of addressing aspects such as new pressures due to moving away from home, being away from support networks, cooking for self and associated challenges. As mentioned these aspects were all addressed in a Bodywhys Leaflet on Eating Disorders & College. I can't find this on the main Bodywhys Website so I have emailed my colleague and I will forward it to you both for feedback once I receive it.

We also discussed the importance of dispelling myths in relation to EDs. We have content on this here:

We also discussed the fact that moving to college might be the first opportunity for a person to seek help if they have been keeping their eating disorder secret and the importance of this first step. With this in mind I think we should include some information on 'Choosing A Counsellor' - We have a leaflet on this which emphasises the importance of researching whether the counsellor has previous experience etc and the importance of choosing someone you feel comfortable with. I have emailed my colleague Barry to send this one on to me also and I will send that once received also.

Additionally there were numerous online meetings with U.S.I Representatives in relation to the Third Level section.

SPHE Stakeholder

I am sure you have completely given up on me at this stage, but much later than intended, I am working on the plan for the Junior Cycle SPHE Resource. I have in my notes that you have 4 lessons on Body Image for Junior Cycle Students – could I just check that that is correct and could you send them to me and we can have a conversation about how to approach this piece.

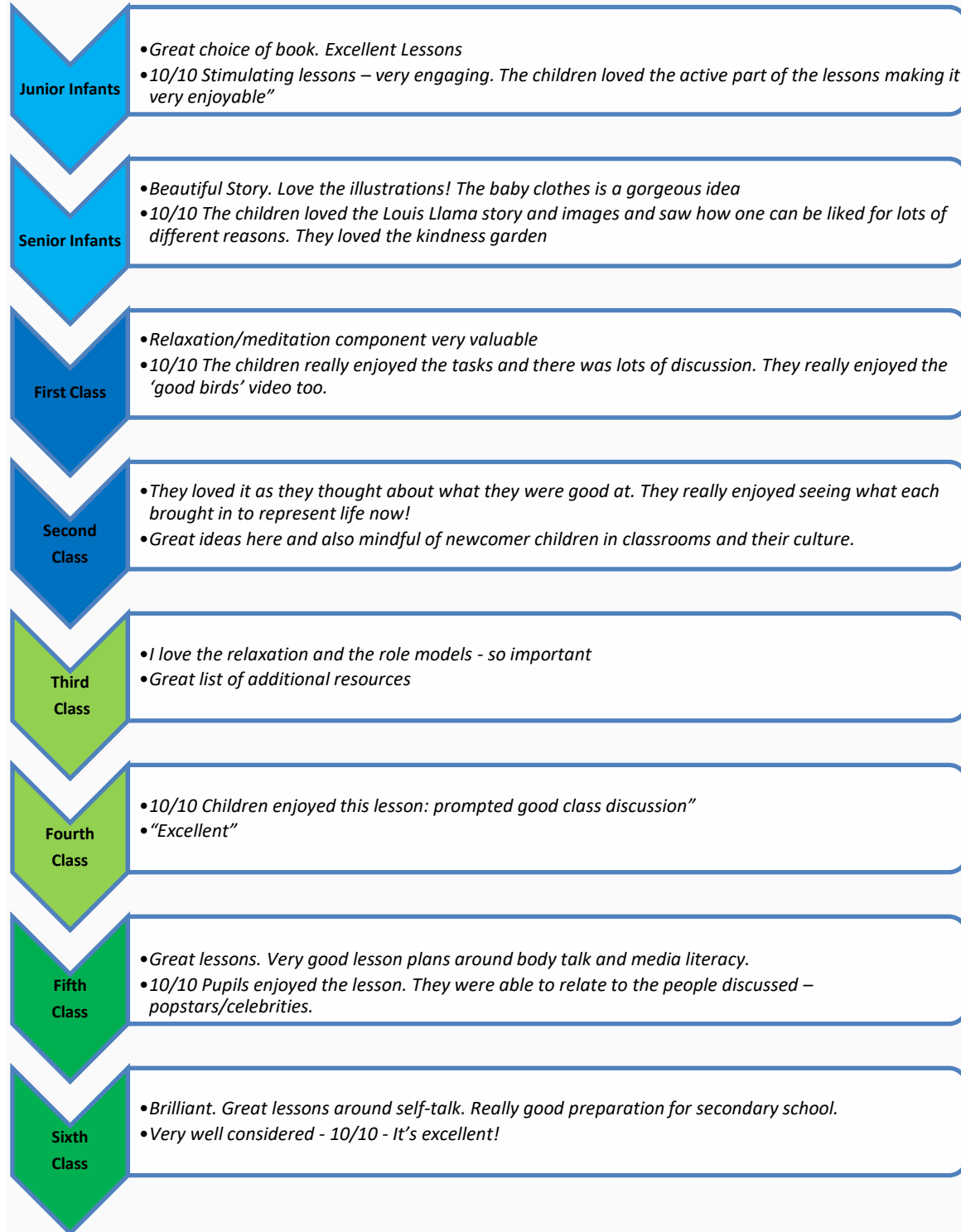
We have decided that the resource will go up online in a format similar to this: <https://www.webwise.ie/lockers/>. Would you consider making the lessons available in this format on the Bodywhy's website and we could then link out to that? The alternative would be that they would go on the HSE website, with the other SPHE Units of Learning, but there may be some additional work in that for both of us.

There were some follow up phone calls to discuss aspects of the layout and emails to confirm formats and preferred layouts between the researcher and SPHE stakeholder prior to finalising the secondary school section and resources layouts.

School Sections of Website. Educator Stakeholder - NCCA

Many thank for getting in touch. I'm attaching the draft list of resources (not for circulation please) so that you can see the kind of approach we've taken in compiling the resources. You might like to check the wording that we've used and adjust it as you think best. I'd also appreciate if you could check that we are using the correct weblink. Any other obs or suggestions in regard to other teaching and learning resources that you think might be helpful for teachers would be really welcome also.

Teacher Comments on the *HTBM* Lessons



About The ‘Happy To Be Me’ Programme

The ‘Happy To Be Me’ Resource has been developed to provide teachers with fun, easy to use materials to promote positive body image and self-esteem in primary school children. Traditionally, programmes aimed at improving body image have focused on adolescents. However, we are now aware that body image concerns can develop while children are still in primary school. Young children’s body image begins to develop early alongside the growth of their physical, cognitive and social abilities. Even infants have a general sense of their bodies.

Research in Ireland indicates that body image is a widespread issue for young people, that body image and related concerns are on the rise in both males and females and worryingly that rates of eating disorders are rising in preteens. It is important that teachers are aware that such issues can occur in primary school children and that they are equipped to deal with any such issues which may arise.

All lessons have been designed in conjunction with the SPHE curriculum. All lessons include group and individual exercises and include videos, images, arts and crafts and some dance or movement so that the lessons are fun and memorable for students to ensure maximum benefit from the programme.

This resource has been developed to counter the current pressures to body image described by young people, taking into account the average age that children encounter new technology and become more exposed to media ideals and media messaging. All materials are age appropriate and media literacy lessons are introduced gradually from 2nd class onwards. It is hoped that the lessons will encourage children to embrace individual differences and diversity, and that the resource will provide additional support in promoting a positive peer supportive environment to facilitate development of positive body image, which is vital to emotional well being.

The focus of the ‘Happy To Be Me’ resource is to provide teachers with easy to use materials to promote positive body image and self esteem in primary school children. The resource also includes information to promote early identification of body image or eating disorder issues in students and outlines the appropriate steps to follow in the school setting to involve parents, to ensure early intervention to promote a successful recovery and to enhance long term well-being for the student affected.

Testing the ‘Happy To Be Me’ programme

All lessons have been designed in conjunction with the SPHE curriculum. All lessons include group and individual exercises and include videos, images, arts and crafts and some dance or movement so that the lessons are fun and memorable for students to ensure maximum benefit from the programme. The ‘Happy To Be Me’ Programme was tested in 4 schools nationwide and has been reviewed and endorsed by the PDST Team for Wellbeing in Primary Schools.

Appendix 8f. HTBM Primary School Programme

'Happy To Be Me' Programme: Side One: Outside of Leaflet

<p>See www.bodywhys.ie for more tips on promoting positive body image in children</p> <p>© Bodywhys 2019</p>  <p>Happy To Be Me: Promoting Positive Body Image & Self Esteem in Primary School Children</p> <p>BODYWHYS The Eating Disorders Association of Ireland</p>	<p>WHY IS IT IMPORTANT TO PROMOTE POSITIVE BODY IMAGE IN CHILDREN?</p> <p>Unfortunatly research in Ireland indicates that most young people are not happy with how they look. A survey of over 2,500 young people last year indicated that 72% cited body image concerns as a source of difficulty in their lives. Over the past decade research has consistently identified body image as a key issue affecting youth mental health with links to higher levels of depression, anxiety, self-harm and suicidality.</p> <p>© Chinnery, D., Ryan, P., Doonan, R., Kavanagh, H. and Healy, C. 'Meat's knocking your head' - A report on teenage mental health. Research Centre, 2017.</p> <p>Dooley, B., Breen, A., Fitzgerald, A., and Kelly, M. World Survey: National Study of Youth Mental Health in Ireland. Headering and UCD School of Psychology, 2012-05.</p>	<p>WHY DID WE DEVELOP THIS RESOURCE?</p> <p>This resource has been developed to provide teachers with fun, easy to use materials to promote positive body image and self-esteem in primary school children.</p> 	<p>BODYWHYS ARE DELIGHTED TO INTRODUCE OUR NEW HAPPY TO BE ME RESOURCE FOR PRIMARY SCHOOLS</p> <p>All lessons have been designed in conjunction with the SPHE curriculum. Lessons include a variety of group and individual exercises, videos, images, arts and crafts and some dance or movement to ensure they are fun and engaging.</p> 
<p>HOW TO ORDER</p> <p>If you are interested in accessing the <i>Happy To Be Me</i> resource and materials please send an email to youthdevelopment@bodywhys.ie and follow the instructions below:</p> <p>Type PRIMARY SCHOOL RESOURCE in the subject line and include your name, school name and address. Please specify the number of classes in your school if there is more than one class per year.</p>  <p>See www.bodywhys.ie for more tips on promoting positive body image in children.</p> <p>BODYWHYS The Eating Disorders Association of Ireland</p>	<p>This resource has been piloted in a selection of schools nationwide and reviewed by the PDST Team Health and Wellbeing Team for primary schools.</p> <p><i>"Amazing resource"</i></p> <p><i>"Very comprehensive"</i></p> <p><i>"The lessons are very well pitched, age appropriate and full of varied activities that will engage the children"</i></p> <p><i>"All lessons are very well considered and age appropriate"</i></p>	<p><i>"Great ideas, very practical – amazing understanding of all levels in Primary school"</i></p> <p><i>"Packed with creative visual and craft ideas that children will love"</i></p> 	<p>BODYWHYS The Eating Disorders Association of Ireland</p> <p>Happy To Be Me: Promoting Positive Body Image & Self Esteem in Primary School Children</p>  <p> F <small>Fachtráchtas na Sábhaíle Stáit Health Service Executive</small> © Bodywhys 2019</p>

Appendix 8f. HTBM Primary School Programme

Side Two: Inside of leaflet

 <p>Junior Infants</p> <p><i>10/10 Stimulating lessons – very engaging. The children loved the active part of the lessons making it very enjoyable</i></p> <p>The beautifully illustrated best-selling children's book Giraffes Can't Dance by Giles Andreae and Guy Parker-Rees forms the basis for lessons on the following themes:</p> <ul style="list-style-type: none"> Understanding and expressing feelings Friendship and bullying Learning at our own pace Celebrating our differences 	 <p>Senior Infants</p> <p><i>10/10 The children loved the Louis Llama story and images and saw how one can be liked for lots of different reasons. They loved the kindness garden</i></p> <p>The Lovely Louis Llama story has been designed specifically for the Bodywhys Happy To Be Me programme to encourage children to celebrate individual differences and to reflect on personal strengths. These lessons are linked to the following themes:</p> <ul style="list-style-type: none"> Everyone is unique Growing and changing Caring for others Celebrating our strengths 	 <p>First Class</p> <p><i>10/10 The children really enjoyed the tasks and there was lots of discussion. They really enjoyed the 'good birds' video too</i></p> <p>The classic story of Tarzan is used to encourage the students to teach Tarzan various skills and to learn from Tarzan too. The lesson plans cover the following themes:</p> <ul style="list-style-type: none"> Celebrating diversity Caring for ourselves Friendship Relaxation exercise 	 <p>Second Class</p> <p><i>Students love teacher reading a book! Meditation was good</i></p> <p>Toby Plum wishes he could be just like everyone else but everything changes when a funny little creature called Differ appears at his window. When Toby goes on his magical adventure he learns that the world around us is full of magnificent differences and he learns to appreciate the things that make him unique and special.</p> <ul style="list-style-type: none"> Growing & changing Self-identity Appreciating Diversity Media Education
 <p>Third Class</p> <p><i>10/10 They loved it as they thought about what they were good at. They really enjoyed seeing what each brought in to represent life now!</i></p> <p>Speedy Jumper came here from the future and landed in the classroom when she entered the wrong code into her time machine. She is from the year 2075 where people are named after what they are good at. The lessons in this section explore the following themes:</p> <ul style="list-style-type: none"> Celebrating our strengths Media Literacy It's what's inside that counts 	 <p>Fourth Class</p> <p><i>10/10 Children enjoyed this lesson: prompted good class discussion</i></p> <p>The Boy in The Dress is a funny and engaging book that the children will really enjoy reading. It brings up some important issues in a quirky way that will provide a good basis for exploring themes around body image and self-esteem. There are 4 lessons to accompany the book which cover the following SPHE strands:</p> <ul style="list-style-type: none"> Self-Identity & Media Education Feelings & Emotions Changing beauty ideals throughout history 	 <p>Fifth Class</p> <p><i>10/10 Pupils enjoyed the lesson. They were able to relate to the people discussed – popstars/celebrities</i></p> <p>The Happy Being Me programme for 5th Class has been devised by a team of Psychologist in La Trobe University in Australia and amended for use in Ireland. It has been found to result in significant improvements to body image. These lessons explore the following themes:</p> <ul style="list-style-type: none"> The Media Body Talk & Teasing The Comparison Trap 	 <p>Sixth Class</p> <p><i>10/10 It's Excellent</i></p> <p>The focus in these lessons is to encourage self reflection, critical thinking and to foster a strong sense of self approaching adolescence and the transition to secondary school. These lessons focus on media literacy, managing difficult thoughts and feelings and also provide an opportunity for students to reflect on what they enjoy.</p> <ul style="list-style-type: none"> Self-Awareness Media Education & Self-Identity Feelings & Emotions

For more information about the HTBM Programme use this link:

<https://www.bodywhysbodyimage.ie/newprimaryschoolresources-page>

You can also register to access the HTBM Programme using the above link.