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# Social Physique Anxiety in Adolescence

## An Exploration of Influences, Coping Strategies, and Health Behaviors

C. M. Sabiston

W. A. Sedgwick

P. R. E. Crocker

*University of British Columbia, Vancouver, Canada*

K. C. Kowalski

*University of Saskatchewan, Saskatoon, Canada*

D. E. Mack

*Brock University, St. Catharines, Canada*

This study explored adolescent females' experiences of social physique anxiety (SPA) and related coping strategies. A final sample of 31 adolescent females ages 13 to 18 years discussed dealing with SPA during individual semistructured interviews. Resultant themes pertaining to the transactional experiences of SPA were coded using content analysis. There were 107 unique coping strategies reported, which were coded into 10 subthemes. The main coping categories included behavioral and cognitive avoidance, appearance management, diet, social support, physical activity, reappraisal, cognitive deflection and comparison to others, seeking sexual attention, and substance use. Informed by a stress and coping framework, it is evident that body-related thoughts and emotions are linked to various adolescent health behaviors.

**Keywords:** *body image; social anxiety; adolescence; coping; health*

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Body image is a multidimensional construct that generally includes perceptions of body appearance, thoughts and beliefs regarding body shape and appearance, attitudes reflecting how individuals feel about their body size and shape, and behaviors that embody actions related to appearance (Bane & McAuley, 1997; Banfield & McCabe, 2002; Cash & Pruzinsky, 2002). Concerns about physical appearance and other body characteristics are central to adolescents' sense of self-worth and have the potential to affect adolescents' overall well-being (Dacey & Kenny, 1994; Fox, 1997; Harter, 1999). As such, adolescence is considered a vulnerable period for prevalent disturbances in body image (Levine & Smolack, 2002). It is widely reported that female adolescents are at greater risk for body-related concerns compared to male counterparts (Cash & Pruzinsky, 2002). This vulnerability stems from (a) the physical changes that occur during adolescence (i.e., increased body fat percentage), that oftentimes contradict the socially acceptable female body (Levine & Smolack, 2002); (b) the increased importance of social conformity (Dacey & Kenny, 1994); and (c) heightened self-consciousness and concerns for peer evaluations (Harter, 1999). Together, these issues highlight adolescence as a period of high social anxiety (Leary & Kowalski, 1995). Therefore, the importance of understanding body image experiences is crucial to advancing knowledge on female adolescents' physical and psychosocial health.

Given the importance that adolescent females place on appearance, coupled with the heightened awareness and significance of social evaluations, the prevalence of body image concerns is not surprising. These concerns have frequently been defined in terms of body image disturbances or dissatisfaction, or negative body image, and there is no consensus on the meaning or operationalization of the terms. According to Cash (2002), most attempts to quantify negative body image have not accounted for the importance that individuals place on evaluations of their appearance. The subsequent or mitigating impact on personal distress and adaptive functioning has also been neglected. It is important to further explore these issues to comprehensively understand the consequences of negative body image.

Body image concerns are constructed by personal attributes and through appraisals of social interactions (Cash & Fleming, 2002; Davidson & McCabe, 2006). Specifically, adolescent body image concerns are influenced by physical appearance assessments, whether perceived or received, and subsequent affective reactions to these reflected appraisals (Cash & Fleming, 2002; McAuley & Burman, 1993). When anxiety is the predominant reaction to body-related judgments and feedback, social physique anxiety ensues. *Social physique anxiety* (SPA) is defined as "a subtype of social anxiety that occurs as a result of the prospect or presence of interpersonal evaluation

involving one's physique" (Hart, Leary, & Rejeski, 1989, p. 96). SPA is a unique form of negative body image conceptualized under the rubric as part of the affective dimension (Bane & McAuley, 1998). Similar to the general body image literature, females typically report greater SPA than males (Hart et al., 1989; Kowalski, Mack, Crocker, Niefer, & Fleming, 2006). Experiences of SPA have reported links to health-related variables, such as exercise and sport participation and avoidance, and dietary restraint. Limited reports reveal cognitive, affective, and behavioral relationships with perceptions of SPA in young women (e.g., Crocker, Sabiston, Kowalski, McDonough, & Kowalski, 2006; Hausenblas & Fallon, 2002; Thompson & Chad, 2002). Therefore, studying SPA as an affective body image dimension demonstrates prospective insight into the cognitive and behavioral dimensions of body image. However, the mechanisms linking these body image modalities remain elusive.

One way of advancing understanding of the mechanisms linking body image modalities might be through a stress and coping framework. According to Lazarus' (1999) cognitive-motivational-relational (CMR) framework, the confluence of personal and environmental variables directly influences the meaning that an individual constructs, the perceived threat of the situation, and the way the individual deals with the situation. In this regard, the CMR framework explains emotional experiences (such as body image concerns) as contingent on cognitive appraisals and coping. Cognitive appraisals guide affect and behavior by categorizing situations with respect to significance for well-being (Lazarus & Folkman, 1984). Threats to self-esteem signify one of the most significant negative cognitive appraisals (Hobfoll, 1989). During adolescence, it is widely accepted that one's body and physical appearance perceptions and evaluations are most influential on self-esteem (see Harter, 1999). Thus situations that strain these self-perceptions manifest as threatening or harmful cognitive appraisals and result in negative emotional outcomes. For instance, if a situation is appraised as threatening to an adolescent's physical and psychological well-being (i.e., loss of self-esteem, negative evaluation of appearance), an emotional outcome, such as SPA, may result. Subsequent coping efforts are then necessary to manage SPA.

*Coping* refers to a progression of behavioral and cognitive adaptations to the emotional process and is contingent on personal characteristics and resources (Compas, 2004; Lazarus, 1999; Lazarus & Folkman, 1984). Coping entails cognitive and behavioral mechanisms that can either attempt to change the situation and/or manage the negative emotions and cognitions associated with stress (Lazarus, 1999; Lazarus & Folkman, 1984). Supporting and advancing this view, research exploring adolescents' specific coping responses to cognitive appraisals and emotional outcomes has identified three specific coping

responses (Ayers, Sandler, West, & Roosa, 1996; Connor-Smith, Compas, Thomsen, Wadsworth, & Saltzman, 2000). First, active coping involves problem solving and other efforts directed at changing the situation, appraisal, and/or one's emotional reactions. Second, accommodative coping encompasses efforts aimed at managing the situation and includes strategies such as acceptance, cognitive restructuring, and distraction. Third, avoidance coping involves efforts to disengage cognitively or behaviorally from the source of stress, cognitive appraisal, and emotions.

Efforts used to manage SPA may be consistent with these coping perspectives. Specifically, an adolescent female may avoid situations in which her physique is evaluated or accentuated, or attempt to improve her physique using remedial behaviors (Hart et al., 1989). Attempts to alter physique include engaging in health-promoting behaviors (i.e., physical activity and healthy weight management), potentially harmful actions (i.e., excessive dietary behavior, substance use), and short-term innocuous actions such as using makeup and altering clothing styles (Hausenblas & Fallon, 2002; Kowalski et al., 2006; Sabiston, Sedgwick, Ferrell, Crocker, Kowalski, & Stevens, 2003; Thompson & Chad, 2002). There is also limited evidence that an individual may seek support from family and friends (Kowalski et al., 2006; Sabiston et al., 2003) and feel less anxious when the social context includes friends (Carron & Prapavessis, 1997; Mack, Strong, Kowalski, & Crocker, *in press*). Therefore, understanding the consequences associated with coping efforts and the initial threatening cognitive appraisals and emotional reactions has the potential to inform theory and practice focused on adolescent health.

The outstanding issue with many of these reported links between SPA, cognition, and behavior is that the relationships have been explored absent of a theoretical framework. Some recent advances have applied aspects of the CMR framework to SPA research (Kowalski et al., 2006; Sabiston et al., 2003); however, there is limited understanding of the associations among antecedents and appraisals, SPA, and coping efforts. Using the CMR framework to explore SPA and relationships to cognition and behavior would satisfy Cash's (2002) call to account for the importance adolescents place in evaluations of appearance (i.e., cognitive appraisals) and the subsequent impact on adaptive functioning (i.e., coping).

In addition to limited theoretical frameworks used to guide research on SPA, there have also been narrow perspectives used to assess the construct. Most health researchers have used quantitative approaches focused on describing relationships between dispositional (trait) SPA and various physical, psychological, social, and behavioral constructs. Although this research has supported the existence of dispositional SPA as a unique dimension of body

image, and targeted the psychometric integrity of the Social Physique Anxiety Scale (SPAS; Hart et al., 1989), it is important to move beyond these issues. Quantitative approaches have overshadowed empirical, conceptual, and theoretical understanding of the prevalence, antecedents, and consequences associated with the various body image dimensions. Furthermore, it is important to recognize coping efforts in the context in which it occurs (Lazarus, 1999), suggesting situational SPA attributes should be explored. Advancing comprehensive knowledge of SPA and related processes within a CMR theoretical framework may be achieved most effectively using qualitative approaches.

Therefore, the purpose of the current research was to explore adolescent females' coping efforts related to experiences of SPA. Interviews were conducted to explore prevalence, antecedents, and consequences associated with SPA. Research questions were advanced based on adolescent coping (Ayers et al., 1996; Connor-Smith et al., 2000) and body image (Bane & McAuley, 1998; Cash, 2002; Cash & Fleming, 2002) research. Specifically, to what extent do females perceive others are evaluating their bodies and physical appearances? What situations are reported to be SPA-inducing stressors? How are these socially constructed judgments appraised? And finally, what strategies are reported as efforts used to manage SPA experiences?

## Method

### Participants

Forty-five adolescent females ages 13 to 18 years ( $M_{\text{age}} = 15.3$  years) volunteered to take part in 45- to 60-min semistructured interviews. However, some young women ( $n = 14$ ) volunteered to participate in the study but were unable to discuss SPA and/or were uncomfortable providing personal accounts and responses. Despite many attempts to probe further understanding of these females' experiences, the results were not informative to support or refute the contextualization of coping with SPA. Based on observation, experience, and discussion, the researchers offer the following possible reasons (in no particular order) for these adolescents' limited or nonexistent responses: (a) monetary incentive; (b) the necessity of obtaining parental consent, which can inadvertently influence adolescents' decisions; (c) limited personal experiences with SPA, including no peer or family reports of such feelings<sup>1</sup>; (d) no awareness and/or understanding of concept of SPA; and (e) first language was not English, thus making it difficult for elaboration of experiences. The researchers have agreed that these isolated responses did not have significant bearing on the application of the chosen theoretical framework

or interpretation of the meaning of SPA experiences, and thus were excluded from further analysis. It was decided to focus only on the interviews where participants discussed personal experiences of SPA. In this final sample ( $N = 31$ ), the mean age was 15.58 years. The reported cultural backgrounds were: European Caucasian ( $n = 15$ , of 20 original participants), Asian ( $n = 12$ , of 19 original participants), First Nations Aboriginal ( $n = 2$ , of 3 original participants), Indian ( $n = 1$ , of 2 original participants), and Fijian ( $n = 1$ ). Reported body mass indexes (BMIs) ranged from 17.2 to 31.7 kg/m<sup>2</sup>.

## Procedures

Following university and school district Behavioral Research Ethics Board approvals, seven secondary schools located in diverse regions in Vancouver, British Columbia, Canada, provided permission for the current study. To recruit volunteers, the first two authors conducted schoolwide presentations describing the current study. The adolescents were informed that their participation would require one private interview, held at the school outside of class time, focused on their thoughts, feelings, and strategies used to deal with issues about their bodies. A CAN\$20.00 honorarium was also discussed. Parental consent and participant assent forms were distributed to potential adolescent female volunteers. If interested, the students were instructed to return consent forms to representative counsellors in a sealed envelope. This group, who self-selected to participate, were then contacted to set up the one-on-one interview.

The semistructured interview guide consisted of open-ended questions that were derived from the literature and adapted from previous work with focus groups. Without referring directly to the term *social physique anxiety* (as this is not common vernacular in the general public), the research and interview questions were operationalized to explore general body-related anxiety and negative emotions, situations that foster experiences of SPA, and strategies used to deal with SPA. Specifically, the interview questions and probes targeted: (a) thoughts and feelings about body shape and appearance (e.g., "How do you feel about the way you look? What are some reasons why you say this? How often do you think about aspects of your body and/or your appearance?"); (b) general antecedents of body-related cognition and affect (e.g., "Can you tell me about any situations that might make you uncomfortable about your body? What is it about these situations that make you feel uncomfortable about your body and/or physical appearance?"); and (c) strategies employed to manage social physique anxiety (e.g., "How do you deal with feeling uncomfortable

about your body?”). Interviews were audiotaped and transcribed verbatim. In addition, the researchers took field notes. These summative notes were used to clarify information with the participants and as a way of ensuring accurate data.

The interviews were transcribed verbatim, and the text was read by the first two authors to understand the meaning and context of participants' responses (Creswell, 2003). During the initial reading of the transcripts, memos were used to highlight SPA and coping perspectives. The raw codes (memos) derived from the data were then grouped and ordered into sub-themes using content analysis as a data reduction and sense-making method (Patton, 2002). In this regard, the process of coding the data involved the use of sensitizing concepts, or elements of the researchers' backgrounds in the field that act as starting points for recognizing and organizing themes and categories in the data (Charmaz, 2000). The researchers were educated in theories of body image, social anxiety, self-presentation, and stress and coping that influenced how codes and connections were identified in the data. Although this theoretical basis is acknowledged as an influence in the analysis process, all codes, categories, and connections had to be grounded in the data to be included in the final model. Therefore, sensitizing concepts acted as a starting point for analysis and did not determine the final findings (Charmaz, 2000).

The transcripts were then reread, and further coding was conducted as a compliment to the inductive analysis to capture and operationalize the prevalence, antecedents, and consequences of SPA. These main codes were defined deductively according to the results of previous focus group research and the concepts explored in the interviews. During the coding process, emerging themes were continually compared back to the original transcripts to ensure consistency. All transcripts were reread again to ensure that themes discovered later in the analysis were appropriately coded and that all relevant information had been coded consistently (Patton, 2002). The numbers of participants reporting each theme were recorded to gain perspective on the prevalence of body-related issues. This compilation of data also enabled the researchers to later explore cultural and/or ethnic and social class differences in reporting of antecedents, prevalence, appraisals, and coping efforts. The ad hoc nature of the culture and/or ethnicity and social class comparisons was a result of the diverse self-report participant characteristics. Two researchers conducted the coding independently. The interrater reliability was acceptable ( $\kappa = .84$ ). Lack of agreement between the two researchers in terms of theme and/or subtheme titles was resolved in discussions and revisits to the literature, where appropriate.

## Results

Antecedents of SPA, appraisals, and coping strategies were reported by the adolescent females and resulted in 1,053 pages of single-spaced data.

### Antecedents of SPA

Multiple social events, situations, and significant other messages were reported as antecedent to SPA.

#### *Social Situations and Events*

A variety of social contexts were cited as predisposing participants to SPA. Swimming at the beach and going to the pool were cited as potentially negative situations. Participants also felt self-conscious about their bodies in shopping malls. They discussed trying on clothes, and comparing themselves and the size of their clothing to other peers, and even to mannequins: “even the mannequins are skinny” (DL, age 17). Places at high schools, such as locker rooms, changing for gym class, school dances, and walking through main foyers, were cited as situations conducive to SPA. Often, the situation was dependent on the individuals that were present. For many young women, if males or popular female peers were around, the situation was often deemed threatening. Other less common situations for SPA experiences included parties, sports teams, family reunions, at home, and at work. One participant alludes to the encompassing experience of SPA situations: “anywhere where the body is available for other people to see” (SV, age 16).

#### *Messages From Significant Others*

Messages about how one should look and/or dress were cited as being initiated by friends and immediate family members, particularly the young females’ mothers and older siblings. These messages were often integral to the young females’ physical appearance feelings and thoughts and/or evaluations.

*Peer influence.* Participants reported that within their female peer groups, body size and/or shape comments and comparisons occurred regularly: “I have a really skinny friend, and she’s like, ‘Oh my god, I’m so fat’ and then I get kind of angry ’cause she’s really skinny, but I don’t know if she’s joking or just doing it to irk me” (AC, age 17). Many young women reflected in this type of situation, where a thinner friend complains about needing to lose weight, making the participants think that friend must be judging them to be

really fat. Overt comparisons to their friends were also reported: "I don't feel as good because they are, like, smaller" (TK, age 14). Another participant discussed the lack of individual differences among her peers as a result of desires to appear physically attractive: "Everybody's a clone. Everybody is the same" (LT, age 15). This perception of "everyone being the same" perpetuated SPA for some young women who reported they were unable to attain an appearance similar to their peers.

The strong referential power of peers at this stage of development is also evident with opposite-sex peers. Encounters with same-aged or older male peers, either real or desired, were discussed as potential antecedents of SPA. Many adolescent females reported wanting to appear attractive to the opposite sex. They also reported that male peers made direct and indirect comments about their own and other adolescent females' physical appearances. These comments were verbal or written, and some participants even discussed the use of technology to convey negative body-related comments. For example, one participant (MK, age 15) mentioned that male peers would use instant messenger to make negative comments about her physical appearance and weight.

*Mothers' influence.* Some participants reported overt pressure, primarily to lose weight, from their mothers. For these young women, knowing that their mothers were unhappy with their weight and appearance led to feelings of SPA when they were in the presence of their parents because they felt constantly judged. Other young women reported that their mothers' perceptions were heard but had little impact on them: "She continuously tells me that I'm overweight and that I should lose weight . . . I'm used to it now" (HA, age 17). Contrarily, being around parents and family was reported as a comfort zone, where some participants felt little worry about their physical appearance and how they were evaluated.

*Media influences.* The media tends to perpetuate SPA by creating and displaying the desired impressions that young women want to make, leading to social comparisons and perceptions of negative judgments from others. Many participants, in spite of their young age, were knowledgeable with respect to the persuasive nature of the media, and yet they described their inability to disengage emotionally from the messages. Some participants openly discussed awareness that they were being strongly targeted as a market segment that will focus on how they look: "[teenagers] recognize unrealistic ideals, yet strive for them anyway" (EK, age 17). Others expressed conflicting emotions related to this awareness: "It's a real mental thing like looking in a magazine even though you know . . . you know that the picture isn't real, and it's been

air brushed, you still see it, and it looks nice and you want to look like it” (DM, age 15). In this preceding statement, the desire to attain contrived media standards of physical attractiveness is illustrated as conflicting with the rational thought that the portrayed standard is unattainable. The pervasive nature of the mediated ideal female body was also acknowledged: “How can you ignore it? It’s right in front of you” (FS, age 16).

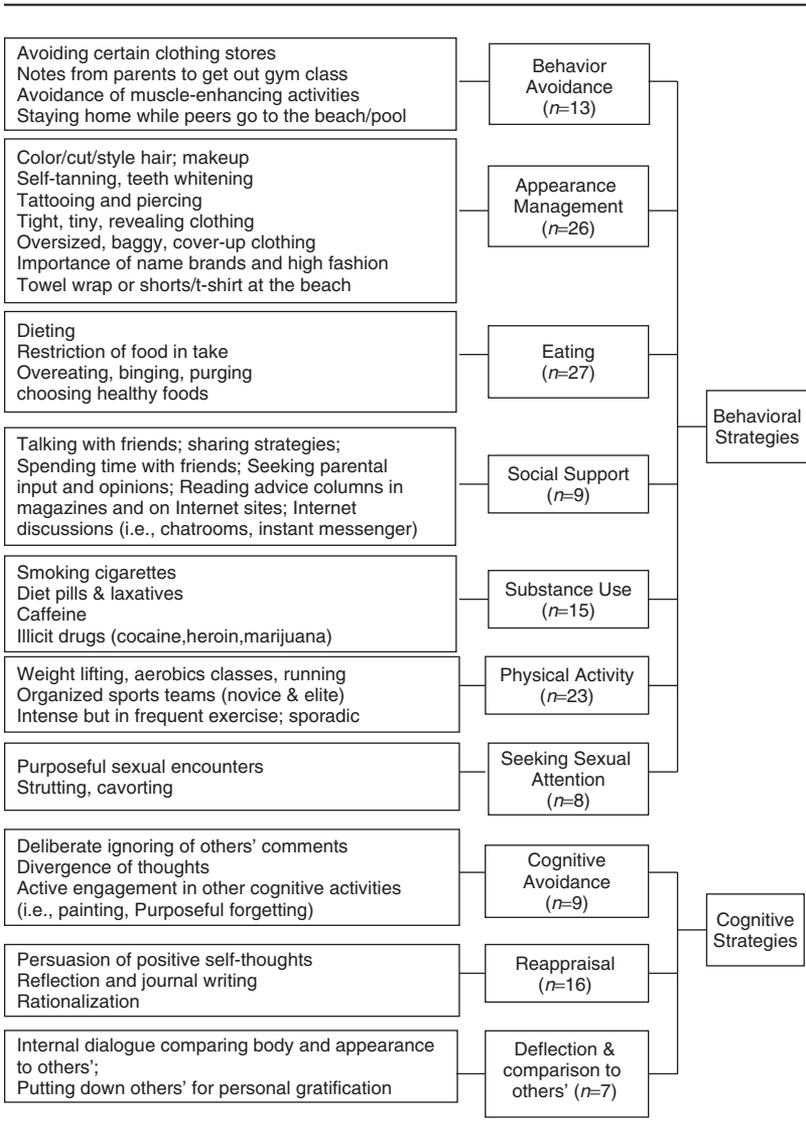
## Appraisals

It was evident that many participants were continuously striving to achieve positive social judgments focused on their bodies and appearances. Consistent with the CMR and body image frameworks, many adolescents experienced SPA when the antecedent situations were appraised as threatening. A number of young women reported dissatisfaction with their physical appearance that seemed to heighten threatening appraisals of social situations. Statements such as: “Everything’s based on appearance” (HA, age 17) summarized the all-encompassing importance of attractive female bodies. Many participants, particularly the 15- to 18-year-olds, cited at least daily negative thoughts about their physical appearance: “Every day, at least, like I don’t know how often exactly, but like every day” (LT, age 15). For some adolescent females, the experience of negative thoughts and emotions was overwhelming in social situations when they felt they were being evaluated: “Like I start crying . . . and then I don’t know, I think about how like what it would be like if I was thinner and if I was prettier how like I wouldn’t have so many problems” (MK, age 15). There were also a few young women who had fewer frequent negative thoughts and who acknowledged the surface nature of appearance. In general, the frequency of body-related anxiety ranged from multiple times daily ( $n = 19$ ), to once or twice a week ( $n = 8$ ), to infrequently ( $n = 4$ ). The intensity and frequency of body-related thoughts and perceptions of body-related evaluations were diverse. Seemingly independent of these characteristics, all young women expressed cognitive appraisals that led to negative emotions and a variety of coping strategies.

## Coping Strategies

The participants reported 107 unique coping strategies for managing SPA. Raw data themes were coded into 10 first-order themes (or general coping categories), which were coded into two second-order themes. The first-order coping strategy themes are presented below in the order of frequency of discussion and are summarized in Figure 1.

**Figure 1**  
**Final Coding Paradigm Illustrating the Main Strategies**  
**Used to Manage Social Physique Anxiety**



### *Eating Behaviors*

Participants ( $n = 27$ ) suggested that altering eating behaviors were commonplace strategies. Adolescent females were divided in their beliefs about the effectiveness of dieting to control body-related anxiety. At times, the effectiveness of the dieting strategies was discussed in terms of the actual diet that was followed, with comparisons between popularized regimes (e.g., The Zone) and plans (e.g., an apple a day). Often, the effectiveness of dieting strategies was contingent on weight loss rather than improved feelings and thoughts about the body. One participant was currently on a fruit diet: "I think it will make me lose weight and I will become what I feel myself to be I guess" (MC, age 13). To a lesser extent, some participants discussed overeating, binge eating, and using meal replacement drinks and bars at times when they experienced feelings of anxiety related to their bodies.

Some young women spoke of eating healthy foods as a continual way to feel better about themselves, largely as they lived with parents who espoused healthy eating habits. The longevity of these strategies seemed to be sporadic (i.e., "OK, I'm not going to eat junk food today and the next day there might be cake" EC, age 15). The cyclical nature of a participant's thoughts, and the impact of, and on, her peers with respect to negative thinking is demonstrated here: "I love eating but then after I'm hungry to eat I have this feeling that I feel really guilty for eating so much and then I start putting myself down . . . I put myself down in front of others . . . then they start putting themselves down so it kind of goes around again" (EK, age 17). Feelings of guilt for eating certain foods, primarily with high sugar and fat content, were also often cited.

### *Appearance Management*

Common strategies reported by many young women ( $n = 26$ ) involved appearance management behaviors, which involved indirect means to change the way they look. It is important to note that these strategies were a "quick fix," meaning the results are faster and easier to maintain than other strategies. Participants spoke of wearing makeup and to a lesser extent changing their hairstyles as strategies. These "cover-up" strategies were discussed as ways to avoid feelings about themselves and possible negative evaluations from others. These same strategies reportedly helped them to feel better about themselves (i.e., wearing makeup they feel prettier, and feeling more self confident as a result), which then reduced the negative impact of some SPA-provoking contexts.

With clothing, participants talked primarily about wearing tight, revealing clothing or wearing baggy clothing to hide their shape. The choice of fashion seemed to depend on mood: feeling better about how one looked on a certain

day meant wearing more revealing clothing. A sample explanation for wearing baggy clothes: “to cover up, you know, to not show your, you know, curves and everything” (JW, age 15). In addition, the high cost of fashion was discussed, with designer jeans being widely cited as important to own. One participant said it’s important to “look like you have a lot of money . . . if you can’t change your body, then why not look good in it, right?” (LT, age 15). Other strategies discussed included: wearing black to appear thinner, body piercing, suntanning and tanning creams, plastic surgery, and using earrings to offset facial features. Many young women summarized the choices of appearance management strategies used to deal with SPA were largely governed by societal norms (established primarily by same- and opposite-sex peers and the media), the ease of the strategy to implement, and the visibility of the outcome.

### *Physical Activity and/or Exercise*

Exercising was commonly reported by several adolescents ( $n = 23$ ) as a way that could be used to cope with negative body-related concerns. However, many participants mentioned that it was difficult to maintain an exercise regime and, although understanding the benefits, they did not personally employ this strategy. Alternatively, some young women reported exercise strategies were used to anticipate SPA and subsequently multiple functions. They talked about changing their appearance through exercise, the health benefits of regular exercise, and enjoyment in playing sports. The most prominent reason to exercise was to change or maintain a certain body shape. One participant described her exercise routine, which included lifting weights, running, and cycling, but said that she doesn’t want to get “too muscley” because it looks ugly (CY, age 14). Although eluding to the health benefit of increased stamina, one participant acknowledged the importance of exercise on her appearance: “It makes me feel better to know that I’ve done something energetic, something that will make me feel better about how I look” (TK, age 14). Overall, exercising and playing sports were discussed as ways to anticipate SPA-inducing situations and strategies to try to divert thoughts and emotions.

The interaction of exercise, eating, and SPA was also discussed. One participant stated: “I use exercise as something to just stay in shape and not to stay healthy—like you need to work off what you eat in the day” (DM, age 15). Another adolescent mentioned frequently doing sit-ups after dinner because her stomach felt bloated (JH, age 13). Some young women discussed that by exercising, it gave them a “right” to eat whatever they wanted. Others mentioned that they felt guilty about eating certain junk foods, and this guilt would perpetuate engagement in physical activity. There was also mention of

the ease of eating certain foods versus having to exercise to change body shape, which supports the “quick fix” approach to managing SPA. The awareness of the temporality of many exercise and diet strategies was also evident.

Participants also discussed the use of sporadic, yet intense, exercise routines that usually followed anxiety-provoking situations. For example, some young women mentioned completing 50 to 200 sit-ups when they feel anxious about their physiques. Other participants used infrequent intense strategies such as running, using the rowing machine, and the “stair thingy and arm thingy” (JA, age 15) following threatening appraisals pertaining to their physiques.

### *Avoidance*

For many participants ( $n = 21$ ), the thought of being able to stay away from, or avoid, situations and thoughts that perpetuated negative body-related feelings was comforting. Thirteen young women primarily discussed overt behavioral avoidance. Avoiding the beach or swimming pool was commonly reported: “I don’t let myself wear bathing suits” (JL, age 17). Other avoidance strategies included walking down different halls at school, missing school dances or parties, and postponing graduation photos to avoid evaluations from others. A couple of adolescents discussed using the Internet as a way of hiding or avoiding social situations (JW, age 15; MC, age 13). Behavioral avoidance strategies were also evident when the adolescents discussed shopping and trying on clothing. For instance, some adolescent females mentioned choosing which friends they would shop with, or not going in to certain “small-size” stores. Changing into gym clothes at school was also deemed stressful: “I’ll come up with these creative ideas on ways to get out of changing for gym . . . like changing around the wall” (AK, age 15). Several young women also discussed avoiding mirrors, with one participant explicitly describing how she would cover her mirror with posters (HJ, age 14).

Cognitive avoidance was considered a way that some adolescents ( $n = 9$ ) deliberately ignored situations and thoughts that evoked SPA. Young women discussed attempts to forget about situations and/or to redirect their thoughts away from their bodies. Strategies included turning to drawing, watching television, and playing video games. One participant described perceived negative evaluations about her body: “I try to look past them and keep walking or doing whatever I’m doing” (TK, age 14). It was interesting that some participants were conscious of how they turned their thoughts elsewhere to avoid negative thoughts and feelings about their bodies and the prospect of others’ judgment or evaluation.

### *Reappraisal*

For many young women ( $n = 16$ ), actively thinking about their body-related feelings served as a coping strategy. Some participants mentioned that they were persuading themselves to have positive thoughts and emotions. According to KD (age 13), “think about what is actually good about your body . . . and like focus on the positives instead of the negatives . . . and that helps a lot.” This participant used a journal to reflect on her thoughts and emotions. Another girl pointed out the reflective cognitive processing involved in body-related thoughts: “I’ll convince myself that I’m at a good weight and that I should be happy with my body” (TK, age 14). The use of words like *convince* and *should* suggest self-directives that are dictated by certain criteria for the ideal body. Finally, two participants mentioned that they reminded themselves of the importance of academics overshadowing the importance of appearance (FS, age 16; MC, age 13).

### *Substance Use*

There were a number of accounts ( $n = 15$ ) of using substances to cope with SPA. Diet pills, laxatives, and coffee were mentioned as “easy” ways to control appetite. Some adolescents discussed limited use of illicit substances, such as marijuana, cocaine, and heroine, to cope with body-related anxiety. Alcohol consumption was also reported, although one participant alluded to the high caloric content of alcohol as a reason for not engaging in the behavior: “[I] try to stay away from drinking ’cause that puts on more weight” (AC, age 17). Smoking was also used as a weight-loss and/or appearance management strategy. During the interviews, there was a strong degree of ambivalence around smoking. The pleasures of smoking were alluded to (e.g., “relieve our stress . . . they [cigarettes] kinda suppress your appetite a little” [JL, age 17]), yet the majority of the participants articulated the destructiveness of smoking. However, some adolescent females discussed tobacco use as an “easy” strategy, and the desirability of smoking despite being aware of the negative consequences: “I think smoking, yeah. Like I’ve thought about taking up smoking to lose weight ’cause it seems like maybe easier than going through the agony of dieting and then controlling what you eat” (AC, age 17). Finally, some young women discussed knowledge of smoking as an appetite suppressant while others articulated the ineffectiveness of smoking as a strategy to control their weight.

### *Social Support*

Several young women ( $n = 9$ ) reported turning to their friends and family for support. Social context was important and dictated the extent of support that was desired and received. Specifically, some participants spoke of only being able to joke about body-related issues with peers, compared to the ability to talk openly and share emotional experiences with close friends. Participants spoke of not having to worry about appearance when in the company of close friends: "They're just here to help me; they're not going to look at me and judge me and stuff like that" (MC, age 13). Another participant mentioned that she talked to others on the Internet, where "looks don't matter" (JW, age 15), as a way of managing SPA. Friends, television shows, advice columns in magazines, and Internet Web sites were also used to gather information on strategies for appearance management.

### *Seeking Sexual Attention*

To a lesser extent, participants ( $n = 8$ ) discussed engaging in physical intimacy with members of the opposite sex as a strategy to feel better about themselves. One participant broadly discussed her "booty walk" (SV, age 16) as a coping strategy but could not explain in detail what this strategy entailed. Another young woman mentioned that her same-sex peers seek attention and appearance-related support from male peers: "there are girls that sleep around with guys and dress a certain way and then there are girls who diet a lot" (AK, age 15). Despite the third person discussion of seeking sexual attention, we felt it was important to include this as a strategy because it is likely a difficult topic to discuss personally, but something that emerged several times as a coping strategy.

### *Cognitive Deflection and Comparisons to Others*

Some participants ( $n = 7$ ) discussed comparing their bodies to other adolescent females: "If you see someone less pretty than you, then you're like 'Oh,' it's not necessarily making fun of people makes you feel better; it's seeing people that look worse than you makes you feel better" (LT, age 15). This strategy was taken further by some young women to overtly make fun of others, or to make purposeful downward comparisons as a way to feel about themselves: "It's really bad because girls our age, we like to put each other down because of how we look" (EK, age 17). She went on to say that comparisons to people whom she felt were not as attractive made her feel better; however, she also had feelings of jealousy with respect to how others look.

As can be seen here, there is a distinction between the behavior of putting others down and the cognition of thinking and comparing oneself to others. For the most part, comparisons to others were reported primarily as antecedents of SPA rather than coping strategies.

### *Other Coping Strategies*

There were a few SPA coping strategies that were not commonly mentioned or difficult to code. One participant mentioned that she would “punch something” as a result of SPA-invoking situations (SS, age 16). Another girl mentioned taking a bath when she was confronted with situations that enhanced anxiety about her body (ACH, age 17). One participant (DL, age 17) also discussed pasting pictures of models and/or celebrities in a journal and on the wall as an indirect coping strategy. She said it was motivation to change her appearance so that she would not feel anxious about her body in social situations.

## **Influence of Social Class and Ethnicity**

Although not a focus of the current study, there were instances in which ethnicity and culture emerged as influencing young women’s responses. Although these influences were not evident in the antecedents, appraisals, or coping strategies discussed, it is noteworthy to acknowledge emerging cultural dialogues. For instance, many Asian adolescent females talked about the difficulty of maintaining the perceived ultra-thin Asian form while living in North America, and the difficulty of “going home” because family and friends place pressure on them to lose weight. One participant, from a European country, also discussed the differences in body-related attitudes between cultures: “It’s pretty much, I don’t know it’s really two different worlds if you live there and live here. It’s very different. I thought it would be the same, but I’m in a different world” (MC, age 13). She went on to discuss the confusion and emotional angst around trying to fit two molds—one, the toned and thin North American standard and the other, a “perfect” (which she defined as really skinny and tall with absolutely no muscles) European body type.

Participants’ social class emerged only in inherent conversations about appearance. For example, many participants referred to expensive name-brand clothing, such as blue jeans, that are considered stylish and a status symbol. At high schools attended by students from families with higher socioeconomic status (SES), adolescent females made reference to owning jeans that cost CAN\$200/pair, and one participant spoke about cocaine (an expensive

recreational drug) as a means to lose weight. Some students who attended lower SES schools referred to borrowing friends' clothing for different outfits, and a couple of young women from these schools suggested alcohol was used as a coping strategy. However, these references were not discussed at length during the interviews. Unlike the culture and/or ethnicity comparisons, SES was not openly revealed as influencing any aspect of body image.

## Discussion

The current study explored how adolescent females cope with SPA experiences. The current findings demonstrate that SPA experiences reflect a transaction between the self and physical appearance appraisals in a social context. Whereas many previous SPA studies have focused on remedial health behaviors such as physical activity and eating behavior (e.g., Crocker et al., 2006; Diehl, Johnston, Rogers, & Petrie, 1998; Hausenblas & Fallon, 2002), the current findings indicate that coping with SPA involves a variety of cognitions and behaviors. Specifically, the strategies reported were grouped into categories including avoidance (behavioral and cognitive), appearance management, social support, dietary behavior, physical activity, cognitive reappraisal, seeking sexual attention, cognitive deflection and comparison to others, and substance use. These coping strategies have numerous functions including regulating SPA, avoiding anxiety-provoking situations, and creating more favorable body-related social impressions. Furthermore, an important consideration in selecting particular coping strategies appeared to be the ease of effort.

As a way of understanding SPA, the experiences were framed in a multidimensional body image framework, including general body-related concerns and the social influences on body image. The most prevalent antecedents of negative emotions appeared as social situations where the body is on display. These reports are supported in previous research (i.e., James, 2000; Kowalski et al., 2006; Sabiston et al., 2003). Conversations and comparisons with peers seemed to act as coping strategies and antecedents for SPA. According to Jones, Vigfusdottir, and Lee (2004), conversations around physical appearance and body-related criticisms are predictors of body image dissatisfaction during adolescence. These researchers also acknowledged the important role of the media in perpetuating body image issues. In the current study, the media was reported as antecedent to SPA experiences. The notion that adolescent females were extremely aware, and expressed sophisticated understanding, of the media pressures but were unable to disengage from its influence is also supported elsewhere (Tiggemann, 2005). Independent of the type of

antecedent—be it social situations, comparisons and conversations with peers, or media messages—it was evident that adolescent females felt that their bodies and physical appearances were frequently being evaluated by others. These socially constructed body image concerns appeared to link to threatening cognitive appraisals and subsequent negative emotions that were consistent with the operationalization of SPA. In support of the CMR theory, coping efforts were used to manage SPA.

It was clear that SPA experiences flow through various stages contingent on socially constructed body and physical appearance appraisals. Auerbach (1992) suggested that how an individual copes is influenced by temporal factors. Anticipatory and postimpact strategies allow more time to consider coping options. Anticipatory strategies, such as appearance management, were employed to improve body-related cognition and affect. Other anticipatory strategies involve plans to behaviorally avoid anxiety-provoking situations. The confronting stage is often characterized by limited coping options. Some young women reported trying to minimize behavior that will draw attention to themselves, such as avoiding makeup or wearing loose baggy clothing. More sporadic efforts, such as going for long runs or doing “200” sit-ups, were reported to manage acute episodes of SPA. Other strategies included cognitive avoidance and seeking social support. Postimpact strategies were often geared toward reducing distress and often involved seeking social support and cognitive reappraisal. Although it is apparent that temporal factors affect the availability of coping resources and efforts, identifying the mechanisms underlying specific coping strategies is more complex.

Making sense of how and why the participants utilized particular strategies is challenging for several reasons, including the dynamic transactions of SPA (between the adolescent females’ appraisals and social contexts), the varying functions, (either remedial or protective, or both), and the fluctuating effort directed toward short-term or long-term management of SPA. Furthermore, in research with adolescents, it is proposed that the developmental level of individuals (i.e., biological, cognitive, social, and emotional) influence coping efforts by contributing to available resources and limiting the possible types of coping responses (Compas, 2004). Personal characteristics, such as gender, cultural background, and class, may also affect coping resources (Vaughn & Roesch, 2003). Findings exploring general stress and coping relationships during adolescence have revealed limited cultural differences in coping strategies (Codega, Pasley, & Kreutzer, 1990; Copeland & Hess, 1995; Crean, 2004). Unfortunately, research in this area has focused on the general quantity of coping responses that are culturally unique rather than approaches to help understand how culture

influences coping resources and responses. Although not a focus of the current study, a reflected look at cultural and/or ethnic and social class differences was done to avoid misrepresentation of the findings. Following this review, it was evident that these characteristics had little influence on young women's reported antecedents of SPA, appraisals, and coping strategies.

Class differences did not emerge in the interviews, other than in the particulars of clothing brands and substance use. To our knowledge, there is also no research deciphering class differences with respect to SPA. Cultural beliefs were revealed in some of the peripheral discussions about body-related concerns. There is some literature to support body image differences in adolescent females of ethnically diverse backgrounds (see Crago, Shisslak, & Estes, 1995; Katzman & Lee, 1997). However emerging evidence suggests that young women of any cultural background living in Westernized countries are certainly not immune to body-related concerns (Katzman & Lee, 1997). Furthermore, the current findings revealed some adolescent females had difficulty in negotiating conflicting cultural standards associated with body-related issues. This complexity of cultural issues has been addressed recently with a group of young Aboriginal women (Fleming et al., 2006). To date, there are no reports of culture or ethnic differences in SPA experiences among adolescent females. Furthermore, most of the research exploring culture and/or ethnicity as factors influencing body image in general has focused specifically on links to eating disorders.

There is no shortage of literature on the prevalence, development, and maintenance of eating disorders linked to body image (Hoek & van Hoeken, 2003; Soh, Touyz, & Surgenor, 2006). Emerging research related to eating disorders and SPA has also surfaced (e.g., Hausenblas & Fallon, 2002; Thompson & Chad, 2002). Although eating disorders were not a focus of the current study, and were not overtly discussed with participants, many adolescent females reported a range of eating patterns linked to their experiences of SPA. The young women's perceptions of these dietary choices and food restrictions did not seem to be problematic to them and were relatively sporadic and temporary. As such, eating disorders as consequences of SPA did not emerge from our data. However, comprehensive insight into the potentially negative outcomes associated with continued disrupted eating (e.g., development of eating disorders and decreased physical and emotional well-being) is necessary.

Although the current study has provided some insight into how adolescent females experience and cope with SPA, there are several limitations. The nature of the interviews did not allow a more detailed idiographic analysis of the appraisal-coping relationship. Future research should explore specific

body-related stress experiences within individuals over multiple occasions. By exploring why specific strategies were selected, we might be able to develop a more comprehensive understanding of SPA experiences within a stress and coping framework. Furthermore, attempts to identify possible risk and resilience factors associated with body image would become possible (Compas, 2004). Additional limitations are focused on the self-selected sample of adolescent females. Our sample was a unique mix of self-reported ethnicities and the girls were recruited from a range of socio-economically diverse schools. However, because this was not a research question, efforts to recruit a representative sample of various cultural and social class backgrounds were not made. Recognition of SPA experiences and coping strategies among culturally diverse adolescent females is important and should be targeted in future research. Finally, all young women self-selected to participate in the study. Therefore, they represent a sample of individuals who were interested in the topic and who were adequately comfortable to articulate their thoughts and feelings on the potentially sensitive topic of body image and SPA.

In spite of these limitations, the contribution of the current study was to identify the links among various body image modalities, including cognitive (appraisals), affective (SPA), and behavioral (coping efforts) dimensions informed by a stress and coping framework. The current study found that adolescence is a period of high social anxiety focused on perceptions of body and physical appearance. These perceptions are socially constructed, they occur at varying frequencies and intensities, and are deemed important to adolescent girls' evaluations of young women's appearances and overall sense of self. With a focus on the multiple dimensions of body image, the links between the appraisals of social context–body interactions and the mitigating impact on personal distress and functioning begin to emerge. Furthermore, the observation that SPA is at least partially dependent on the social context should enable advancement of the literature. Most previous studies have been driven by trait-like SPA notions and debates about the psychometrics of limited SPA measurement instruments. It is clear from the current research linking body image dimensions and stress and coping perspectives that broadening the research questions to inform an understanding of the SPA *experience* is beneficial, informative, and likely insightful toward implications for intervention strategies and health promotion targeting adolescents.

## Notes

1. Some adolescents with no reports of SPA may have been endorsing what some researchers have labeled “physique presentation comfort” (Eklund, Mack, & Hart, 1996).

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**Catherine M. Sabiston** is a postdoctoral fellow in the department of Health Care and Epidemiology at the University of British Columbia. Her research interests are focused primarily on comprehensive approaches to understanding health behavior motivation during adolescence, emotional processes associated with body image across the lifespan, and psychosocial factors linked to breast cancer survivorship.

**Whitney A. Sedgwick** is a registered psychologist at the University of British Columbia's Counselling Services and teaches sport and exercise psychology in the School of Human Kinetics at University of British Columbia. Her research interests include body image during adolescence and the development of expertise, in athletes and the practitioners who work with them.

**Peter R. E. Crocker** is a professor in the School of Human Kinetics at the University of British Columbia. His research focuses on four interrelated areas: (a) stress and coping processes in adolescent athletes, (b) links between adolescents' perceptions of their physical self and health behaviors, (c) motivated behavior in Special Olympics athletes, and (e) validity and feasibility of physical activity assessment instruments in various populations.

**Kent C. Kowalski** is an associate professor in the College of Kinesiology at the University of Saskatchewan. His general area of interest includes coping with stress and emotion in sport, physical activity, health, and education settings. His research also focuses on self-presentation issues in adolescence and the measurement of physical activity.

**Diane E. Mack** is an associate professor in the Department of Physical Education and Kinesiology at Brock University. Her research interests center on the psychosocial variables influencing sport and exercise. Applied and basic research specific to the cognitive and behavioral manifestations of self-presentation and team cohesion are central facets of her research profile.