

## ABSTRACT

### Understanding Body Image Experiences and Coping Mechanisms in Adolescents with Physical Disability

Priscilla Marie Rosario

Director: Jay Yoo, Ph. D.

This narrative-based approach explored questions about how body image developed over time and how physical disability impacted perceptions and attitudes about the individual's body, in particular among adolescents who use wheelchairs due to congenital physical disability. Data was collected using semi-structured interviews. Throughout the school years, peer pressure and messages about ideal beauty had negative effects on body image and satisfaction with the self for the individuals interviewed. Physical disability played a significant role in mediating messages about body image; in the context of social relationships, permanent functional limitations of the body meant the individual could not meet perceived expectations associated with a cultural ideal for appearance. Individuals described the coping mechanisms developed as they transitioned into young adulthood. This included reframing negative perceptions with faith-based attitudes that affirmed a positive body image, one with the self as valuable in God's view. Social support and positive self-talk enhanced their self-image. Body image attitudes and perceptions experienced change from mostly negative in Middle and High School to more positive as individuals built more social support and an optimistic outlook towards their abilities.

APPROVED BY DIRECTOR OF HONORS THESIS:

---

Dr. Jay Yoo, Department of Family and Consumer Sciences

APPROVED BY THE HONORS PROGRAM:

---

Dr. Elizabeth Corey, Director

DATE: \_\_\_\_\_

UNDERSTANDING BODY IMAGE EXPERIENCES AND COPING MECHANISMS  
IN ADOLESCENTS WITH PHYSICAL DISABILITY

A Thesis Submitted to the Faculty of  
Baylor University  
In Partial Fulfilment of the Requirements for the  
Honors Program

By  
Priscilla Marie Rosario

Waco, Texas

May 2019

## TABLE OF CONTENTS

PREFACE	iii
ACKNOWLEDGMENTS	iv
CHAPTER ONE: Introduction	1
Body Image Mechanisms	6
CHAPTER TWO: Study Design	8
Participants	8
Procedure	9
Interview questions	9
Theoretical framework	10
CHAPTER THREE: Results	12
CHAPTER FOUR: Discussion and Conclusion	17
Conclusion	20
Significance	21
Future research	22
APPENDIX: TRANSCRIPTS	24
Interview Questions Transcript 1: Hannah	24
Interview Questions Transcript 2: Elise	28
Interview Questions Transcript 3: Grace	32
REFERENCES	36

## PREFACE

This project began when I took "Fashion Theory and Consumer Behavior" with Dr. Yoo my freshman year at Baylor University in Waco, Texas. The research project at the end of that course was extraordinarily enjoyable and engaging for me and I hoped to do more work like it. Throughout every following semester, body image occurred repeatedly in my papers and other research assignments, making it a natural choice of topic for something I would spend significant time working on. Given my interest in child development and those with developmental disabilities, connecting the topic to body image and that special population was again a logical conclusion. Dr. Yoo was the first to encourage me to consider doing research at Baylor. Although this work is more closely related to Sociology and Psychology, his background in body modification practices made him an excellent fit to direct this thesis. The rest, as they say, is history! While it marks the end of formal study at Baylor, I hope it marks the beginning of a maturing life in academic contributions.

It is a cliché phrase, but it truly "takes a village" to bring a large project to completion and this thesis would not have been successful without the help of many others. Firstly, my thesis advisor, Dr. Yoo, my thesis director - without his encouragement and guidance it could not have moved forward. Dr. Nuner, also, has provided enthusiasm and resources in moments of panic. For those others on my committee who have been generous with their time and input, Amanda Smith and Ruthie Davis - thank you!

## ACKNOWLEDGMENTS

Much gratitude goes towards my supportive and tireless family members! First thanks go to my mother, Lixandra, for her general thoughts, ideas, and company on the phone when walking home after late evenings spent at the library. Second thanks go to my sister, Lauren, whose precise and intelligent commentary refined and reorganized my incoherent typings. Among indispensable friends, without Amanda Carter I would not have met my wonderful interview participants, and for her accountability assistance when procrastination threatened in the face of feeling overwhelmed I am eternally grateful. Duncan Dow and his family also provided encouragement and a quiet place to work when I was in the home stretch! Any defects remaining are my own.

## CHAPTER ONE

### Introduction

This narrative-based approach explored questions about how body image developed over time. How did physical disability impact perceptions and attitudes about the individual's body, particularly for those who use wheelchairs due to congenital physical disability? This research centered around ways in which body image develops from early childhood and into adulthood. It also explored how significantly body image influences relationships with both the individual self and one's community. This approach explored questions regarding how ideas about body image developed across the school year experiences (Elementary, Middle, and High School). It asked how external social messages about the physical self impacted internal constructions and behaviors about the body. The social and emotional aspects of body image development were explored through a series of interviews with young adults. Research questions explored included, "How did messages about appearance during childhood influence the development of self-image and impact the individual's relationship to others?" and "How did they respond to these influences?"

Attention towards questions about body image are gaining relevance in contemporary investigations into how cultural messages about beauty and belonging are interpreted at large. In May of 2011, for instance, Britain's political agents put together the "All-Party Parliamentary Committee on Body Image" to investigate the status of body image concerns as relevant to public health, mental health, and healthy child development.

“Positive body image,” they stated, “was identified as an important element of emotional well-being and there is a need to equip both children and young people, and important gatekeepers, such as parents and teachers with the tools to deal with the social and cultural pressures to conform to unrealistic beauty ideals,” (“Reflections on Body Image”, 2012, p. 7). Mental health is a large part of the concern about body image, as failure to meet norms of ideal body image can lead to feelings of depression and dissatisfaction, (“Reflections on Body Image”, 2012, p. 7). In response to these concerns, health education curricula is increasingly being tasked with including positive body image as part of its content (“School Children Need Body Image Lessons - MPs”).

How disability has been defined has been controversial throughout history and especially in the last 100 years or so in the United States. Definitions of disability were originally developed in order to better identify and address the special needs of that population (Gould, *The Mismeasure of Man*, p. 248). But there are various schools of thought about how concepts of disability are constructed and applied. For the purposes of this project, I have used the “medical model” definition, which is focused on identifying limitations presented by the physical impairment in order to address it through interventions or (less often) accommodations. However, much of the popular cultural conceptions about disability in the United States and Europe were also shaped by the “moral model,” which saw disability as a direct consequence of personal failures of morality, whether personal or within the family line. This second model contributed to negative ideas about disability that led to stigma and marginalization that have had negative cumulative effects on persons with disability and their ability to function effectively in society (Braddock and Parish, 2001, p. 21). A third model, the “social model,” came about

as increased attention from President John F. Kennedy towards those in need of special education combined with the political winds of change from the Civil Rights movement in the 1960s, especially as Marxist ideology highlighted disparity in terms of oppression (Braddock and Parish, 2001, p. 46). With the advent of disability advocacy adopting a similar approach, the intersectionality of women with physical disability and questions of normative body image becomes even more significant. This dialogue in terms of oppression has migrated into the subject of body image as feminist critiques characterize much of the problems surrounding body image as the result of objectification of the female person and body.

Modern attitudes have evolved to increasingly integrate elements of the social and more support-oriented models. More recent discussions of models for understanding disability have taken elements of the social model and emphasized focus on the individual's abilities and strengths within the context of their disability along with practical formal supports as needed. The definition of disability has been modified to reflect a less defect-centered view, especially as the nature of those experiences changes along with the changing definitions of disability. Social constructivism opens the door to social attitudes that create and shape ideas about disability; these ideas can be changes at the level of rhetoric and lead to changes in practical attitudes and daily experiences (Reinders, 2008, p. 65). While the social model has been acknowledged as contributing valuable attention towards the social construction aspect of disability, some have argued that it does not quite do enough to consider the practical and literal limitations of certain disabilities (Reinders, 2008, p. 60). Elements of the medical model and the social model have evolved into what

is known as the support model, which integrates elements of the previous two and places emphasis what the individual can do rather than what they cannot do.

Social attitudes towards disability shape the daily experiences of individuals around the world, but most of the research literature on body image addresses the experiences of young women who do not experience physical disability (Cash, 2012, p. 234). Most current research relies on asking close family or caregivers about the experiences of an individual. However, as De Los Reyes and Kazdin (2005, p. 484) have explained, there are frequently significant discrepancies between how individuals describe personal experiences and how others describe those same experiences from a third-party perspective. This presents an opportunity for further research that begins with collecting narrative evidence of their experiences, an area where qualitative research can offer a valuable contribution.

Understanding the various mechanisms involved in the development of body image include both a foundation in the details of daily life for the individual and theoretical frameworks that offer an interpretive lens. Medicine is increasingly recognizing the value of encounter, especially for healthcare providers and allied professionals who need training to better navigate the unique needs and challenges presented by disabilities of all kinds (Coret et. al. 2018). Interviews offer a way to harness the power of first-hand accounts about body image. What is it like to grow up with physical disability? Collecting stories can be helpful by providing examples of how individuals interpret and construct their attitudes towards body image. Especially for minority groups, collecting stories can be an important part of how their voices can be heard.

In one example where researchers collected information from primary sources, Andersen and Dolva (2015) discuss the importance of considering the perspective of children themselves in accordance with recognizing their right to be heard. While the United Nations Convention on the Rights of the Child, Article 12, states that children's own views are to be taken into consideration "in all matters affecting the child" (p. 219), the authors discuss the frequent neglect of this ethical guide in the care of children with both intellectual and physical disabilities. Through interviews, they found that children are often aware of decision-making that goes on about their day-to-day therapeutic interventions, but they do not experience a strong sense of their own participation. Often, they are unsure of the extent of their ability to express their own desires or are not sure, when they do, if they will be listened to. Engaging those children directly, such as by asking for their goals and priorities in their own words, can have positive effects on general motivation and encourage a healthy sense of agency that aligns with the guidelines provided by the UN.

There is potential for this study to provide information applicable to the development of patient educator programs that may help to better inform both the public and healthcare providers about the experience of body image among children with special needs (Coret et. al. 2018). At the individual level, potential benefits for this proposed research include an improved understanding of how individuals with physical disability process and understand the messages about body image that they receive in daily life, especially as they grow through adolescence. Data that is collected from primary sources can provide more complete information that can better inform programs that include

curriculum, early intervention, and therapies for society, and patch the gap in the literature for first-person narratives.

### *Body Image Mechanisms*

Kling et. al. (2018) discuss the role of body image in identity formation and experience. Their study included the effects of changes in functionality upon identity and the role of the body in consolidating ways to achieve identity integrity. For some people, identity and body experience are connected in a way that can be positive or negative and “some participants described the experience of their body and identity as inseparable as adverse, for instance when the identification was with an aspect of the body they perceived as negative” (Kling et. al., 2018, p. 107). Also, at times “the body is also seen as a necessary tool to achieve things important to the person’s identity” (Kling et. al., 2018, p. 108). For those with a disability, body image can have consequences on how the individual constructs the self and navigates society.

According to Cash (2012), the process of body image development has two parts: perceptions and attitudes. Body image development is a dynamic process that is fundamentally influenced by social factors, especially family influence and peer influence (Ricciardelli et. al. 2003; Lawlor and Elliot 2012). Together, these factors combine to produce a concept of the body as viewed by both the individual and by others; this is body image (Cash 2012). Because development is viewed “as a collective endeavor reflecting the centrality of sociality and interpersonal experiences to child development,” (Lawlor and Elliot, 2012, p. 652), looking at those environmental

influences can offer explanations for how social context can shape individual body image over time.

According to Jakatdar et. al. (2007), because body image is a process that is constantly being reevaluated and reinforced, it can be affected by cognitive distortions that can lead to a body image perception that is problematic, resulting in coping mechanisms that are themselves unhealthy. For example, assuming that others are evaluating the body critically and negatively can lead to social anxiety and withdrawal. This offers an opportunity for Cognitive Behavioral Therapy (CBT) approaches that retrain those unhealthy thought patterns as a possible intervention. In the above example, learning to focus on positive self-perception rather than speculating negatively about the perceptions of others is one strategy among several.

## CHAPTER TWO

### Study Design

The qualitative approaches used a mixed-methods approach, combining semi-structured interviews and cognitive-behavioral perspectives. Participants provided individualized responses to interview questions. Repeated statements and ideas were categorized into themes organized around changes over time and coping mechanisms.

#### *Participants*

The three interview participants used a wheelchair full-time due to congenital physical disability. They were recruited through word of mouth and had all participated in a muscular dystrophy association summer camp for the state of Virginia while in Middle School. The three interviewed participants were all wheelchair users with congenital physical disability, 19 years old, 21 years old, and 23 years old respectively, and graduated from High School at the time of the interview. They were able to view the applicable consent forms and explanations of the study electronically as attachments in an email and they were signed and returned via email to the primary investigator, Priscilla Rosario. Interview Participant 1 was assigned the alias “Hannah,” Interview Participant 2 was assigned the alias “Elise,” and Interview Participant 3 was assigned the alias “Grace.” Selection criteria included physical disability that required some kind of formal support, such as a wheelchair, but did not include gender or specify the cause of the disability. All final recruited participants were white and female.

### *Procedure*

After approval by the Institutional Review Board (IRB) at Baylor University. Data was collected through semi-structured interviews, using standardized questions that followed standards for qualitative research for a mixed-methods study, including phenomenological work. Because participants all lived in the state of Virginia but the primary investigator was located in Texas, they were interviewed using video calling technology (FaceTime) and the call was recorded through the Sonocent app on a smartphone. Interviews were then transcribed clean verbatim for analysis by the primary investigator, Priscilla Rosario.

### *Interview questions*

These participants were asked how childhood experiences involving physical appearance influenced the development of their self-image, what social impact such experiences had in their relationships to others, and how they responded to these influences. They were asked about recollections of body image perceptions and attitudes during Elementary School, Middle School, and High School age ranges. Full transcripts for each interview can be found in the Appendix. The questions were adapted from three sources: Halliwell et. al. (2017), Cagle et. al. (2017), and Kling et. al. (2018).

The interview questions are listed below:

Please answer in about two or three sentences.

1. Tell me a little bit about yourself and your body.
2. Can you share your thoughts about your body?
3. Can you tell me about body image? What do you think body image is?

4. Have you ever thought about it before?
5. Is it important? Are there any aspects of your appearance that you consider important? Could you describe the importance of appearance?
6. What are your thoughts with regards to your satisfaction with your body?
7. What do or did people say about body image? What did you hear about body image in your environment?
8. How do you think this became a part of your early childhood? How has the importance of this aspect/these aspects changed or developed during your life?
  - a. How has the importance of this aspect/these aspects changed or developed during your elementary school years?
  - b. How has the importance of this aspect/these aspects changed or developed during your middle school years?
  - c. How has the importance of this aspect/these aspects changed or developed during your high school years?
9. What are ways to boost body satisfaction?
10. What did you think about these questions, the forms, etc.? What did you like? What could be improved?

### *Theoretical framework*

Ultimately, “participative perceptions, not an objective vantage point, form the basis of the individual’s body image attitudes,” (Cash, 2012, p. 338). There are several ways the individual can react to these messages about body image. Coping mechanisms include:

- 1) ‘Experiential avoidance,’ which involves attempts to avoid or ‘tune out’ situations, thoughts, or feelings that are deemed threatening;
- 2) ‘Appearance fixing,’ consisting of efforts to alter or correct those aspects of one’s appearance perceived as flawed; and
- 3) ‘Positive rational acceptance,’ which includes mental and behavioral activities that emphasize the use of positive self-care or rational self-talk and the acceptance of one’s experiences.”

## CHAPTER THREE

### Results

Participants described various sources of input about the body, including from family and, most especially, from peers. Conflict was experienced between receiving messages associated with a cultural ideal of appearance and feeling unable to meet that standard. Ideas of body image changed over time as a result of influence from environmental messages about what was desirable. Throughout the school years, peer pressure and messages about ideal beauty had negative effects on body image and satisfaction with the self for those who participated in the study, but at the time of the interviews all participants described their body image in positive ways. Their responses can be categorized around three themes:

- (1) becoming isolated or withdrawn from the people who are providing negative messages about their body;
- (2) modifying their body to adapt, or try to adapt, to the perceived demand; and
- (3) developing strategies to reframe perceived demands into a form that they are capable of meeting.

Throughout the school years, internalization of these messages about the body was magnified through peer pressure. Initial feelings were not described as negative around the elementary school years. Hannah struggled with gaining weight when she was a toddler and described seeing eating and body weight “from the medical perspective.” Some experiences were in fact positive; in the case of Grace, Grace, said it

“wasn’t that big of a deal” and “a lot of the kids and even some of the teachers more so embraced” her wheelchair use. For Elise, however, it marked the beginning of the transition into a more negative view; she “went into school being like, ‘this wheelchair helps me get around and it’s fine’ and yet other kids were like ‘oh no, that’s weird, we don’t want that.’” The transition continued into more significant reactions during Middle School, where dynamics of belonging were added onto previous ideas about body functionality. Elise described increasing concerns with what other people thought about her, “[I wondered,] ‘Oh, do they like me?’ - thinking, ‘Well, if I look this [particular] way or more like her maybe things would be different.’ [ . . . ] I was concerned with the way I looked.” For Grace, isolation was magnified as physical disability limited her ability to respond. She explained, “People would leave me out because of my chair,” and “I hated myself and what my body did.” Physical disability played a significant role in mediating messages about body image in the context of social relationships permanent functional limitations of the body meant the individual could not adapt to meet expectations. This tension led to feelings of low satisfaction with self-image and negative perceptions and attitudes towards their physical body.

As mentioned earlier, body image perceptions and attitudes changed over time, with initially neutral or positive body image during childhood gradually changing as the school environment introduced difficulties with being different. High school years brought the most conflict as participants the commentary of others became increasingly internalized. Hannah stated, “I started getting bullied again [and I] didn’t ever make any friends.” Elise said that, while in her High School environment, “I wasn’t able to get away from [wondering], ‘what are they thinking?’ or ‘Could I do more with that?’”

Grace said her views during that time period were “very negative,” she “wanted to cover up everything I could” because “I didn’t want to be seen.” They withdrew in order to avoid negative feedback about their body.

As they exited their High School environment, all interview participants reported developing coping mechanisms as they transitioned into young adulthood: (1) critical filtering of negative messages about body image; (2) positive strategies that focused on abilities and strengths; and (3) developing an internal sense of worth that is resilient in the face of external pressures. Social support was a crucial agent for all three of these strategies to strengthen and take hold.

In response to conflict between external messages about deficiencies, the interview participants sought to avoid unnecessary exposure to those negative messages and their sources and to cultivate positive sources of affirmation about their body and self - sources that saw health holistically and relationally. Social support was significantly helpful in building and reinforcing a positive outlook. Hannah, for instance, said she focused on “surrounding yourself with people who value you as a person.” Elise described how she decided to be homeschooled her junior and senior year. Being in a less conflicted environment changed her self-esteem: “Just the relief of not having to really worry about what other people were thinking or saying about me was a great [ . . . ] once I was taken out of that environment my confidence just went through the roof.” She added that she also “stopped looking at magazines that were pushing those things [that made me feel deficient].” Grace stressed the importance of “finding that group of people that will encourage you regardless of everything” and “changing environments” to where “the positive outlook [and] encouragement from everyone and especially girls.”

Strengths-based attitudes were also a way to cope with the negative messages. Grateful about her ability to still paint, socialize, and travel, Hannah said, “Then there’s days that I’m so lucky that, while I don’t have the perfect body, I can still do all these things.” Similarly, Elise said, “I just really like to focus on the things that I can do, which is a lot. I’ve been blessed, I have more strength than most people do with my disability [. . .] doing what I can and really kind of pushing myself to do as much as possible.” She adds, “A lot of what I did was, every day, I would look in the mirror and, before I started the day, I said to me things that I loved about myself.” In Grace’s own words: “It’s a very positive thing, embracing that ‘differentiality’ in each person.” They focused on what they could do, including altering things within their control, such as what clothes they can wear. Hannah noted her lifted spirits with an outfit she likes, “Maybe I get a cute outfit and I’m just like – ‘oh, I look so great today!’ you know.” And Elise agreed, “When you feel like you look good, it makes you feel good.”

Importantly, personal Christian religious faith also offered an alternative internal source of resilience and self-worth. This included reframing negative perceptions with faith-based attitudes that affirmed a positive body image, projecting the self as valuable in God’s view. Hannah suggested treating “yourself the way that you deserve to be treated and the way that God sees you as.” Elise stopped caring, “I was like, ‘You know what? They can say what they want because I know who I am.’”

Grace explained one faith-based strategy:

“My roommate and I just take different Bible verses just about like who you are in Christ -and knowing what he made you to be and intended you to be- and we put one on our mirror. Every day it’s a different one and it’s just a way of just to

encourage us that it's not so much, how you see your body, but how Christ actually sees your body.”

Ultimately, the view of body image that the interview participants settled on was a holistic one, integrating a view of a healthy mind, a healthy body, and a healthy sense of self. When asked what can be done to improve body satisfaction, Hannah recommended: “I think it's honestly just getting [. . .] mentally, emotionally, spiritually healthy. Learning how to treat your body with respect and valuing yourself.”

Although coping skills are more developed into young adulthood, interview participants still reported experiencing some cognitive dissonance about their body and their situation. Hannah, for instance, describes the fluctuation between feelings of love and feelings of hate saying, “Some days I hate my body, and some days I love it [. . .] it changes daily.” Elise had a similar experience, “I kind of have a love-hate relationship with my body. I like to say that I'm very positive and I like to look at the bright side, but it's definitely harder some days - especially when I was growing up.” Grace, however, explained being at a positive place now, “I'm in a really good position when it comes to body image, where [. . .] there is not really anything I hate about myself, now. I mean, there's things I wish I could change, but I can't. So I've just learned to embrace those.”

## CHAPTER FOUR

### Discussion and Conclusions

Body image attitudes and perceptions experienced change over time, especially during the transition from Middle School and into High School. Perceptions and attitudes towards body image for the interview participants were more neutral and clinically focused in Elementary School. Internal conflict became more significant in Middle School where the social atmosphere began to focus more on social belonging and concerns revolved around adapting to perceived social norms and beauty standards. Participants experienced discomfort from receiving messages about their desirability as persons. An idealized concept of physical appearance drawn from family and media influences hindered their ability to establish social connections as they felt unable to satisfy such a standard, especially due to the presence and functional impact of physical disabilities.

Although it was not mentioned in reference to experiences in a school context, all participants also noted that their family's view of body image was influential in the background of their perceptions about their bodies. How their mothers described their own conflicted relationship with body image -especially around weight and beauty standards- created a backdrop of negative feelings about the body and the self. Hannah noted, "My family had kind of a trend to talk negatively about their body. So that was a lot of what I heard growing up - especially [from] my mom." Elise also described "listening to my mom talk about all these diets and all these things that she'd like to

change. [. . .] I think now it definitely left an imprint on me - especially with my mom, because she was never satisfied with her body. So, it just always made me wonder well, ‘Maybe I could do this, and maybe I could do that.’” Their desire to change their body had precedent in role models at home.

Referring back to Cash’s terminology (2012, p. 338), the three coping mechanisms he describes were demonstrated in all three interviews. First, ‘experiential avoidance’ was demonstrated by not reading magazines that showed messages about beauty that made the individual feel badly, changing the school environment through homeschooling, and focusing on positive peer groups. The second mechanism, ‘appearance fixing,’ included dressing to hide the body, developing an eating disorders, and staying home to avoid others. Third, ‘positive rational acceptance’ meant the interview participants could think critically about what they heard, responding in ways that preserved a positive outlook and healthy functioning both physically and mentally. This acceptance was the eventual evolution of their coping process. The compensatory strategies were critical filtering, focusing on strengths, and developing an independent locus of self-worth.

Coping mechanisms during both Middle School and High School had negative overtones, with a focus on what was wrong with the self and repeated attempts to change the self in order to adapt to the external pressures, such as withdrawal and dieting. Yet after High School, they developed healthier coping mechanisms as they received messages of support and had a better-developed ability to analyze messages critically. Interestingly, while social messages (from media, family, peers) were a significant source of struggle during adolescence, social relationships experienced a turnaround, becoming a

source of support instead. As individuals reached young adulthood, their coping mechanisms transitioned from *experiential avoidance* and *appearance fixing* to *positive rational acceptance*, as just mentioned. As Grace said, there was a process where “learning who I am and the difference between your appearance not being so much physically like, ‘how you look?’ or whether your legs work properly or any other part of your body works properly, but more so, ‘how you carry yourself’ in that.”

Though coping mechanisms that began to develop in Middle School were not generally healthy ones -for example, an eating disorder-, healthier ones were adopted after High School as participants reached young adulthood. These included reframing negative perceptions through faith-based attitudes. Such attitudes affirmed a positive body image based of the self as valuable because that is how God sees them. Thus, body image attitudes and perceptions experienced change from mostly negative ones in Middle School and High School to more positive attitudes and perceptions into young adulthood. This was so especially as agency over social influences was embraced and social relationships were strengthened.

Although as early as age five children begin to internalize ideas about body image, including dissatisfaction (Nichols et. al. 2018), interview participants observed the Elementary School years as being pretty neutral. It is of particular interest, then, to see how participants’ relationships with others played a role in changing their ideas over time and how they adapted to achieve a current state of positive body image. Throughout the school years, especially those surrounding adolescence, messages about beauty, acceptance, and inclusion all had effects on satisfaction with self and body image. For those with physical disability, the impact can be particularly complex, as functional

limitations related to the disability cannot be changed. This tension can lead to feelings of low satisfaction with the self as well as negative perceptions and attitudes about body image. Perceptions and attitudes were important parts of how individuals processed and responded to these messages and ideas.

### *Conclusion*

There were several objectives for this study. First, it aimed to obtain and record personal, first-person narratives about the experience of how body image is perceived and constructed in children who experience life with physical disability. Second, to gather more information about how messages about body image in society are received and interpreted by children with special needs during their first twenty years of life. And third, to record and provide preliminary analysis for a foundational basis for further research into the process of body image development for children with special needs, in particular, physical disability that requires using a wheelchair. Ultimately, understanding the social context for these factors offers a valuable avenue of possible intervention, education, and outreach.

The interviews demonstrated that for young people with physical disability, body image development operates similarly to those who do not have physical disability when it comes to periods of neutrality and of particular sensitivity to social messages. It is not surprising that adolescence was the most difficult time for the individuals, as that is a period during which social relationships and the self are undergoing significant reorganizing and processing (Smetana, J. G., and Villalobos, M. 2009). The presence of

physical disability and formal supports such as a wheelchair, however, did create additional obstacles for practically navigating participation in social activities.

As the World Health Organization states, disability is “a complex phenomenon, reflecting the interaction between features of a person’s body and features of the society in which he or she lives.” (Disabilities) As individuals built more social support and an optimistic outlook towards their abilities as young adults, their body image soared to more self-described positive levels. Physical disability was a part of what shaped their experiences of difference, especially since it was a status that could not be changed. The coping mechanisms they developed included strategies that redirected attention from what they lacked to what they were still able to do. They evolved from experiential avoidance and appearance fixing to positive rational acceptance. This looked like faith-based sense of worth, positive social support, and reframing with positive self-talk. Encouraging positive awareness of internal worth grounded in personal religious faith and managing social messages from a perspective informed by an internal and faith-based sense of positive self-worth provided an effective transition into positive body image. In the words of Hannah, body image “both impacts and is impacted by every aspect of your life: mental health, your spiritual health – relationships. I think, like your past, everything can affect how you view yourself and how you view your body.” The process of body image development has a fundamentally situated character.

### *Significance*

Narratives can offer primary source intervention points, demonstrate principles of theory and further support what we think we already know, and give voice to an

important but underrepresented group. According to the World Health Organization 15.1% of the world's population, or 1.1 billion people, have a disability ("Factsheet on Persons with Disabilities"). Not only are concerns about their experiences relevant from a humanitarian perspective, their market share is also significant (Stabile and Allin, 2012). Childhood offers a valuable insight into how processes change over time. Examining these changes can provide insights into what intervention points could be useful and expand current theories by seeing how they apply to a particular population.

#### *Future research*

Given the opportunity to run this study again, I would consider adding a survey component to assess attitudes towards body image before the interview, adding some quantitative elements to this work. The demographics of this particular set of participants also did not include ethnic minorities or members of the opposite sex.

## APPENDIX

## APPENDIX: TRANSCRIPTS

### Interview Questions Transcript 1

PI=Principal Investigator, Priscilla Rosario

I= Interview Subject

Interview Method: semi-structured interview, FaceTime call via cell phone, recorded with Sonocent audio notetaker app provided through Baylor University and transcribed by Priscilla Rosario

Interview Location: Baylor Moody Library

Interview Date: Thursday, January 17, 2019

Interview Subject: 23 years old, female, Osteogenesis Imperfecta and dwarfism, uses a wheelchair

PI: Tell me a little bit about yourself and your body – maybe two or three sentences.

I: I have osteogenesis imperfecta, um, I have broken around 150 broken bones. [laughs] And I am a wheelchair user. I was diagnosed at birth, but honestly that hasn't really stopped me, I'm living 14 hours from home [laughs] and traveled the world. Like I said, I'm 23 and graduating in May. Does that pretty much cover everything?

PI: Can you share your thoughts about your body?

I: I: I have a complicated relationship with my body and a lot of it is disability related. So unlike able-bodied people, my body causes me a lot of pain. And then it doesn't really look like everybody else's body, which doesn't affect me as much anymore, but especially when I was younger, it really did. I kind of have a love-hate relationship with my body. [pauses]

PI: Okay. We're making good progress, this is awesome! Can you tell me about body image? What do you think body image is?

I: Mhm! I think body image is the way you think and feel about your body. But I think it both impacts and is impacted by every aspect of your life: mental health, your spiritual health, relationships, I think - like, your past - everything can affect how you view yourself and how you view your body.

PI: Okay, I guess this is a foregone conclusion, but have you ever thought about it before?

I: Yes, I have! Extensively.

PI: I really like talking so it's really hard for me not to ask follow up questions but I will go through the list and we can clarify at the end.

I: Yeah, that's fine.

PI: But I love listening to what you're saying too, so. Question number five is, "Is it important? Are there any aspects of your appearance that you consider important? Or, could you describe the importance of appearance?"

I: Mhm! Um, I think it is very important. At least for me, when I look my best I tend to feel my best. And I think in general, just... your body image is very important and how you portray yourself is very important. 'A first impression is a lasting impression,' especially for a wheelchair user. Most people will tell you this is kind of my platform! That I think it's very important for anyone with a disability to really put their best foot forward when it comes to their appearance and first impressions. 'Cause there is kind of a stereotype of people with disabilities that they just don't have their life together and they need help and how you portray yourself can drastically change that.

PI: I love that. What are your thoughts with regards to your satisfaction with your body?

I: Like I said, it's pretty – a complicated relationship. Some days I hate my body, and some days I love it. [laughs] And – like, I do deal with chronic pain and that's something I've dealt with for my entire life. A lot of it is how I'm feeling that day, how I'm doing mentally, relationally... um, I actually had an eating disorder for about five years. And I have mostly recovered from that but there are still days where my brain is like, 'oh, but you're doing this and this is how that affects that,' and so - but then there's days that I'm so lucky that while I don't have the perfect body I can still do all these things, or maybe I get a cute outfit and I'm just like – "oh, I look so great today!" you know, and so it changes daily.

PI: Okay. What do or did people say about body image? What did you hear about body image in your environment?

I: Um, I think growing up body image as a topic wasn't really discussed, but of course everyone always talks about how they feel about their body. And you see - like, magazines. Oh, that, 'She looks so thin' and stuff like that, that was talked about. But [not] necessarily that, 'We're gonna talk about body image,' that wasn't really discussed. My family had kind of a trend to talk negatively about their body. So that was a lot of what I heard growing up - especially [from] my mom. And I don't judge her for it, of course, because we all have days that we don't like our body. But I think that did impact, kind of, how me and my sisters thought about it.

PI: These are my favorite questions. How do you think this (body image, how people talk about it) - how do you think this became a part of your early childhood? How has the importance of these aspects changed or developed during your life? And I'm going to ask

about elementary school, Middle School, and High School, kind of one at a time. So, elementary school.

I: So, I think, again, having disability adds a whole new aspect to body image. For one, you never see anyone like you, unless they're really, really old and you don't really have anything in common with people that are really, really old. Or don't really have any representation. So when I'm really young, I was just like, 'Oh, I'm different! And that's okay.' But then I got to elementary school. And then the other kids were like, 'No, you're different and that's not ok.' And so I got bullied a lot, it was probably mostly just wheelchair-related. In the long run [that] is better than some of the emotional torment that some other people get. But that was still really hard and massively affected me for a very long time. 'Cause I went into school being like, "Oh yeah, I have this [wheelchair] and it helps me get around! And it's fine," and [yet] the other kids were like, "Oh no, that's weird, we don't want that." And so I think I went from just, "Oh, I'm a normal kid," to, "I'm defective and my body is defective." And so, I think that massively shaped how I felt about that. And well, it started [in] elementary school, probably carried through High School and the last couple years of college.

I: I was going to go to the Middle School question, is there anything else?

PI: That's exactly what I was gonna ask, "What about Middle School?"

I: In Middle School I think everyone has body image issues. [unintelligible] anyone really talks about it, especially among your friends. I would say in Middle School I honestly had probably a pretty normal body image... stuff. I mean, your body is changing and it's weird and you don't know how to handle that. And yeah, when I think back to Middle School I don't - I can't really think of any time that was massively a part of my life.

PI: What about High School?

I: High school was really, really rough. I moved again, halfway through freshman year to a super tiny town in the mountains of North Carolina and it was just... for the first time since probably 2nd grade I started getting bullied again, didn't ever make any friends freshman to senior year. And my parents worked a lot. So, I kind of - the only person I could really focus on was myself, which was very unhealthy and it was about this time I started breaking a lot more bones than I had in the past. I was breaking about one bone a month. And I just felt really out of control, I was in a new school with no friends, spending most of my time alone and always in pain. That's when the eating disorder was like, "Hey! You can control [your body]!" And so that just kind of turned into five years of, "If you do [unintelligible] horrible," anything in your body that you can control. So that's kind of how High School went.

PI: Mhm. You broke up a little when you were saying, "If you do -" and then it broke out, "horrible" and I'm not sure...

I: Oh okay, sorry. Yeah, just saying, my inner monologue was like, “If you do this, or you that, you are a horrible person. Your body is so messed up. What are you going to do about it?” Um, there was this weird thing inside of me that was like, “What you’re doing is healthy and you need to keep doing that,” and so that was pretty much my body image that was just like, “Well, when you eat, your body sucks and you’re just gonna keep making it worse!” So, yeah, that was pretty much High School for me.

PI: Question nine is, “What are ways to boost body satisfaction?”

I: I think it’s honestly just getting healthy. And I don’t necessarily mean just physically healthy. But mentally, emotionally, spiritually healthy. Learning how to treat your body with respect and valuing yourself and surrounding yourself with people that value you as a person. And you always say “Treat yourself!” when you do something good. But, I mean - yes, if you want to indulge. - But, not - just, treat yourself the way that you deserve to be treated and the way that God sees you as.

(end of transcript 1)

## Interview Questions Transcript 2

PI=Principal Investigator, Priscilla Rosario

I= Interview Subject

Interview Method: guided interview, FaceTime call via cell phone, recorded with Sonocent audio notetaker app provided through Baylor University and transcribed by Priscilla Rosario

Interview Location: Baylor Moody Library

Interview Date: Saturday, January 19, 2019

Interview Subject: 19 years old, female, Spinal Muscular Atrophy (a form of muscular dystrophy), uses a wheelchair

PI: So, the first question is, “Tell me a little bit about yourself and your body,” maybe two or three sentences. Whatever you want to tell me.

I: With my relationship with my body or just me in general?

PI: You already told me your diagnosis is spinal muscular atrophy, so it could be a brief summary of how your diagnosis is and how that affects your mobility, maybe, um, things like that and your relationship [with your body] is something we are going to delve much more into with the rest of the questions.

I: Well, with my disability I have a very limited range of motion. And I have to rely on a lot of other people for my care. I do run my own art business, so I am able to read and draw and things like that. But when it comes to other things it is really hard for me to be as independent as I would like to be.

PI: Are you in a wheelchair or anything like that?

I: Yeah, I’m in a wheelchair.

PI: When you paint or draw, are you able to use your hands to do that...or how do you do that?

I: I use my hands, a lot of the time I actually finger-paint. I have to get kind of creative. But I love to draw and that is relatively easy, I just have to be sitting in a certain position to be able to do it. But I love to write - which is why my [phone] camera doesn’t work, I got ink all over the place, which was just so lovely! [laughs]

PI: That’s awesome, that’s perfect. So, the second questions is very, very similar. It says, “Can you share your thoughts about our body?” You already said there are some

things you can do and some things that you can't do - maybe how you feel about that, maybe what some of those things are, more specifically?

I: I kind of have a love-hate relationship with my body. I like to say that I'm very positive and I like to look at the bright side but it's definitely harder some days - especially when I was growing up. It was just watching other people be able to play on the playground and things like that. For me now, I just really like to focus on the things that I can do. Which is a lot. I've been blessed, I have more strength than most people do with my disability. So yeah, I think it's just more me doing what I can and really kind of pushing myself to do as much as possible.

PI: Awesome. So, the third question, "Can you tell me about body image? What do you think body image is?"

I: I think body image is the way you feel about people viewing you, if that makes sense.

PI: Have you ever thought about it – this might be obvious, have you ever thought about it before?

I: Um, yeah, yeah think so, I think everyone does to a certain degree.

PI: Question number five, "Is it important? Are there aspects of your appearance that you consider important, could you describe the importance of appearance?"

I: I think that just from a personal standpoint, when you feel like you look good, you know, it makes you feel good. I am not really worried about what other people think, because 'beauty is completely in the eye of the beholder'. So, it's all just about personal preferences.

PI: What are your thoughts with regards to your satisfaction with your body?

I: I would say I'm a little less than satisfied. You know, there are things I would definitely change if I could.

PI: What do or did people say about body image, what did you hear about it in your environment?

I: Oh gosh. So, in my family I grew up listening to my mom talk about all these diets and all these things that she'd like to change. My sister was always talking about how she used to be so thin and her behavior and then just every day commercials and magazines kind of push what a woman should look like.

PI: How did that make you feel?

I: When I first really started to notice it, I didn't really think anything of it. I just felt kind of like, "It doesn't matter" and "I'm still me". I think now it definitely left an

imprint on me - especially with my mom, because she was never satisfied with her body. So it just always made me wonder well, “Maybe I could do this, and maybe I could do that, and I could be more like that. ”

PI: So, the next question has three parts. How do you think this became a part of your early childhood? How has the importance changed over your lifetime, and then it’s going to look at elementary school, Middle School, and High School. So how do you think it became a part of your childhood and how has that changed over time?

I: Well, when I was first diagnosed I was very, very sick and I couldn’t gain weight. And they couldn’t figure out why. And so, for the first three years of my childhood I really, really, ate nothing but baby formula and maybe sausage when I was a bit older and things like that. Um, and so from all of that I kind of got to be a bit more heavy. And the doctors were worried that I would lose some function in my arms because they’re so weak it would just kind of make it harder to move. From an early age I had to watch what I eat, I had to, you know, be careful with my appearance and things like that. When I was younger, I was always looking at it from a medical perspective. If that makes sense. Because when you’re a kid you know, most people don’t have to think about that. And then whenever I started to grow up it was more about appearance, and I’m not really sure when that transition took place. I believe I was around 11 years old. I started noticing other girls being, you know, when you’re a kid that’s when everyone starts to get crushes and things like that. And I was listening to that, like, “Oh, do you think they like me?” And of course, just the transition from that to, “Well, if I look THIS way, or more like her, maybe things would be different. ”

PI: What about in Middle School? Kind of, um, maybe bullying or anything like that, or other peers in school and how they treated you, in Middle School?

I: Middle School is hard for everybody! [laughs] It really is, just ...that time were you [unintelligible] totally true, at least it was for me. I was a very awkward teenager, not anymore, thank God, but I was - I wanted to have lots of friends and no one would actually bully me to my face, but I would go to school and I would hear all these rumors. And um, just because I was different and people don’t necessarily understand that. So that’s when I was really, like, really concerned with the way I looked, because I felt that just anything that could - if I was pretty - if I was wearing all the [unintelligible] clothes, just anything that would help me not stand out as much.

PI: And so you said in High School you did have lots of friends or you didn’t?

I: I did. In Middle School too, actually. I just - my bullies did everything behind my back, so I never really knew who was saying what. It was just that rumors going around all the time. In High School I stopped caring. I was like, “You know what? They can say what they want because I know who I am. ” And I actually decided that school - private school, anyway, just wasn’t the right path for me. So, I started to be homeschooled my junior and senior year and just the relief of not having to really worry about what other people were thinking or saying about me was a great - it was such a

great transition from that. I still had my friends and everything. I wasn't able to really kind of get away from, "What are they thinking or could I do more with that?" and so once I was taken out of that environment my confidence just went through the roof.

PI: Question number nine: "What are ways to boost body satisfaction?" In your opinion.

I: Let me think about that... A lot of what I did was every day I would look in the mirror and before I started the day, I said to me, things that I loved about myself. And it wasn't always physical. It could be my sense of humor, things like that. Um, and then I focused on my relationship with food, it wasn't just something to get me by, it wasn't something to do that was bored, but I was ...really started enjoying what I ate, and the last thing I did was stopped looking at magazines that were pushing those things on me.

PI: Okay. we have one more question and then the formal interview kind of stops and I get to talk to you a little more normally. Because you say things and I desperately want to go, "Oh my gosh! That's so cool! But I can't because I have to stick to the script. So. The last question is, 'What did you think about these questions, is there anything you would have changed or worded differently? The answer could be no, any thoughts you have about them.

I: Um, what was the question? I'm sorry.

PI: What did you think about the questions or the form or anything that I worded, would you word it different or any feedback from that so far?

I: No, I think they were great! They definitely made me think!

(end of transcript 2)

### Interview Questions Transcript 3

PI=Principal Investigator, Priscilla Rosario

I= Interview Subject

Interview Method: guided interview, FaceTime call via cell phone, recorded with Sonocent audio notetaker app provided through Baylor University and transcribed by Priscilla Rosario

Interview Location: Baylor Moody Library

Interview Date: Tuesday, January 22, 2019

Interview Subject: 21 years old, female, Spinal Muscular Atrophy (a form of muscular dystrophy), uses a wheelchair

PI: Can you share your thoughts about your body? In two or three sentences.

I: Yeah, so the position that I'm in now and the growth that I've had over the years, um, is actually - I'm in a really good position when it comes to body image, where I... there is not really anything I hate about myself, now. I mean, there's things I wish I could change, but I can't. So I've just learned to embrace those... and just - how other people look at me, regardless, doesn't really matter. And so I've learned that just [?] very comfortable and confident with who I am in my body, now, where as I was not at one point, so.

PI: So question number two, can you tell me about body image? What do you think body image is?

I: So I guess my personal belief in what body image is just how, how you see yourself, kind of like in how you see not only yourself but your body and how that affects you, just knowing like in knowing your worth in that even though it is important to know that your body is not everything, that you are comprised of ,and that it is important to realize that, but mostly how just like when you look in the mirror, what do you see? are you seeing, like, what - are you finding everything that is wrong with you instead what is right with you. And that may not always lie with what your body looks like.

PI: So I have the official questions that I will ask you and then at the end I'll have - it'll be more of a normal conversation. So question three might seem obvious, "Have you ever thought about it before?"

I: I have but not in the extent of where I am now. I'm just in like the last year of learning what body image is, and like how it affected me, growing up especially, just being in a wheelchair and being a little different than everybody. But i did want to - in Middle School and High School I wanted to look like everybody else, and I realize now that was part of my body image, whereas maybe then it didn't occur to me what it was.

PI: We're gonna get way deeper in that in a little bit! So is it important? Are there any aspects of your appearance you consider important? What - Can you describe the importance of appearance?

I: I think appearance is important. But maybe not so much as what you look like, but more of how you carry yourself. When you walk into a room, are you confident? Or do you have your head hung [down low]? And so, I think that that's kind of the most important thing, is like those physical aspects of like how do you carry yourself, do you carry yourself with your shoulders slumped or with your head down or your head up and paying attention to what's going on around you? But I really think that's very important, now so much as in like how much you weigh or how much you look like you weigh or what your hair does or whether you're walking or sitting in a wheelchair, I don't think that's as important as much as how you carry yourself.

PI: What are your thoughts with regards to your satisfaction with your body?

I: So like I said earlier, if you had asked me maybe a year and a half ago, I would have been in - like, in the negatives. But now I have learned where my worth comes from. And to know that that's not from my body and that's not from my wheelchair or how people see that or anything like that. So right now I am very satisfied with who I am and how I look and even my situation.

PI: What do or did people say about body image? What did you hear about body image in your environment?

I: So, when I was younger, body image was really - like, a negative thing. Just like - being told to lose weight or, um, being told, "Oh, your face is breaking out too much," or "Your legs don't work," and so that affects how you sit. . . and all that stuff. And being - changing environments from where I was, [where] body image was not a good thing, it was very negative... and the comments that were also being made like, "Oh you need to lose weight," or "Are you going to wear that? Because it's too tight, maybe you need a bigger size," or something like that. And then changing environments to where I'm [at], [I'm] actually at school now. It's very different in knowing... it's a very positive thing, embracing that differentiability in each person, which is awesome. And just, the positive outlook of - like, encouragement from everyone and especially girls in my hall (because I'm actually at school right now).

PI: Where do you go to school?

I: [local Christian university]

PI: So, how do you think this became a part of your early childhood, how has the importance of these aspects changed or developed during your life? And then I'm gonna look at elementary school, Middle School, and High School kind of separately so how has it changed over time, starting with elementary school?

I: So I think personally for me, in elementary school it wasn't that big of a deal because people didn't really acknowledge it or think anything about it like, "Oh, she's in a wheelchair," but they really more just a lot of the kids and even some of the teachers more so embraced it, which was really cool personally, for me. I know not everybody has that opportunity or they don't have that experience, which is ok. But for me, it was just like the kids knew when we went out to recess what I could and couldn't do and I had that group that would hang out with me and encourage me. But looking a little bit different didn't really rise up in that age range.

And it really started in Middle School, which I think it kinda does for everybody, regardless of whether you're in a wheelchair - physically disabled or not, they're kind of just questioning. Like, ok, "Who am I? What do I look like? What do I want to look like?" And that kind of thing. So in Middle School it was a little bit harder, because that's when everybody started - that's when they go through hard stuff. And so for me it was like: people would leave me out because of my chair or something like that, or even youth group events that we would do. I remember getting super duper upset because I would wanna do that or I couldn't - the things that I did wanna do I couldn't do because of that physical barrier. And then also just kind of looking at - that's when we started getting new social media, Facebook and things and just looking at - "Look at all of those girls with the boyfriends having fun and going to the beach. " And just kind of how that negatively impacted me. More so, I hated myself and I hated what my body did, even though I couldn't control it. But I really hated the fact that - I just kinda - my father, actually, I would tell him, "Oh, I hate that my legs don't work," because that was the part of my body that I hated the most because that was the part of my body that caused me the most grief. And so that was kinda hard.

And then in High School it was a little bit of run over from Middle School where it was just very negative. I wanted to cover up everything I could cover up. I didn't want [to be] seen. And that was when people started driving and all of that and I still hated - I wished my body worked like everybody else's and and I wished I looked like everybody else and I wished I could go to the gym like everybody else. Things like that. So that was just - like, a really hard time. I guess learning who I am and, like I said earlier, the difference between your appearance not being so much physically like 'how you look' or 'whether your legs work properly' or any other part of your body works properly, but more so, 'how you carry yourself' in that.

PI: That's awesome. "What are ways to boost body satisfaction?"

I: So for me, I - definitely, finding that tight-knit group of people that have the same beliefs as you almost in the importance of body image and what it means. And knowing you have that group of people that will encourage you regardless of everything and finding that really [good] group. And I, actually, like me personally, because that is something I struggle with, it's just, like - knowing what you're kind of worthy of in that and like the encouragement and the love that you are worthy of, regardless of whether you're in a wheelchair or not, or wherever you're at. And I - actually, personally so for me - which will not be the same for everybody, we take - my roommate and I just take different bible verses just about like who you are in Christ and knowing that what he

made you to be and intended you to be and we put one on our mirror every day it's a different one and it's just a way of just to encourage us that it's not so much um how you see your body but how Christ actually sees your body, which is actually really cool.

(end of transcript 3)

## REFERENCES

- Andersen, C. S., & Dolva, A. S. (2015). Children's perspective on their right to participate in decision-making according to the United Nations Convention on the Rights of the Child article 12. *Physical & occupational therapy in pediatrics*, 35(3), 218-230.
- Braddock, D. L., and S. L. Parish. "An Institutional history of disability, G. Albrecht, KD Sellman, and M. Bury (Eds.) Handbook of disability studies. Thousands Oaks." (2001).
- Cagle, J. G., McClymont, K. M., Thai, J. N., & Smith, A. K. (2016). "If You Don't Know, All of a Sudden, They're Gone": Caregiver Perspectives About Prognostic Communication for Disabled Elderly Adults. *Journal of the American Geriatrics Society*, 64(6), 1299–1306. <https://doi.org/10.1111/jgs.14137>
- Coret, A., Boyd, K., Hobbs, K., Zazulak, J., & McConnell, M. (2018). Patient Narratives as a Teaching Tool: A Pilot Study of First-Year Medical Students and Patient Educators Affected by Intellectual/Developmental Disabilities. *Teaching & Learning in Medicine*, 30(3), 317–327.
- Cash, T.F. (2012). Cognitive-behavioral perspectives on body image. In T.F Cash (Ed.), *Encyclopedia of Body Image and Human Appearance* (334-342). London, UK, and San Diego, CA: Academic Press (Elsevier).
- De Los Reyes, A., & Kazdin, A. E. (2004). Measuring informant discrepancies in clinical child research. *Psychological assessment*, 16(3), 330.
- Disabilities. (2017, October 05). World Health Organization. Retrieved from <https://www.who.int/topics/disabilities/en/>
- Factsheet on Persons with Disabilities. United Nations Enable. (n.d.). Retrieved April 4, 2019, from <https://www.un.org/development/desa/disabilities/resources/factsheet-on-persons-with-disabilities.html>
- Gould, S. J. (1996). *The mismeasure of man*. WW Norton & Company.
- Jakatdar, Tejal & Cash, Thomas & K Engle, Erin. (2007). Body-image thought processes: The development and initial validation of the Assessment of Body-Image Cognitive Distortions. *Body image*, 3, 325-33. 10.1016/j.bodyim.2006.09.001.
- Kling, J. (2018). "This body is me": Discovering the ways in which the body is salient in people's identities. *Body Image*, 24, 102–110. <https://doi.org/10.1016/j.bodyim.2017.12.009>

- Lawlor, M. C., & Elliot, M. L. (2012). Physical disability and body image in children. In Reinders, H. S. (2008). *Receiving the gift of friendship: Profound disability, theological anthropology, and ethics*. Wm. B. Eerdmans Publishing.
- Ricciardelli, L. A., 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.
- School children need body image lessons. (2012, May 30). BBC. Retrieved April 16, 2019, from <https://www.bbc.com/news/uk-18260133>
- Smetana, J. G., & Villalobos, M. (2009). Social cognitive development in adolescence. *Handbook of adolescent psychology*, 1, 187-228.
- Stabile, M., & Allin, S. (2012). The economic costs of childhood disability. *The future of children*, 65-96.
- Swinton, J. (2012, February 24). *Reflections on body image* (Rep.). Retrieved April 16, 2019, from All Party Parliamentary Group on Body Image website: <http://ymca-central-assets.s3-eu-west-1.amazonaws.com/s3fs-public/APPG-Reflections-on-body-image.pdf>