THE TRANSFORMATIVE POWER OF SELF-COMPASSION
FOR WOMEN EXERCISERS

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By

OLIVIA J. CHADWICK

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Dr. Debby Burshtyn
College of Graduate and Postdoctoral Studies
University of Saskatchewan
116 Thorvaldson Building,
110 Science Place Saskatoon,
Saskatchewan
S7N 5C9
Canada
Awareness of the challenges women face in feeling safe and comfortable in their bodies has grown significantly. Despite this increased awareness, body shame remains a prevalent experience. Research has shown that even brief moments of self-compassion can reduce body shame, decrease the reliance on physical appearance for self-worth, and promote appreciation for one's body as it is. However, understanding how self-compassion influences exercise behaviour and subsequent feelings about the body requires further exploration. My participatory action research study aimed to find ways to emancipate women’s relationship with exercise and their bodies and explore new ways of relating to themselves through movement. I worked with ten participants over three months, through workshops and group discussions. My findings revealed the profound impact of self-compassion in the context of exercise. The research process validated the relevance and pervasiveness of the challenges that exist by inhabiting a woman's body and highlighted the positive impact that results when everyone’s experience can be expressed and held in communion with other women. The findings supported the use of self-compassion concepts to challenge internalized narratives and cultural influences, fostering the courage to make authentic and meaningful changes in exercise beliefs and behaviours by adopting a kind and caring approach to oneself during exercise planning and engagement. Overall, the research revealed that while self-compassion created a space that enabled an alternate worldview, and one that inherently fostered the ability to turn toward oneself with care, the process was greatly enhanced through the group experience, shared vulnerability, resonance, mutuality, and common humanity, all fostering an ability to embrace one’s humanity.
Acknowledgements

There are three essential approaches to embarking on the Mindful Self-Compassion (MSC) journey:

1. **View it as an Adventure**: MSC is not just a journey; it's an adventure. Like any adventure, it leads us into uncharted territory where we encounter various internal and external obstacles.

2. **Treat it as an Experiment**: In MSC, you're encouraged to experiment with your own experiences. It's a process of self-discovery and self-experimentation.

3. **Become Your Teacher**: While you'll receive support along the way, the ultimate decision lies with you. You must choose your path and design your unique route for learning and growth.

This journey through my master's project shares similarities with the MSC program. It has prompted me to explore my inner self in ways I couldn't have anticipated before starting. Although the path I selected hasn't been short or easy, it has been incredibly fulfilling. This fulfillment is largely due to the wonderful guides, learning opportunities, and teachers I've encountered.

I'd like to express my gratitude:

Firstly, to my supervisor, Dr. Kent Kowalski. His open, kind, and generous nature made me feel safe, seen, and appreciated. Kent has been a model of professionalism while remaining
accessible and available. These qualities, which I experienced 20 years ago, allowed me to overcome self-doubt and seek Kent's support for my graduate program application. Without his loving presence, I wouldn't have been able to begin, let alone finish, this journey. I'm filled with gratitude and admiration for Kent.

I'd also like to thank my committee members, Dr. Leah Ferguson and Dr. Amanda Froehlich, for their patience and encouragement throughout this extended master's process.

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Lastly, I'm profoundly grateful to my incredible family members who provided the resources that allowed me to fulfill this long-standing contract with myself. This journey began many years ago but, for various reasons, couldn't be completed until now. I hold each of you dear and love you all deeply.
Dedication

To all the women who have grappled with accepting their bodies, to those whose inherent worthiness has been concealed and even challenged, I say this:

Have courage, and take heart.
CHAPTER I

Introduction – The Way Forward is Inward
This participatory action research recognizes many unjust and harmful ways that women’s bodies are portrayed in the media and health promotion campaigns. Fitness, exercise, and health messaging often objectify and stigmatize women’s bodies (Bell et al., 2016; Deighton-Smith & Bell, 2017; Field et al., 1999; Holland & Tiggemann, 2017; Stevens & Aubrey, 2010). As a result, cultural and social influences significantly impact how and why women engage in movement-based lifestyle behaviour. My study was an opportunity to apply counter-cultural, evidence-based, and paradigm-shifting beliefs and concepts that directly oppose the mainstream narrative. Using the healing power of self-compassion, collaboration, and exploration through my research I aimed to offer an environment whereby women could access their power and provide agency to women and how they navigate and relate to exercise through and with their bodies.

I choose to use the term “women” throughout this document, and, which informed by an intersectional feminist lens and part of a political category. I use the word women inclusively to mean all people who suffer under oppressive conditions that have typically been associated with the female sex, which includes queer folks, trans and nonbinary people, and intersex and agender people (Lorde, 1984)

Finding Self-Compassion

I was first introduced to self-compassion through an online training in behaviour change. Almost immediately the concepts and language resonated; but rather than consider why this was significant for me, I was enthralled by the idea of how it could be helpful for my clients. Fortunately, my curiosity led me to delve deeper, and soon I began to realize that the resonance I felt ignited my own learning and healing journey. A softer and kinder approach to my suffering was the gateway I needed to begin an inner journey that has led to many of the realizations that
are weaved throughout this research. It has also inspired my drive to immerse in a learning experience and share things I consider of value revealed to me and others throughout the research process.

A core idea embedded in self-compassion that drew me deeper was the recognition of a cultural need to be above average, be ‘special’, and stand out as better than others (Neff, 2011). Despite how compelling this idea is for many of us, I was made aware of how unbalanced and unrealistic this thinking is. Based upon the mathematical nature of ‘average’, most of us, if we work hard and have good environmental circumstances, will become average. Yet most of us seem to have an aversion to the idea of being average because the average is commensurate to “not good enough” or equivalent to failing. This new perspective offered by self-compassion elevated my awareness and highlighted for me the many ways that I acted to be above average and better than others, and how my behaviour was often an expression of resistance against feeling flawed for being average. I became aware of the devices I used in social situations to present myself as worthy. I noticed feeling uncomfortable and inferior when others celebrated their achievements and successes. I realized that my competitive drive caused me to push harder, past the point of enjoyment and to the detriment of camaraderie and team spirit. My thoughts and actions were often acting to protect a false identity, which rather than make me feel empowered and safe, caused suffering. My lack of authenticity created disconnection from myself and others.

There have been many lessons like this that self-compassion began to evoke for me. The teachings became a gateway to the awakening of my inner life. I was led to take an honest inventory of my experiences and realized all the ways that I created my suffering. It was challenging and I required support; so, solicited the help of a therapist. I worked on my self-compassion practice, and with the therapist’s support, I was able to name and deconstruct shame, revisit past trauma, address problematic behaviour, and regain ownership and healing of a history
of mental health and disordered eating (a truth that orients my position in this research). It has only been in the past few years that I have been able to face the shame of this diagnosis that I suffered 20 years ago. As I developed resilience against the internalized shame and stigma and gained healing, I have been ignited with a desire to work toward removing the stigma of this intensely shaming disease and work towards its prevention. Beyond eating disorders, our culture has a disordered relationship with bodies, including how they are valued and treated. Therefore, this research is also about moving toward liberation for all bodies, and the recognition that everyone has inherent worth and worthiness regardless of shape, weight, or size.

Despite not having had an active eating disorder for 20 years I claim the identity of ‘in recovery from an eating disorder’. This isn’t because I believe I am at risk of relapse, but because I have come to understand that the journey to loving and accepting one’s body is lifelong. I used to believe that because I no longer had a difficult relationship with food I was fully healed. But my journey to self-compassion revealed to me that there are many parts of me and my body that I am ashamed of, believe are unacceptable, and need to be altered or constantly ‘worked on’. Through further reading and with an openness to what I found I came to realize that I have, throughout my life, been compulsive about exercise and movement and that I had been using these outwardly ‘healthy’ devices to cope with unresolved body dissatisfaction, internalized weight stigma, and fear of gaining weight. While I was not actively engaged in weight loss, I would have preferred to be in a slightly smaller body than was natural for me, and I worked hard to maintain my body at a size that was acceptable to me regardless of its true set-point. I believed that if my body was bigger, I would be less happy with myself and my life. I can sense that these beliefs are still alive in me today. I wish the size and shape of my body was not a barometer of my worth and happiness; therefore, I am committed to efforts that lessen the suffering that I feel because of these beliefs.
I think that any behaviour, healthy or otherwise, can become problematic if we use it excessively to cope with life’s challenges, use it to avoid suffering, allow it to reinforce negative core beliefs we have about ourselves and our place in society, or allow it to create in us a sense of identity that we rely on too heavily to form our sense of self. Based on my experiences, I am convinced that many behaviours that outwardly appear as ‘healthy’ could benefit from a self-compassionate approach that defends against the pitfalls of our humanity and helps us manage and build resilience around our weaknesses and suffering.

**Body Challenges May Be Common but Should Not Be Normalized.**

As I reflect on my history of challenges related to mental health, negative body image, and attempts to conform to cultural standards surrounding the body, it is difficult and painful to accept how many years I lived ashamed of my mental health history, ashamed of my body, and ashamed in my belief in my unworthiness. My inability to acknowledge and heal shame cost me family, intimate relationships, a healthy relationship with myself and my well-being. When I write these words, I can connect to this suffering, and it can still cause sadness and make me feel isolated and alone. Yet, as I have liberated myself from the silence that shame creates and vocalized the challenges that I have overcome and continue to battle, I have been met with solidarity, resonance, and connection. The response to my story that I have heard more than any other is “Me too”. While the circumstances of my challenges related to mental health and body shame are unique to me, the feelings that I experience are common. My pain is similar to other people’s pain. I have been able to heal myself from past shaming experiences by being able to recognize and label them, externalize them, and talk about them. I have also learned how to apply self-compassion when these shameful memories re-emerge, as they sometimes do. In the present day, I am now able to recognize shame almost as it occurs. In these instances, I use self-compassion to support myself and move through them more quickly and with more
understanding and kindness towards myself. I now understand my suffering as part of my humanity which, rather than making me feel defective and isolated, connects me with others in a deeper and more meaningful way. It’s not that the felt sense of suffering is easy but rather that I am lighter with myself and my circumstances. I trust that it will pass, and I will again be able to feel peaceful or perhaps even positive emotions. Oftentimes I find myself laughing soon after the experience happens. Today I have enough perspective to know that I am susceptible to seemingly benign, and commonplace threats to my sense of self, but with newly acquired tools and resources I can recover quickly without those experiences having lasting negative impact on my self-worth. For me, this goes beyond healing. This has become a form of freedom.

I believe that my history and healing journey uniquely position me to be available to other women as they explore their body challenges. Over a decade ago I started my career as an exercise physiologist and coach. Almost immediately upon entering the fitness industry, it was apparent to me that weight and appearance related goals were a primary motivation for most clients to solicit my service and support. Interestingly, even though my academic education did little to explicitly encourage or address this thinking or provide support for the notion that exercise could have a significant impact on weight or appearance, I colluded with mainstream ideas that exercise was a helpful and appropriate way to manage body concerns. When clients come to work with me, they often want to change the size, shape, and appearance of their body, as well as how they feel about it. With experience and better understanding of research in the area I learned that regardless of our actual body size, our ability to relate to our bodies positively is often not the result of changing how we look, but rather changing how we relate to how we look. Fitness culture often tells us that if we change our bodies, we will feel healthy and confident. I believe that only when we can transform how we relate to our bodies can we experience well-being and wholeness. Commonly, clients seeking exercise coaching are wanting
to change how their body looks, function, and feels. When clients tell me, they want to lose 10lbs, what I hear is that they don’t like the appearance of their bodies, how their bodies make them feel, and how their bodies may be perceived by others. Sometimes this means that they are also experiencing body shame, are dissatisfied with various aspects of their appearance, they have subscribed to media-based standards of thinness, fitness, and health, that weight can and should be within a person’s control, and believe their inherent worthiness is measured in some part by how their body represents social standards of health and beauty.

I don’t blame myself for my initial complicity of promoting exercise as a method for weight loss and body change. It’s such a pervasive and desirable false reality that it is understandable how I, or anyone, would believe its authenticity. However, I now understand the harm that is being done when we don’t challenge the cultural paradigms surrounding body size, health, and fitness. In fact, I am now in service of not only questioning false body weight and size beliefs but actively dismantling how they influence fitness culture entirely. I am committed to being part of a solution that offers a counter-cultural approach to movement and exercise; one that is not based on physical aesthetic and or creates false relationships between health and weight. If exercise professionals want to offer care that considers health from a bio-psycho-social-cultural lens, then we must consider helping clients overcome some of the primary motivations for pursuing exercise; often primarily focused on reducing body shame.

Understanding Shame

Shame is defined as “An intensely painful feeling or experience of believing oneself to be flawed and therefore unworthy of acceptance and belonging” (Brown, 2006, p. 45). Shame is set apart from guilt and embarrassment, because of its distinctly debilitating impact on global self-worth and how defective one appears to others (Tangney & Dearing, 2002). Sometimes guilt can be helpful because it might motivate people to align their behavior in accordance with their
values. However, shame has the opposite effect. The impact is so visceral that the result is often denial, anger, and avoidance. When one is exposed to a shaming feeling or experience the result is feeling disconnected from others along with a strong desire to hide, flee, escape, and avoid the current experience or similar future situations (Brown, 2006). Shame has been referred to as psychobiological, meaning that it alerts us to threats to our social status and sense of belonging. By creating a physiological response that encourages fleeing from harm, shame encourages social disengagement, and therefore ensures survival (Dickerson & Gruenewald, 2004). Despite this initial preserving effect, the desire to withdraw and isolate can lead to a host of mental health challenges (Matos et al., 2014).

Shame is most problematic to the self when it becomes internalized. Rather than feeling that one might have thought, said, or done something bad, the experiencer believes that they are bad (Bessenoff & Snow, 2006). Internalized shame represents an enduring, chronic shame that has become part of one’s identity and can be most succinctly characterized as feeling inferior, worthlessness, and flawed. In our current cultural topography, the area that women are likely to experience the most common and frequent experiences of shame surrounds the body (Brown, 2006). Therefore, it is likely no surprise that body shame has been linked to body image disturbance in college-aged women (Bessenoff & Snow 2006). Body shame occurs when one perceives their body as undesirable and/or unattractive, and thereby a source of the shaming experience (Gilbert, 2002). When women perceive their bodies as discrepant from the cultural and internalized body ideals, they are susceptible to body shaming beliefs and experiences (McKinley & Hyde, 1996). It has been my experience to observe that many women feel their body is inadequate and deficient compared to other bodies and social standards. These feelings appear difficult to overcome.

Researcher Brene Brown found that appearance shame is so powerful and pervasive that
it was a universal trigger that connected to all other shame categories, such as sexuality, motherhood, parenting, health, aging, and the confidence required for a woman to speak out and use her voice (Brown, 2007). Certainly, media manipulation and cultural standards impact body image, but shame resilience theory posits that the biggest contributing factor affecting our exposure and the intensity of the shame experience is perpetrated by those we trust (Brown, 2006). Family and friends are in that category, but even more influential are professionals (e.g., doctors, therapists, educators, membership groups, etc.; Schwartz et al., 2001). Coaches and personal trainers belong to this category, and therefore they have the potential power to exacerbate body shame experiences or create environments that allow body shaming to occur. One area that coaches and personal trainers work in, and in which internalized body shame may be more likely to yield a negative impact, is the exercise environment. One reason is that the body is so integrally related to the exercise experience.

During exercise not only is a person’s appearance under potential for public scrutiny but so is their physical function and competency, performance, and mental toughness. Research has shown increased social comparison increases body shame experiences (Thogersen-Ntoumen et al., 2018) and that social comparison is a strong concern among women in group exercise classes (Frederick et al., 1994, Frederick & Shaw, 1995; Pritchard & Tiggeman, 2008). Several factors may contribute to a vulnerability to body shame in the exercise setting including social comparison (Linder et al., 2012), mirrored exercise setting (Lamarche et al., 2009), revealing fitness attire (Crawford & Eklund, 1994), assessment of physical ability and quality of performance, (Leary, 1992), instructors leadership style (Hannus & Laev, 2011), and appearance-based motivations (O’Hara et al., 2014; Pritchard & Tiggeman, 2008). To ensure that an exercise environment does not expose a participant to increased shaming opportunities each of these areas of susceptibility needs to be considered, discussed, and actively addressed.
Understanding and Addressing How Body Shame Can Develop

Once I recognized that body shame had a profound effect on my relationship with myself, and therefore my life, I wanted to understand why I was so susceptible to it. I think it is possible that I may be shame-prone, which is perhaps why body shame impacted me so severely. But I also believe we live in a culture that presents disordered ideas about how bodies should look, feel, act, and behave. Often, we don’t even question cultural ideas, but rather invest our energies in trying to adhere and live up to them. But these ideals can be oppressive towards women and marginalized groups, and they are discriminatory and harmful via two primary vehicles: (a) the celebration of a narrow and idolized ideal and/or (b) the shaming, stigmatization, and denigration of bodies that fall outside of the ideal (Bouson, 2009; Farrell, 2011). Self-objectification theory and internalized weight stigma go a long way in explaining how our cultural paradigms surrounding bodies can create shame and illness.

The Influence of Culture Through the Lens of Self-Objectification

Why is it that we believe exercise will help us to lose weight? And why is this idea so appealing that a significant number of female versus male exercisers will attest that they engage in exercise and physical activity for weight loss or to change their physical appearance (Molanouzi et al., 2015)? Interestingly when I ask people, both clients and friends, they willingly share that they exercise for body change. One might think such a statement would be a vulnerable exposure, but such a belief has become so normative that it is often cited as a credible and viable reason to exercise, which makes sense when you understand that we have normalized being discontent with our bodies. Given unrealistic cultural standards, being dissatisfied with one’s body and appearance has become known as normative discontent.

The term normative discontent was coined by Rodin, Silberstein, and Streigal-Moore (1984) to describe the general dissatisfaction that North American women feel toward their
bodies. The dissatisfaction women feel is often not based upon actual physical status but rather is a product of falling outside the narrow margins of what are considered acceptable body types and appearance standards. Media plays a role in manipulating our cultural beliefs and creating bias both explicitly and implicitly by telling us what we should desire, how we should behave, and how to clothe, move, and feed our bodies (Want, 2009). It is certainly true in my practice that most women believe their bodies to be the wrong shape, weight, or size regardless of reality. In a culture that values femininity, feminine behaviour, thinness, expanding our physical capacity, and dietary restraint, conforming to these beliefs has become a source of power and agency (Bordo, 1993). But the results of this pursuit, regardless of success, can create increased body dissatisfaction. Furthermore, as beauty ideals and standards get morphed with fitness standards the parameters that create an acceptable body become even more narrow (Davis & Cowles, 1991; Tiggeman & Williamson, 2000). Since one can now be thin but not considered lean or toned enough, physically competent or fit enough, few are granted access to the social power, privilege, and statuses such labels provide (Pinto-Gouveia et al., 2014).

I once believed that the ongoing body challenges that remained long after my eating disorder diagnosis were evidence of my inability to fully heal from my mental illness. Even if my eating and thinking felt healthy for me, my body's preoccupation felt like an indication of some remaining pathology. My only reconciliation for these feelings was that I noticed I wasn’t alone in my feelings. I didn’t have a single friend or family connection that wasn’t preoccupied with their body in some way. It turns out that a women’s normative body dissatisfaction is not always a function of individual pathology, but rather a form of social indoctrination (McKinley, 2011). This makes sense to me and from my experience. Any woman who has been objectified will likely, over time, start to view her body as an object to be gazed upon. Our taking control over our bodies through health behaviours is a psychological strategy that allows women to
anticipate and exert some control over how they will be viewed and treated by others. This may not be a conscious choice, but choosing how our bodies will be viewed does reflect a sort of agency in a culture of oppression and self-objectification (Wolf, 1991). While this self-objectified view may be normative, it is not a trivial one. Self-objectification is harmful because it creates body shame, appearance and safety anxiety, reduced flow experiences in physical and mental tasks, and decreased awareness of bodily cues (e.g., satiety, hunger, fatigue, emotions; Calogero et al., 2011). In turn, these factors can lead to increased risk of eating disorders, depression, and sexual dysfunction (Calgero et al., 2011; Frederickson & Roberts, 1997).

Self-objectification theory proposes that the cultural practice of women being perceived as objects to be viewed, and women being encouraged to feel pleasure through their bodily objectification, is harmful and oppressive (Mahalik et al., 2005). These objectifying experiences are daily encounters experienced by girls and women through what might be considered typical interactions with friends, family, and the media. It has become common practice for girls and women's bodies to be looked at, commented on, evaluated, and sexually harassed (McKinley, 1999). The frequency of these experiences causes women to internalize these messages and start to evaluate themselves in an objectified way, gazing upon themselves, and making evaluations from the perspective of the ‘other’ (Rubin et al., 2004). Women often view themselves as an external observer and engage in self-surveillance and self-policing behaviours to alleviate the shaming experience because of being observed (Frederickson & Roberts, 1997; McKinley 1994). Feminist accounts describe the objectification of women as a form of social control (McKinley, 2011). While women are invested in self-policing, restriction, and using resources to increase their social status through feminized appearance, they are not pursuing power in society through other means. Thereby, objectification creates a sort of powerlessness in women and maintains the gendered power inequity as the status quo (Peterson & Grippo, 2008).
People choose to exercise for a variety of benefits, including stress reduction, weight control, health, fitness, and challenge. However, the fitness industry has been criticized for promoting propaganda that supports the invalid notion that a ‘fit, thin and/or lean’ body is synonymous with a healthy body and contributes to overall well-being (Aubrey, 2010; Deighton & Bell, 2017; Holland & Tiggeman, 2017). The result is that individuals with large or slim bodies are encouraged to be concerned about their weight and to take a critical view toward themselves (Davis, 1991; Davis et al., 1990). One of the predominant reasons people are motivated to exercise can be classified as image-related, including exercising for reasons associated with external motives related to appearance, such as weight control, tone, attractiveness, and weight maintenance. Studies reveal that when exercise is related to these motives, well-being decreases (Davis, 1997; Davis et al., 1994; Furnham et al., 2002).

Appearance-related motivation to exercise has been associated with body dissatisfaction, internalization of thinness ideals, increased self-objectification, disrupted embodiment, eating disorders, disordered eating, and a reduction in positive body image attributes (Tylka & Homan, 2015, Vartanian et al., 2011).

Since women typically report exercising for weight control reasons, and that this relationship is associated with increased self-objectification and body dissatisfaction (Davis & Cowles, 1991; Tiggeman & Williamson, 2000), it has been recommended that exercising for weight control motivations should be actively discouraged (Homan & Tylka, 2014; Tylka & Homan, 2015). Some evidence also reveals that regardless of motive, regular exercisers are more susceptible to concerns about weight; and sometimes exercise participation can precede dieting behaviour and promote the pathogenesis and progression of disordered eating since one can begin to place more attention on the relationship of weight and performance (Davis, 1990; Davis et al., 1994). The degree to which women participate in exercise can be an indicator of increased
preoccupation with the body, body dissatisfaction, disordered eating, compulsive exercise, and weight concerns (Bell et al., 2016; Holland & Tiggeman, 2017; Tod et al., 2013).

It can be readily argued that exercise often serves as a means of asserting control over one’s body image. However, considering the numerous individuals who initiate exercise with the primary goal of exerting control over their physical appearance it seems salient that the positive effects of exercise may not naturally emerge solely from participation but require intentional reinforcement. Indeed, it is worth noting that the exercise environment itself can inadvertently contribute to the perpetuation of a self-objectified perspective (Strelan et al., 2005). Given that individuals are continuously exposed to experiences that objectify the body, both within and outside the exercise setting, the pivotal question arises: How can one sustain positive and adaptive motivations for engaging in physical activity?

In essence, while exercise can be a powerful tool for body agency, appreciation, and empowerment, it is imperative to acknowledge that its benefits may not spontaneously manifest and necessitate a deliberate effort to cultivate. The presence of objectification in exercise settings underscores the importance of actively nurturing and maintaining constructive reasons for pursuing exercise.

**The Role of Weight Stigma**

Beyond appearance standards and self-objectification, weight stigma is a strong and arguably more pervasive reason clients are pursuing weight loss. Weight stigma implies prejudice and attitudes that are anti-fat (Carr & Friedman, 2005; Puhl & Brownall, 2001). It also includes weight-based discrimination. Weight-based discrimination towards women is at a similar level as race-based discrimination (Puhl et al., 2008). It can occur in health settings, at work, and in interpersonal relationships. Social constructs regarding body weight influence how we perceive and respond to other bodies (Puhl & Heuer, 2010). As a society we have absorbed
the message that being in a larger body can increase the likelihood of experiencing emotional problems, sexual problems, family problems, relationship problems, and work problems. The resulting conclusion is that these types of problems can then be remediated through the transformation of the body (Pearl & Puhl, 2016).

Weight stigma occurs across three primary dimensions, including (a) dislike attitudes that express a strong contempt for fat individuals; (b) willpower beliefs rooted in the socio-political ideology that centers fatness as a within the control of the individual, and therefore that any negative experiences associated with their bodies are thereby deserved; and (c) fear of fat attitudes that represent the apprehension of gaining weight due to the resulting social marginalization (Puhl et al., 2007; Vartanian, 2010). Holding weight stigma beliefs has been shown to have intrapersonal implications, such as increasing the likelihood of internalized weight bias, increased body shame and appearance monitoring, and decreased well-being and health (Tylka 2014; Webb et al., 2016). Lack of exercise is cited as a reasonable reason for excess weight. Larger bodies are perceived as either not exercising or fit, or not exercising or fit enough to resolve the problem (DeJong, 1980). The concept of a “healthy weight” is pervasive in health promotion materials (media, interpersonal relationships, and fat-stigmatizing messages). The idea of weight controllability through lifestyle, such as diet and exercise interventions leads to body/weight preoccupation, disordered eating, and excessive exercise by reinforcing anti-fat attitudes toward self and others and the need to control weight (Rodgers, 2010).

Internalized weight bias shows up in private and groups exercise settings where the body is the primary domain of access. It is not uncommon for people socialized into these environments to display prejudices and anti-fat bias towards higher-weight individuals, in part due to their over-investment in physical health attributes. Over time, association with an exercising group can create a belief of power and social dominance over other groups who are
not invested in movement-based practices (O’Brian et al., 2007). Pursuing health through exercise has been promoted not only as a social virtue but also to create social distinction. As the social engagement in practices promoted by the fitness industry has increased so have the norms and ideology of what is expected of the body, both functionally and aesthetically (Markula & Pringle, 2006). Engaging in exercise has become a normalized expectation, and those that that fail to consistently engage may find themselves in a position of marginalization (Dean, 1995; Kennedy & Markula, 2011). However, the paradox is that exercise has been proven to be beneficial in the treatment of chronic diseases, such as metabolic syndrome; and therefore, ways must be found to support exercise participation that does not contribute to further power-over social dynamics and body-based discrimination. Or better yet, serves to re-educate the participant from these biases, non-inclusive beliefs, and environments (Blair et al., 1989; Katzmarck et al., 2004).

Internalized weight bias is a form of self-stigmatization in which higher-weight individuals adopt stereotypically derogative attitudes and beliefs regarding fatness and themselves (Puhl et al., 2007). Women are more frequent targets of weight-based discrimination than men and therefore have a greater risk of internalized weight stigma (Puhl et al., 2008). More recently, experts who discuss fat acceptance have asserted that the term ‘weight stigma’ should be expanded to include more than simply higher weight individuals. For example, Pearl and Puhl (2014) proposed that since women and girls are socialized to perceive themselves as “fat” or “overweight” regardless of body size, various, not just larger body sizes, may be susceptible to this subjective analysis. Internalized weight bias has a myriad of negative health consequences for individuals regardless of actual weight (Paeratakul et al., 2002; Pearl & Puhl, 2014; Schvey & White, 2015). Higher levels of internalized weight bias correspond with a range of maladaptive eating problems and various forms of body image disturbance (e.g., body shame,
body dissatisfaction, fear of fat, and weight concerns). Internalized weight stigma has predicted a drive for thinness, bulimia, and binge eating disorder (Schvey & White, 2015).

An area that one might believe themselves to be immune to social bias is within a healthcare environment whereby the patient's care is central to the service being provided. Yet evidence indicates that weight bias can and does exist among healthcare professionals (Teachman & Brownell, 2001), including those specializing in obesity (Schwartz et al., 2001). So much so that larger individuals will often be resistant to seeking medical support fearing that their health status will be attributed almost solely to their weight (Puhl & Heuer, 2010).

It is often the case that clients will solicit my service based upon their understanding that a medical professional has advised them to lose weight by focusing on their lifestyle behaviour. However, it has been my practice to not collude with clients in their weight loss goals, but rather to focus their efforts on positive behaviour change and modifiable factors within individual control. My limitation though is that by not actively challenging weight loss beliefs, I feel I am leaving clients susceptible to weight cycling behaviors of weight loss and weight gain that may be harmful to their health (Tylka, 2014). I feel I am not adequately helping them cultivate ways of measuring their progress and success using internally created definitions that promote body acceptance, well-being, and a way of relating to lifestyle behaviours that are joyful and health promoting. It is my belief that as exercise professionals we should challenge commonly held beliefs about weight loss and promote a weight-inclusive environment that encourages everyone, including the practitioner themselves, to continually question explicit and implicit weight bias, internalized body ideals, and weight controllability beliefs.

A weight-inclusive approach acknowledges that health and well-being can be attained independent of weight (Bacon & Aphramour, 2011). The ethical principle of ‘not harm’ is a main driving force behind this approach, one that seeks to appreciate the diversity of bodies and
attainment of optimal health and well-being to every individual regardless of their weight (Hunger et al., 2020). A weight inclusive approach maintains a holistic focus that allows health to be multidimensional and process-oriented. People can respond to the ever-changing needs of their bodies, which allows them to feel rested and energized. It encourages a view that is process-oriented and recognizes that this process is dynamic, not static, and that we are required to stay in a relationship with our bodies to respond to its ever-changing demands. A weight inclusive approach understands that, as practitioners, we need to encourage individual practices that create sustainable environments that are accessible while also working to increase health access, autonomy, and social justice for all individuals. These principles are best articulated in the Health at Every Size model, defined by the Association for Size Diversity and Health (Tylka et al., 2014). Health At Every Size is a social movement that recognizes the systemic, social, and environmental factors that contribute to health outcomes. It is an inclusive movement that recognizes social characteristics, such as size and race, and acknowledges the challenges that impede living well. It emphasizes the small influence that eating, and exercise have on health and redirects the idea of a personal responsibility to create health outcomes and to the reemphasis on social, political, and systemic contexts (Aphramour & Bacon, 2018). In its essence, Health At Every Size asks us to re-examine the beliefs we have about bodies, body size, and health to overcome our culture’s shame about bodies and weight, to face realities about inequality and health, and to operate collectively from a place of respect toward all bodies including our own.

A Way Forward in Fitness is Self-Compassion

It has been normalized behaviour to engage in practices such as dieting, exercise, and wellness behaviours to mitigate the effect of disconnection that we may experience when we feel unacceptable to others and ourselves (Loya et al., 2006). While these practices may help to
alleviate the pain and suffering of disconnection in the short-term, we know that weight loss is not typically sustainable, that these practices reinforce social comparison and worthiness based upon reproducible behaviours and may not help to overcome some of the deep-rooted negative beliefs one has about themselves regardless of outcome (Bacon & Aphramor, 2009; Taranis & Meyer, 2010). Not to mention that engaging in dieting and unhealthy exercise behaviours, when motivated by weight loss or body transformation, can reinforce maladaptive behaviours and are known to sometimes result in eating pathology, depression, compulsive exercise, and other negative outcomes that greatly reduce wellbeing (Tod et al., 2012; Tylka, 2014). Rather than enjoying who we are and what we are doing, many of us are often working towards an idealized and improved version of ourselves that can compensate for all the ways that we feel deficient. Therefore, there is a need to question social practices that have become normalized but are maladaptive and harmful. We need to hold the culture, those around us, and ourselves accountable for the harm that has been done and to take steps to mend it. We also need to gather new skills and resources that can create an environment of self-care towards our bodies and serve as protective forces that embolden and empower us to find a new way of moving through the world. One solution that has shown great promise as a protective factor, while also encouraging positive relationships with our selves, is self-compassion.

Self-compassion is not about avoiding pain and suffering, but rather embracing it with kindness and creating a sense of wellbeing that is rooted in the experience of being fully human. Self-compassion is an Eastern world view that is described by Neff (2003a) as “being open to and moved by one’s suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, non-judgemental attitude towards one’s inadequacies and failures, and recognizing that one’s own experiences are part of the common human experience (p.224)”. Self-compassion is comprised of three core components: self-kindness versus self-criticism,
mindfulness verses over identification, and common humanity over isolation from others. Self-kindness is described as kind and understanding of one’s suffering when faced with challenges and failures (Neff, 2011), which contrasts with elf-criticism which occurs when we notice our shortcomings and become harshly critical toward ourselves. Mindfulness requires taking a balanced approach to one’s negative emotions so that they are neither suppressed nor exaggerated, as opposed to over-identification, which occurs when we are absorbed and overtaken by our negative thoughts or feelings, often causing us to exaggerate the present experience. Common humanity recognizes that feelings of inadequacy and failure as part of the human experience, as opposed to being unable to rationalize our experience, leaving us feeling alone and isolated (Germer & Neff, 2019; Neff, 2003b).

Self-compassion is distinct from other ‘self’ constructs, particularly self-esteem, in that it does not rely on social comparison to establish feelings of self-worth or satisfaction (Neff 2003b), meaning that self-compassionate individuals do not need to feel better than someone else to feel good. Alternatively, with self-compassion, self-worth evaluations are not made based upon performance standards of the self or others, or in congruence with social ideals (Neff, 2003a). For example, if we can find a way to be more accepting of our humanity, we may have access to see ourselves as acceptable through the eyes of others. As a result, we may gain greater access to the connection and belonging we desire without having to change how we naturally are and all the ways we show up in the world.

Self-compassion has a soothing effect that promotes feelings of safety, which can reduce the threatening sensations produced by shame (Gilbert, 2005; Gilbert, 2009). Given the plethora of opportunities to experience body shame in the context of exercise, it seems salient to develop resilience in this area. The aim of shame resilience is not to remove the shaming experience, since this may be unrealistic and near impossible, but moreover to counteract the impact it has on
our thoughts, feelings, and behavior and to develop resources to overcome the magnitude of the experience by overcoming the fear of disconnection that it presents (Dayal et al., 2015). Courage and compassion are cited as powerful tools in the attainment of this aim (Luoma et al., 2015). The inherent values embedded within self-compassion encourage a more flexible and empathic way of relating to the self. Gilbert (2005) proposed that the antidote to shame is self-compassion. Self-compassion is considered a healthy way to regulate shame because its effects are like those of compassion and empathy for others, which has also been cited to reduce feelings of shame (Brown, 2007). Self-compassion has been shown to be beneficial in overcoming challenging experiences that may induce shame and overcoming past traumatic shame memories that trigger current unhealthy behaviour (Ferreira et al., 2014). Specifically, self-compassion has been shown to decrease self-judgement towards one’s perceived imperfections, limitations, and failures (Neff, 2003a), and it has been linked to higher levels of overall psychological well-being (Hall et al, 2013; Macbeth & Gumley, 2012; Neff, 2003a).

Most of the research that relates self-compassion to the body has examined its predictive ability in determining risk factors for various measures of negative body image (Tylka & Piran, 2019). Higher levels of self-compassion predict fewer body concerns, as well as decreased body preoccupation and weight concerns (Geller et al., 2014; Moffitt et al., 2018; Wasylkiw et al., 2012). Self-compassion has also been shown to buffer links between media-related thinness pressures of disordered eating and thin ideal internalizations (Tylka, 2004) and media and interpersonal pressures to be thin (Tylka, 2015), as well as to decrease body dissatisfaction, body shame, and contingent self-worth as they relate to physical appearance (Albertson et al., 2015, Tosca et al., 2016). It has also been shown to reduce the occurrence and impact of social appearance comparison, external shame, and associated body dissatisfaction (Ferreira et al., 2013; Ferreira et al., 2014; Ferreira et al., 2018). Self-compassion has been shown to offer
protective factors against negative body image via four distinct pathways, including (a) decreasing eating disorder-related outcomes directly, (b) preventing the initial occurrence of a risk factor for a maladaptive outcome, (c) interacting with a risk factor to decrease deleterious effects, and (d) disrupting the mediational chain through which a risk factor operates (Barnett et al., 2016).

Self-compassion has emerged to consistently serve as a protective factor against eating disorder pathology (Linardon, 2021). Self-compassion has been shown to positively influence body image satisfaction (Barnett et al., 2016). As well as provide a self-soothing mechanism that regulates threats and creates feelings of safety (Goss & Gilbert, 2002). Self-compassion supports the notion of accepting and positive view of the self and therefore could be a helpful resource to counter negative attitudes and beliefs, particularly in fitness where self-improvement outcomes are often idealized and often unattainable for most. The idea that self-compassion could support a more caring attitude toward the self in exercise has some salience since it has been shown that body image has some fluidity and can be positively impacted when women focus on more open and accepting messages about body shape and size. This is further reinforced when women encourage other women to broaden their conception of what is an acceptable body (Wood-Barcalow et al., 2010).

Particularly related to the exercise environment self-compassion is inversely predictive of social physique anxiety, body surveillance or habitually monitoring one’s body in an objectified way, body shame, and extrinsic motivations to exercise (Magnus et al., 2010; Mosewich et al., 2011). Self-compassion appears to reinforce more adaptive ways of relating to the body in the context of exercise such as helping them appreciate their own unique body, take ownership of their body, engage in less social comparison, and increase intrinsic motivation (Berry et al., 2011; Magnus et al., 2010; Mosewich et al., 2011). Additionally, directing kindness
toward the body has been shown to increase body respect, emotion regulation, performance perception, and the experience of positive emotion from exercise and sport (Eke, 2020). As such, there is also an opportunity for coaches and trainers to cultivate an environment that promotes positive body experiences and/or reduces negative body experiences that are common in exercise. For example, it has been shown that fitness instructors can create a self-compassionate environment by using strategies that overcome the primary themes of shame in exercise, such as ‘I don’t belong here’ and ‘There’s something wrong with me’ (Greenleaf et al., 2006).

**Integrating Self-Compassion into Exercise and Body Based Practices**

Self-compassion can be enhanced through both explicit and implicit teachings and experiences (Kelly & Carter, 2016). Exercise environments, such as the ones often created in yoga, have proven to be effective in this aim (Gard et al., 2012). While I wasn’t aware of it at the time, mind-body movement, such as yoga, was my initial access to forms of exercise that were not centred around performance and developing an athletic body. It introduced me to the idea that exercise is about more than just our physical appearance and performance outcomes. It includes how exercise makes you feel, and in doing so encourages embodiment, body awareness, relaxation, functionality, body responsiveness, autonomy, and participant experience.

Several years ago, I embarked on a form of mind-body movement known as Pilates. At that time, it was to help rehabilitate a hip injury that was the result of high training volume in my sport of running. Health professionals told me that they could not help resolve my hip pain and dysfunction, so I was left to explore alternative movement practices and philosophies. At first, I found the practice frustrating. I was used to vigorous and challenging exercises that felt productive and powerful. Pilates movements were small and simple. Yet despite my extensive training and fitness, I struggled to complete a significant amount of the beginner repertoire. I persevered and was able to heal a significant amount of pain and dysfunction in my body. But
more than that I was learning to relate to my body in a whole new way.

The mind-body movement has since become a foundational component of my coaching practice. When we support people in their movement journey, I have found it useful to explore and learn about the body using a tried and tested pedagogy, such as the STOTT Pilates Method (www.merrithew.com). I also believe it’s important to offer people an opportunity to be present in their bodies so they can learn to respond to the body’s messages, cues, and needs more effectively. For me adopting a self-compassionate worldview served to reinforce the use of mind-body philosophies in my personal and professional exercise coaching practice. Integrating self-compassion into my coaching philosophy supports an approach to movement and health that fosters a holistic model of care, encourages the client to respond to their body and needs and adopt a self-determined path forward, develops body appreciation, and encourages responding to body challenges with kindness.

Statement of Purpose

As an exercise physiologist and coach, I offer exercise as a means of improved metabolic health and increased well-being. It is my experience that as part of the diet and wellness industry, I am in the challenging position of not colluding with the mainstream messages of health, beauty, and fitness. However, I am also aware that a weight-inclusive and holistic message is counter-cultural, challenges the current weight normative approach and biomedical model, may not be attractive or desirable for all prospects, and requires increased support, encouragement, and innovation to be attainable and successful.

I believe that a simple biomedical model of health often found in exercise prescriptions is insufficient to understand why clients come to see me and what I can offer to help them improve their well-being. While some individuals may have some health issue they want to resolve, typically health cannot be equated with simply the absence of disease. More often I get a sense
that individuals feel that they are not thriving in some way. Sometimes in tangible ways, such as lack of sleep, low energy levels, feeling like they need accountability to adopt desired lifestyle habits like exercising regularly, or eating ‘better’. However, I have determined that upon further investigation there are a myriad of determinants that result in the feeling of needing help to ‘feel better’ and ‘healthier’. Weight concerns are a dominant theme for individuals seeking exercise counselling and prescriptions.

Therefore, my participatory action research study aimed to find ways to emancipate women’s relationship with exercise and their bodies and explore new ways of relating to themselves through movement. It has been my experience that women are very interested in finding alternative ways of relating to the body beyond weight and appearance. We desire other ways of operating, of being and feeling safe in our bodies, and of accepting and trusting our bodies, but the most effective way forward remains unclear.

**Research Question**

How can the integration of self-compassion and self-compassionate practices transform attitudes and behaviour directed towards women’s bodies in the context of exercise?
Chapter 2 - Methods
Transformative Framework

For this research, I required a method that would allow me to recognize and utilize my professional, practical, and lived experiences while also centring the participant in the research experience. The method I used to enact this research question was participatory action research (PAR) due to its’ real-world saliency and strength in responding and adapting to the needs of the participants. PAR naturally positioned this study within a transformative framework that recognizes knowledge is not neutral and reflects the power of social relationships within society; thus, the purpose of knowledge construction is to aid people and improve society (Mertens, 2003). This research was my first step in learning how to support women embarking on or maintaining an exercise practice and who desire to relate to their body and exercise in more positive ways that result in increased wellbeing and satisfaction. Therefore, the participants of this study were women. While women as a gendered group may not be marginalized in the traditional sense, as is typical with transformative frameworks, women are impacted by oppression, suppression, hegemony, and perhaps even alienation when the focus is placed upon their bodies, particularly when the exercising and fitness cultures may represent a hyper-focus on their bodies (Brewer et al, 2004; Kennedy & Markula 2011). Therefore, I anticipated that the women recruited for my research may experience increased personal oppression due to societal beliefs surrounding how people behave, look, and relate to their exercising bodies and the exercise environment, making a transformative framework appropriate.

A transformative framework posits that knowledge is not neutral but reflects structures and dynamics between people, relationships, and social systems (Creswell & Poth, 2017).
Transformative research aims to raise consciousness, give voice, and improve the lives of participants and those impacted by the research. PAR is a type of transformative research that specifically aims to evaluate practices that may advance change. The practices used are employed to collaborate with participants and actively involve them in the process toward their growth (Kowalski et al., 2022). The practices used in this research were varied and were created from the collective inquiry of the participants to inform, generate further questions, and resource the participants with tools for their self-care and self-exploration. Throughout the results section I highlight how the research process itself created collaboration, how devices and knowledge were generated, and the various devices used, as well as the resulting inquiry and discussion.

**Feminist Framework**

Feminist researchers aim to collaborate with women to generate practices that are non-exploitive and challenge current societal beliefs and structures that may oppress or suppress women with the explicit aim of creating social change (Tomm, 1989). The ideology of this research aims to “correct both the invisibility and distortion of female experience in ways relevant to ending women’s unequal social position” (Lather, 1991, p. 121. Lather (1991) calls for a critical inquiry that seeks to generate knowledge through an empowering approach that collaborates with women and acts on the desire for people to gain greater self-understanding and self-determination through research and in their daily lives.

Since women were the participants of this study, a feminist framework was used to incorporate a lens that seeks to understand the unique experience of women, and how their roles in society, culture, sexual identity, and physical identity impact their exercise experience. As the researcher my aim was collaborate with women and support their agency to make choices within the research that are meaningful for them, and from that learn how women understand themselves and their gender as a construction of the self and as relative to others. To align with
the feminist strategy proposed by Stewart (1994) some basic assumptions underlie my research: (a) that women offer a unique perspective that is only relevant to them and that this perspective is worthy of analysis and understanding; (b) as a women researcher I understand that my own beliefs and experiences both drive the research process and the interpretation of the results; (c) the practices used are done so to identify ways to develop women’s agency amid social constraint; (d) the concept of ‘gender’ can be used as an analytical tool; and (e) that gender defines power relationships. To ensure that all ways of observing, knowing, and understanding are respected this research avoided the search for a coherent or unified voice.

The Praxis of the Transformative and Feminist Lens

Overall, transformative and feminist research have similar objectives, which are to emancipate the participant both through and as an outcome of the research and to encourage a researcher position that is collaborative with the participant (Lather, 1986). Similarly, the transformative and feminist research position aims to create environments whereby all voices are heard equally and respected. Yet, while they are similar in intent both offer unique elements that broaden the scope and interpretation of the research findings. More specifically, the transformative lens drove the research process toward explicit outcomes that promote learning and change, while the feminist lens sought to empower women by providing agency and voice through specific values and devices that were embedded into the research process. The PAR research method supported the objectives of transformation, exploration, learning, change, empowerment, discovery, agency, diverse points of view and complexity.

Participatory Action Research

Participatory action research (PAR) is understood as both action and participation (Bradbury & Reason, 2008). The methods used in PAR allow the participant to address self-perceived social injustices and take actions that they believe will result in positive change. PAR
is also participatory in that the researcher and participant are involved in each stage of the research process. In PAR, knowledge is co-generated. Each person involved in the study embarks on a journey to learn about themselves and their interactions with the world (Chesler, 1991). With increased self-knowledge about beliefs and assumptions, and the environment, the researcher and participant can begin to make connections and interpretations of lived experiences that ultimately will inform future beliefs and behaviour (Lewis, 2016). This process is an ongoing evolution that allows us to respond dynamically to the environment and results in practical outcomes for the participant (Kowalski et al., 2022).

A key defining feature of PAR is that it is used to examine social agendas that are influenced both individually and collectively (Kemmis & McTaggart, 2008). As the researcher my social agenda was made explicit from the beginning and throughout the research process through the story and selection of knowledge shared, and my goal was to recruit participants who perceived self-compassion as a potential tool toward change. As a researcher and practitioner, I aimed to investigate the practices of my role as a coach and the experiences of the participants through PAR. I assumed a proactive process with the aim of addressing an existing problem in the exercise environment in a practical and action-oriented way (McNiff, 2017). Although PAR is more typically used in education and organizational change, one can easily argue that a coach is performing the role of an educator and collaborator by transmitting knowledge and helping people develop skills and values, and that PAR is an excellent vehicle through which we can question the quality and results of social practices while also exploring alternative approaches. PAR seemed best suited for this inquiry because it uses strategies of exploration that are attuned to people’s realities and lived experiences (McHugh & Kowalski, 2010). This means that we can begin to question how and why we perform both research and coaching practices and ensure that
they are generated through theory, in service of their intended audiences, and result in positive and tangible outcomes.

A fundamental principle of PAR is the participation of the researcher in the experience of what is being researched (Kemmis & McTaggart, 2008). This positioning is in direct contrast to a positivist approach whereby the researcher is an “expert outsider”. In PAR the priority is given to relationally acquired knowledge from both the researcher and participants with privilege placed upon the participant's contributions (Herr & Anderson, 2005). Despite using a relational approach between researcher and participant, PAR aims to remove power differentials. Removal of power differentials is an essential value of PAR allowing centering of the participant in the research process and allowing the participants to shape and directly benefit from the self-determined outcomes. Examples of this would include the participant acting as co-researcher in developing the research question, the participants driving their own desired objectives and outcomes, and action being conducted by the participant that is oriented to making improvements in practices and settings by the participant themselves (Kemmis et al., 2014). The researcher and participant collaborate in knowledge generation, interpretation of the findings and resulting action (Kemmis & McTaggart, 2008).

While it may be argued that engaging both the researcher as participant and participant as co-researcher significantly reduces the objectivity of the findings, a tenet of PAR is that enmeshing both researcher and participant is more valuable for the participants because it allows for unique contexts and for participants to be empowered by their process of development (Dudgeon et al., 2005; Kemmis et al., 2014). Therefore, subjective reflexive devices are commonly used to determine individual and collective perspectives and how they impact practices, understanding of practices, and conditions of practices (Kemmis & McTaggart, 2008).
A PAR study design can be approached in several ways; however, it has some common defining features. Kemmis and McTaggart (2008) state that PAR research will be performed collaboratively with the participant in a spiral research process. The researcher and participants will begin with a change plan, then act and observe the change process and anticipated consequences, and then reflect on the process and consequences before determining the next action steps. The process is iterative, collaborative, and responsive. It should be noted that this process is rarely as systematic as the spiral implies; but instead often overlaps as initial plans become obsolete due to learning from each experience. The process is fluid, open, and responsive (Kemmis et al., 2014). So, while there is a research plan and a structured curriculum proposed there is also the understanding that plans will change, curricula will be restructured, and ultimately the participants themselves will be the architects of their journey of education, understanding, meaning and exploration.

**Reciprocity**

Reciprocity implies a mutual negotiation of meaning and power. Reciprocity between the researcher and researched has been found to create favourable research conditions and rich data generation (Wax, 1952). This understanding reinforced my attempts to not only go beyond the role of researcher but also transcend my role as the practitioner and become warm, open, and fully immersed in the research experience. I attempted to do this by sharing my own stories and relevant experiences alongside the participants. This self-disclosure followed the format described by Oakley (1981), which emphasized a collaborative, dialogic approach that seeks to gain greater mutual understanding. I attempted to come “alongside” the participants and highlight how our stories and experiences are similar despite our different backgrounds and knowledge. Also importantly, reciprocity was used throughout the study design to ensure the progression of the research was in response to the desired action generated by the participants,
meaning that any ideas presented for workshops were identified, supported, normalized, further
developed, and cross-referenced with the whole group to determine their collective value.

Another device I used to create a culture of co-creation, to further embed trust between
group members and encourage the creation of safe space both for the participant individually and
for the group as a collective, was a co-generated cultural agreement. The cultural agreement was
made up of confidentiality agreements, group codes of conduct, generation of communication
guidelines (e.g., “no advice giving”), and discussion of how we intended to interact with each
other “out in the world” if we crossed paths outside of the research process.

I generated the content for the first workshop primarily to set the tone for the meetings, to
solicit feedback about how to create our co-researcher culture, and to help each participant center
themselves as part of the research and the research process. I also wanted to provide them with
an opportunity to determine their ability to influence where the research travelled and what they
could spend time considering and discussing. While it is essential to the trust building process
that participants' voices be heard and the researcher only provides knowledge when it is actively
solicited, it has also been recognized that too much silencing can be perceived as the researcher
maintaining an objective stance like that of an outside observer rather than an active co-
participant (Frisby et al., 2005). Therefore, I also used this first workshop to disclose more
personal and intimate details about my motives for performing the research, such as the ones I
shared to start my thesis, and attempted to seek appropriate opportunities for reciprocity to create
shared experiences that normalize, empathize, and develop resonance in the communication
within the group (for further information about the content of the first workshop see appendix
A2).

One of the objectives of the study was to empower and provide agency to women to enact
change within their own lives which is an outcome particularly relevant to PAR (Dudgeon et al.,
Developing a power “with” dynamic rather than power “over” dynamic between the researcher and the participants has been demonstrated to be essential to the success of PAR and achieving the desired outcomes (Ponic et al., 2010). Power “with” dynamics was established through inquiring about and acknowledging the knowledge of the participant, using reflective questioning to generate collective knowledge, removing the prescriptive nature of coaching, and asking participants to answer their questions before offering “expert” knowledge. These practices were continually evaluated and evolved organically over time as it seemed necessary.

Establishing Trust

A key component and necessary consideration to the integrity and success of PAR research, especially feminist PAR research, is establishing an environment of trust both between the researcher and participants, as well as between participants (Frisby et al., 2005). As such it is suggested that it be included as a critical phase built into the research process. Key practices to explicitly support the development of trust are recommended (Cancian, 1992).

Trust is a value and relational quality that is established over time and with experience (Frisby et al., 2009). Trust building was a thoughtful component of every interaction and was also constantly evaluated at every group exposure. Devices used to encourage trust were ensuring that all voices could be heard, encouraging participants to use their web cameras to control their participation in the group session (e.g., cameras off meant members preferred to listen versus speak), and encouraging participants to attend as best they could with a sincere understanding that were all doing the best we can to attend and participate. Another aspect of building trust as identified by Frisby et al. (2005) is to create an environment that values diverse perspectives. This was attempted by actively valuing the unique perspectives and experiences of the participants that were shared through various methods, such as focus group discussion, private conversation, and emails. It was the case that some voices were heard and expressed
more than others. If this was the case new interview and discussion tools were employed to encourage sharing from all members more equally. Such as allowing for silence, encouraging more participants to provide their point of view or feedback, and explicitly asking for input that may be different from what had been previously shared as well as feedback that reinforced and validated what was shared.

Other devices used to build trust began from the first online meeting and throughout the research. The engagement process included a brief recruitment conversation between the researcher and prospective participant to allow them to meet and establish an initial rapport, ensure the prospective participant understood the commitment, and ensure the participant was comfortable with their knowledge of the technology required to participate. After recruitment, the participant completed an initial interview with the researcher, which allowed for an organic exploration of the participant's motives for participation, and their comfort with discussing intimate details about their relationship with their body and exercise, both past and present. An initial understanding and desire to learn more about self-compassion was established. Finally, to generate mutuality and relatability I provided my motives for focusing on the research topic, a brief personal and professional history, and sincere appreciation for their willingness to participate.

After the initial interview the next meeting was the first of three, three-hour workshops spread one month apart. After each workshop, a one-hour group discussion was scheduled and performed.

Critical Reflections for PAR

“Compassion is not a relationship between the healer and the wounded. It’s a relationship between equals. Only when we know our darkness well can we be present with the darkness of others. Compassion becomes real when we recognize our shared

For my research to represent PAR and truly allow the participants to direct their journey I employed specific strategies throughout the research process. Firstly, as the researcher, I resisted the urge to center myself as the problem-solver. It is typical within health care and in my role as a coach to assume an authoritarian role, act as the knowledge holder, and provide prescriptive care. Instead, the aim was to be curious about the participant's experiences and perspective and seek to understand it fully, to inquire about how they engaged with the workshop and resources, particularly related to self-compassion, and to inquire and understand their relationship with their body and exercise. While I used the proposed curricula to generate topics for introspection and dialogue, the group decided which topics they wanted to explore, and proposed questions for further inquiry. Then collectively we determine how we would resolve issues that arose collaboratively (see Appendix A1). As a knowledge holder I was able to provide knowledge, skills, and resources when explicitly requested or when I thought it might be helpful. I also sought to offer support in cases whereby the group appeared unable to gain insight through their own devices and given time. I utilized an observation and journaling process after every group session, which allowed me to consider ways that I was both successful and unsuccessful in these aims and over time develop skills of questioning, restating, and allowing for silence. The ethos of researcher conduct can be felt in this quote attributed to Palmer Parker:

“—— To witness, hear, and see another human is powerful! The human soul doesn’t want to be advised fixed or saved. It simply wants to be witnessed — to be seen, heard, and companioned exactly as it is. When we make that kind of deep bow to the soul of a suffering person, our respect reinforces the soul’s healing resources, the only resources that can help the sufferer make it through.” (www.awaken.org)
There was also a record of decisions made by the group, including my and the participants’ thoughts, feelings, and impressions, that promoted further reflection and understanding of the decisions made. When decisions needed to be made by the researcher the “primary rule” of action research was followed, which is to be aware of the choices one is making and reflect upon their consequences (Reason & Bradbury, 2001). I also knew that colleagues and peers could be consulted when needed as part of the decision-making process to ensure multiple perspectives are considered. I met with my supervisor on a few occasions to elicit his ideas about how best to operationalize a PAR methodology and to ensure I was asking questions that aligned with PAR.

**Symbiosis of Compassion and PAR**

There is a natural relationship that exists between compassion-based research and the PAR method that is worthy of recognition because it informs the methodological process and the interpretation of what is considered transformative change. Compassion can promote inclusivity within the group by creating space for powerlessness and suffering (Gilbert, 2009). Compassion can help us to see and interpret the structural mechanisms that influence our suffering and vulnerability thereby relieving the participant of any self-blame associated with their own suffering. Within PAR there is a notion that the actions that are generated are positive. Acknowledging compassion within the PAR process allows us to also recognize that pain and suffering can also be a part of the PAR process and that when it is seen, heard, and acknowledged it too can be a source of generative knowledge. While the desired intent of PAR is fostering action and change, sometimes change is outside of our control due to social and structural influences. Compassion helps to balance this imperative by allowing us to acknowledge that change is not always possible, and that this reality is worthy of care both toward ourselves and others (Dujis et al., 2019).
The PAR process is inherently relational, and researchers have a responsibility to care for their participants. This also involves attending to emotions, both positive and negative. By involving self-compassion in the research, participants are cared for and encouraged to care for themselves. For instance, participants voiced challenges related to dissatisfaction with their bodies particularly related to aging. Yet when reframed from the perspective of what they would say to a good friend having similar thoughts and feelings it became apparent how difficult self-criticism can be. How self-criticism can make challenges appear being than they are and how we can be so much more critical of ourselves than anyone else. Which although a painful realization, also makes one aware of how we can create our suffering. With this recognition, participants wanted to understand more about the nature of the mind, know how to work with self-criticism and offered each other validation by acknowledging how difficult self-criticism can be. The result can facilitate ethical care and may be crucial in attaining epistemic justice. Epistemic justice refers to the situations whereby the person who has been wronged can have their story and truth acknowledged, a counterpart to silencing, which is an unethical exhortation of power (Dujis et al., 2019).

**Strategies Used to Foster PAR**

To ensure that the PAR process was intimately woven into the research practices two specific dialogic and relational techniques were employed with varying and sometimes unmeasurable outcomes. Those practices were (a) appreciative inquiry (AI) and (b) motivational interviewing (MI).

**Structuring the Appreciative Inquiry (AI) Process**

AI is a co-creative dialogic, collaborative, transformative, and change process-oriented method often used in organizational change environments (Hammond, 2013). This process relies heavily on being co-creative and encouraging participants to co-create a way forward for
themselves that unfolds from their stories of strength and resourcefulness and to contextualize their aspirations for the future. It is a particularly effective process when problems are cultural and deeply ingrained, when the way forward is unclear and needs to be created and re-negotiated, and when it is desirable and motivating to inject hope and positivity into the current challenge (Ludema & Fry, 2008).

A key task in AI is to identify and leverage strengths and successes that are grounded in real experience and history (Hammond, 2013). This inquiry process involves recalling motivating moments of success, which are then used as a template and a source of positive energy toward planning and executing change. AI is a dynamic process that is iterative and repeated over time to enhance learning and successful outcomes at increasingly higher levels. The inquiry process is often operationalized using the 4-D model. The 4 D’s stand for discovery, dream, design, and destiny (Ludema & Fry, 2008).

Discovery involves highlighting and exploring ‘the best of what is.’ The discovery process entailed questions and written practice of generating experiences when participants felt at home in their bodies and sharing times they felt or behaved confident in their bodies either currently or in the past. After the discovery phase participants entered the dream phase. The dream phase assumes that after identifying what is working or has worked well in the past the mind naturally drifts to searching beyond this; to how feeling at home, safe, confident, accepting about the body, and feeling and treating the body well could be better, or could feel better. The dream phase allows the participant to start to consider: “If things could be better, can you envision what better means for you?” and “What are the deepest held hopes and aspirations one may have when given the time to lean into this inquiry?”.

Motivational Interviewing (MI)
Motivational interviewing (MI) was a communication style that I attempted to use throughout the research process because it aligns with a PAR approach, is participant-centred, promotes the participant as the agent of change, and recognizes that change is based upon the participants values and interests (Lundahl et al., 2010). MI is centred around collaborative dialogue that is created with the hope of strengthening a person’s motivation and commitment to change. MI is a communication style that is guiding rather than directing; it aims to unearth and recognize internal influences that may generate change behaviour. (Miller & Rollnick, 2013).

To ensure that an MI practice is experienced with the correct intention, it is guided by four interrelated elements: (a) partnership, (b) acceptance (absolute worth, autonomy, affirmation, accurate empathy), (c) compassion, and (d) evocation. Partnership refers to the collaborative nature of MI so that MI is performed “for” and “with” a person. This element is in directly aligned with the nature of feminist theory and PAR. Acceptance refers to respect and trust in the participant and the participants reality, and an attitude of non-judgement (absolute worth). It also includes an intention to understand the other's internal perspective (accurate empathy), respecting the right to self-determination (autonomy), and the acknowledging the strength and resources of the other (affirmation). The element of compassion means that action is taken to promote the other’s needs. Finally, evocation is a foundational perspective that implicitly states that no one needs to be fixed by another; instead, it is a strengths-based premise that people already have much of what is needed to grow, heal, and flourish (Miller & Rollnick, 2013).

MI is comprised of four overlapping processes, including engaging, focusing, evoking, and planning. This sequence of processes allows the researcher-participant dynamic to be established before exploring the participant’s agenda through appreciative inquiry, which naturally overlaps with other MI processes (focusing, evoking, and planning). The process of
engaging is naturally PAR since it encourages collaboration, developing a mutually beneficial relationship, and centring the participant in the development of the research questions (Kowalski et al., 2022). Elements of motivational interviewing are woven throughout the research process, with emphasis placed upon strategies that naturally blended with a PAR approach (i.e., asking the participant to generate their solutions to perceived challenges). A description of the MI strategies that I used is woven throughout the results section.

**Participants**

Heron and Reason (2006) suggest that action research groups composed of 6-12 people are most effective. The recruitment material, which highlighted inclusion criteria, resulted in twenty-five possible participant candidates of which ten people were able to commit to the study. These ten individuals were persons who identified as women aged between 45 to 60 years old and resided in Saskatoon or the surrounding area.

The participants were individuals who (a) identified as regular exercisers or intended to exercise regularly, (b) were interested in exploring a positive way of relating to the body through exercise, (c) were interested in learning about self-compassion, and (d) who identified as women aged 35-65 living in the Saskatoon area. Recruitment language explicitly asked for participants who were seeking support for their exercise goals, were attracted to receive exercise and coaching support that incorporated self-compassion and were open to exploring self-compassionate approaches to relating to their body and exercise. Due to the unique and exploratory nature of this study, it was imperative to disclose the specific nature of the research to the participants prior to recruitment.

**Ethical Considerations**

Applying PAR in a way that considers and acknowledges the vulnerability and precariousness of social and environmental experiences requires thoughtfulness, education, and
deliberate action. PAR processes are messy, complex, and relational; therefore, PAR researchers have a responsibility to take care of their participants (Groot et al., 2018). These ideas are particularly salient for PAR in situations whereby social change and action are the goal, but not always possible, which can lead to more suffering and powerlessness. Understanding this before embarking on this research there needed to be careful thought surrounding the ethical considerations involved. Reflecting on ethical concerns is often used to protect the participant. However, for this PAR study, a more proactive approach was used that also aimed to create an environment that supports relational depth, collaboration, and psychological safety. These environmental concerns are considered to benefit and support participants’ emotional experiences, and to enhance outcomes by providing greater depth and insights that are more likely to induce transformative change for the individual participants. To strengthen and support my ability to create this type of environment and experience for the participant I participated in specific trainings and personal practices that were considerate of these aims.

To ensure my ability to practice, explore, understand, and educate others in self-compassion, body shame, and HAES teachings and practices I engaged in two primary immersive experiences before participant recruitment. Firstly, I participated in a one-year mentorship in Body Trust by BeNourished. This process involved a 5-day in-person workshop in Portland, Oregon followed by a year-long online education program, a bi-monthly online video mentorship process, multiple assignments, and supervised case studies. Body Trust is a trademarked philosophy created by BeNourished that aims to revise what it means to care for the body, offering an alternative to the conventional paradigm of food, body image, and weight concerns in our culture (www.benourished.com). It encourages fierce body compassion. It is a process heavily informed and influenced by HAES, social justice, intersectional feminism, intuitive eating, shame resilience theory, motivational interviewing, self-compassion theory,
relational cultural theory, mindfulness-based approaches, and post-modern therapeutic thought. By engaging in this program, I hoped to be exposed to new perspectives and ways of relating to the body, gain knowledge and understanding of theory and applied practice, be challenged by various body stories and experiences, to broaden my understanding of how various approaches can be integrated, and most importantly to perform the difficult work of exploring my own body stories and experiences through a different lens and as part of a group environment.

The second immersion experience was my participation in a 5-day mindful self-compassion (MSC) retreat, followed by an 8-month regular mindfulness and self-compassion practice, another 5-day silent mindfulness in nature retreat, and finally a 7-day mindful self-compassion teacher training workshop. The aim of the initial MSC experience was personal. I wanted to develop my understanding and practice of self-compassion. The silent retreat was a vehicle through which one can demonstrate the emotional stability required to teach a mindful self-compassion program to others. By attending the MSC teacher training I intended to amply equip myself before offering self-compassion training to others safely and effectively.

Throughout the study, participants may have been performing a self-directed exercise regimen. As the exercise coach I was deliberate to ensure that I was acting within my scope of practice and maintaining professional membership and liability insurance through the Canadian Society for Exercise Physiology (https://csep.ca). I also asked participants to sign a liability waiver as part of the consent process. Participants also completed a ‘Physical Activity Questionnaire’ which acted as a medical clearance to perform exercise and is a required component of professional practice. While I explicitly offered to support individuals toward their exercise goals in any capacity that they deemed helpful, only one participant solicited my help. This participant accessed some training videos that I uploaded to YouTube that supported her goal of incorporating strength into her regular run training.
The final preparation for this research was my participation in an online MI counselling workshop. This consisted of two 6-hour sessions whereby I learned more about using MI in a coaching environment and began practicing and applying this communication style.

Since participants were exposed to conversations that included topics such as exercise identity, body image, and body acceptance, and exploring themselves throughout the journaling process, it was determined advisable to have psychological counsel made available to participants if needed. Participants were reminded throughout the study that their participation was voluntary, and that they could discontinue at any time and for any reason. A practice of re-establishing verbal consent throughout the process was also employed. Participants were also reminded that the research was not to place an additional unfair burden on their resources and that attendance, while helpful, was not mandatory. Hence, they were encouraged to attend what felt good and meaningful for them.

Finally, written informed consent was administered and performed by each participant during the recruitment process and before participation (Appendix B2).

**Data Generation**

This study was executed during the COVID-19 pandemic. As a result, the data generation phase was altered to accommodate the federally and provincially mandated restrictions of social distancing and small group gatherings. At the start of data generation, small groups of individuals outside of a family bubble were not permitted. Therefore, the participants and I connected via online meetings through Zoom’s software application as it was deemed easy to use and secure.

Data was generated over 12 weeks. Before the 12-week process participants engaged in a semi-structured private one-on-one online interview. This interview followed a similar format to an initial consultation that would be performed, with a few additional considerations, at the
beginning of any coaching relationship. The goal was to have the interview mimic and facilitate future experiences by creating a relaxed, open, and organic conversation that allowed the participant to share personal stories or ask specific questions about the nature of the study that might not typically be associated with an exercise environment. The format of this initial interview aimed to develop a relationship with the participant that is based upon equity rather than a typical coach-participant dynamic in which the coach has already assumed a role that infers a power dynamic (see Appendix A1 for the initial consultation guide).

Over the following 12 weeks participants met as a group for 3-three-hour online workshops, with approximately one workshop per month. Each workshop consisted of a welcome and review segment, presentation based upon feedback, group discussion, meditation, and written exercise following the Mindful Self-Compassion Training. It concluded with a general group evaluation of their workshop experience. Throughout the workshops, my role was to guide the participant through each process to solicit their experiences, knowledge, and understanding of each component of the workshop. It should be mentioned that all these workshops were offered for free, and participants were encouraged to attend, but full attendance was not mandatory and not always possible for all participants (see Figure 1 for a visual outline of the participant journey).
Mindful Self-Compassion Training

The format for self-compassion learning and practice was informed by the Mindful Self-compassion program developed by Kristin Neff and Chris Germer, with contributions from the global family of mindful self-compassion teachers and teacher trainers (Neff & Germer, 2019).
The mindful self-compassion teacher trainer guide was used to ensure that self-compassion was introduced in a way that was pedagogical, hierarchal, and did not cause harm to the participants. Participants were provided with self-compassion resources that were incorporated into each learning session and made available for use between sessions. These resources included written exercises and meditations provided by leading self-compassion researcher Kristin Neff via her website www.self-compassion.org. Exercises included ‘How would you treat a friend?’, self-compassion break, exploring self-compassion through writing, compassionate friend meditation, affectionate breathing meditation, and Loving-Kindness Meditation.

Some studies have taken self-compassion and measured it to determine mechanisms that predict increasing self-compassion. Although the benefits of self-compassion have been substantiated, we remain less sure how self-compassion works. Similarly, we are still learning how best to apply self-compassion which tools help everyone understands and integrate the concept of Self-compassion into their lives and which tools are more applicable to specific contexts. Several tools and practices have been designed by Kristin Neff and Chris Germer to speak specifically to nuanced approaches to learning and contextualization. The tools and practices include but are not limited to writing prompts, reflections, workbook exercises, reflective visualizations, knowledge building, self-talk, meditation, soothing touch, compassionate listening, and finally several forms of meditation. An example of an informal written exercise and one commonly used in the introduction to Self-Compassion is speaking to yourself as you would a loving friend, thereby developing the internal dialogue of self-kindness. Perhaps the most potent and therefore primary tool used to develop Self-compassion is meditation. Meditation is newer to the scientific literature, but it is believed to benefit our physiology, and more specifically the prefrontal cortex associated with emotional regulation and decision-making (Gilbert, 2009). Meditation has been shown to enhance awareness, which may
in turn help us recognize critical self-talk on more occasions and with less attachment to their meaning or relationship to reality (Gilbert, 2004). Since we are not entirely sure what teachings or practices yield specific benefits, I aimed to use a variety of different learning and teaching devices and applied practices.

**Study Design**

Monthly Overview (Weeks 1-4)

The initial workshop commenced with the introduction of myself as the researcher, my background, the research area, and my interest in the subject matter. The purpose of the workshop and the logistics of the session were outlined, and specific devices used to initiate trust and safety within the group were established (e.g., co-creation of the group culture as previously described). Each member of the group was solicited to share a bit about themselves. This consisted of general background information, exercise history, past and current relationships with the body, past and current relationships with exercise, and reasons for their interest in the study. Once the group appeared settled, the presentation section began, which included scientific evidence to support the research area, such as the relationship between self-compassion and body image and exercise. The Mindful Self-Compassion training guide was then used to introduce self-compassion as a worldview or inner resource. The group then practiced the exercise “How Would You Treat a Friend” (Germer & Neff, 2019). This exercise is often used to gain an initial understanding of why self-compassion is an important resource to cultivate and to provide a felt experience of the tool. The group was asked to share their experiences in small break-out rooms, and then provide an opportunity to share with the whole group. After a brief break we then moved on to the AI informed exercise. The introduction to AI process included a brief presentation and introduction into the inquiry process followed by several questions that participants were asked to answer as a personal written practice. Participants were then assigned
to groups and asked to share their responses and generate primary themes via a brainstorming process. Participants returned to the main group having elected a leader to share the feedback with the group. As a final task, participants were asked to use their exploration to determine what might be helpful for moving forward when thinking about movement and body-based practices.

The workshop concluded with a focus group that was used to evaluate the experience of the day, and to provide participants an opportunity to share their experience and how they believe it might inform them moving forward in the research and their daily lives. We established some plans for exercise and/or self-compassion over the next two weeks and discussed plans for our next workshop group session (See appendix A2 for workshop one outline).

In addition to the monthly workshop, I met with participants for an additional online session each month to continue the exploration and relationship-building experience. Each session began with a brief self-compassion practice followed by a focus group semi-structured interview. This session lasted approximately 60-90 minutes. The session concluded by offering the participants an opportunity to reflect on how they have been relating to self, body, and exercise over the past few weeks and to share any plans they have for the future before meeting again. (See appendix A3 for the group interview guide). We also planned the format of the next workshop session. After the focus group, I recorded observations about the session in my journal.

Monthly Overview (Weeks 4-8)

Weeks four through eight consisted of another three-hour workshop and a one-hour group discussion two weeks after the second workshop. The content used in the second workshop was generated by the group discussion that occurred in the previous group meeting, a research process that aligns with PAR methods. Based upon that discussion the group wanted to explore
more deeply the nature of their thoughts and potential sources of negative thoughts and feelings towards their bodies, since these were described as most difficult to overcome, made participants feel uncertain about their decisions and behaviour, and generally felt harmful to one’s overall wellbeing. The content of the second workshop and the resulting discussions are described in more detail in the results section.

**Monthly Overview (Weeks 9-12)**

Weeks nine through twelve consisted of the final three-hour workshop and final group discussion occurring two weeks after the workshop, similar to the previous research cycles. The content for the third workshop was generated from the previous group discussion. Based upon these discussions the group wanted to explore more deeply their body story and ways to have more positive thoughts and feelings about their bodies and exercise. The content for the third workshop, the resulting final group discussion, and the final summary of experiences are described in more detail in the results section.

**Data Analysis**

After each interview, audio recordings were transcribed verbatim. The transcribing techniques suggested by Hesse-Biber and Leavy (2004) were followed to ensure quality and accuracy. After transcription, a thematic analysis of the transcripts was performed. Throughout the research process data was uploaded to NVivo computer software that assisted in qualitative data analysis. The primary use of NVivo was to manage the data that was being produced over the three-month duration of the study and to facilitate memoing throughout the data collection process.

Themes resulted from inputting data into NVivo in sections as created by the research process (initial interviews, workshops 1-3, and group discussions 1-3), beginning with the initial interview. Each initial interview transcript was coded and reviewed collectively to generate an
initial theme. This theme describes the collective experience of the participants entering the research process. After the initial interview, the theme generation aims to share a story of how the group evolved throughout the research process. Therefore, the subsequent three themes are the result of a combination of each subsequent monthly workshop and post-workshop group discussion (e.g. workshop one and group discussion one were coded individually but then reviewed as a group). The data for theme generation is the result of inquiry and discussion that occurred within the workshops (although the content of the workshop was not included just the discussion that emerged in response to the workshop content) and within the monthly group discussions. This data was then coded. Many codes were generated and then integrated to offer a global sense of what resulted from each month of the research.

The process by which the many codes were integrated into a single theme occurred using a few key processes. Firstly, I would re-read the data for a particular chronological section. I would then review the codes I created. Then I created a document that held the key direct quotes from the data that either embodied a code, occurred repeatedly, or represented codes condensed codes into a single experience or expression. After re-reading the data a few times I required a few hours away from the data while my mind could marinade in what I had read. I would find myself reliving my experiences with the participants through my memory, looking for a felt sense that was conveyed or an underlying meaning that was implicitly revealed, and then returning to the raw data for confirmation. I would also find myself recalling moments of collective resonance that conveyed how the group was either empathizing, offering compassion, or what felt like mutual empathy (touching their pain to be touched by another's pain). These emotional and powerful shared experiences held a lot of weight in the data analysis, and I aimed to ensure that these experiences were included often by direct quotes and quotes that were more influential in the generation of the overall theme for that section. Suffice it to say that the data
analysis conveys a significant amount of my own lens, yet I also hope I honoured not just what participants shared but the emotional cost with which it was shared. Each theme aims to provide a summary of the codes developed, encompassing key quotes, and provide a felt sense of the overall experience. Primarily, I wrote about the themes in a way intended to immerse the reader into the experience of the participants filtered through my lens as the primary researcher.

Chapter III - Results
**Theme Generation**

Following PAR-informed methods, the entire research process emerged organically and was informed by the initial interview questions, the research question, and an exploration of self-compassion. The questions generated by the participants after each session served as the inspiration for future learning and inquiry. As information was shared throughout the research process, new inquiries and questions emerged. These questions became the compass for new inquiry and knowledge building. This style of workshop development occurred naturally from following the PAR methodology of allowing the participants to share what they wanted to learn, understand, and explore both personally and collectively. Since each session was a process of layering and integrating information and experience, and applying that through time and lived experience, participants seemed to develop deeper insight and understanding as the research unfolded. Given access to new knowledge, combined with the desire for change, participants began to speak about their intentions to use their new understanding and perspectives moving forward. This process of reflection, inquiry, knowledge building, and action unfolded over time and unfolded as a natural evolution generated by the PAR process. Therefore, I made the intentional decision to share the themes chronologically generated in my research, as I thought it most authentically reflected the research process and findings.

I engaged with the data similarly to the outline provided by qualitative researchers Braun and Clarke (2006). Since I had completed the analysis process after the completion of the study, I read and re-read the entire data set to familiarize myself with what was said and what occurred. I then began coding each data set in chronological phases. For example, I would code the initial interviews of the participants. After coding the entire data set similarly, I then searched for patterns and possible themes. At this point, I met with my supervisor to discuss these patterns and themes to determine their plausibility and appropriateness. My supervisor and I collaborated
on naming and defining the themes; I then returned to the data to ensure accuracy and cohesion of the theme within the data set and adjusted where appropriate. Finally, the themes were used to convey the content of the data in the reporting and the findings therein.

Central motives for the women who chose to participate in this study are (a) the complexity of cultural narratives around women's bodies throughout various stages of life and life transitions, (b) the awareness that while exercise has been a healthy and helpful component of self-care (especially mental health), there remain challenges to one's psychological safety and mental health when one is unable to pursue exercise due to life circumstances, injury, or motivation, and (c) questioning around motives to exercise to feel "ok" with oneself and sense of worth, which created tension for the participants. The tension arose from mixed and complex ideas of internal versus external motivation, the ability to adapt due to wants and exercise enjoyment, fear of change and changing bodies, and fear of self-criticism. Overall, there was a desire to have fewer negative thoughts about one's body and to be kinder toward oneself. The themes are to provide the overall sense of the participants' experience filtered through the primary researcher's lens. There was a sense of wanting to understand oneself and to support oneself in positive ways through exercise while rejecting ideas that feel harmful, but not knowing how to do that. Each participant identified with the idea of how being kinder to oneself would allow them to navigate change as it emerges and support them toward a new intention around caring for their bodies.

**Theme 1: I am who I am**

Upon entry into the study, participants attended an online private initial interview. The main intention of the interview was to review the logistical aspects of the study and to educate the participants about the commitment and depth of the inquiry process to ascertain their level of comfort with sharing about the subject matter. It was important to understand why each
participant registered so that I could determine their eligibility, comfort level with discussing their relationship with their body and exercise habits, and most importantly psychological and emotional safety. Motives for participation varied significantly from an interest in learning more about self-compassion, a desire to reflect and inquire inwardly about exercise choices, to explore exercise through a life transition or aging, and wanting to act upon a personal “pay it forward” ethos about supporting research endeavours. While the motives for participation were disparate, this did not hinder the participants' connection with the interview questions. Each participant could easily answer questions about exercise habits, exercise history, how their relationship with their body was interwoven into their exercise habits, and their current ambivalence of the best course of action for their lifestyle moving forward. Each participant expressed a belief that being more self-compassionate around the body and exercise might be the tool that could help them in this area.

Each participant spoke about their challenges with exercise in the recent past. Regardless of the actual activity, participants expressed common themes of, “not doing enough,” “difficulty disconnecting weight from health and fitness,” “adapting to bodily aging and hormonal change,” and “weight gain beliefs associated with the amount of exercise.” Overall, there was a sense of navigating exercise through the lens of responding to social norms, bodies, and cultural narratives about health and fitness, and having to live up to a set of family or internalized cultural standards. I also heard discussions about how meaningless it felt to live according to external exercise standards. Yet I also heard the idea of not conforming to internalized exercise standards was unacceptable. For example, Blanche illustrated how a sense of, “doing enough” is often based upon social comparison and performance outcomes. She said, "Like maybe I'm not doing enough exercise good enough because I'm not as skinny as that person or as fast as that person or as high as that person." This illustrates the internal conflict that can occur in exercise when one is
attempting to care for oneself, yet exercise culture can confront and challenge psychological safety.

Conforming to internalized cultural standards about body size and exercise was recognized as undesirable for psychological and emotional reasons. One participant, Maddy, expressed that she avoids exercise because of fear of harm related to knee surgery. While she recognized that walking was safe (i.e. low risk of injury), Maddy felt it was not enough and therefore avoided doing anything. Participants expressed feeling bad, guilty, or uncomfortable if they did not exercise, which I and the participants interpreted as resulting, in part, from not conforming with held beliefs about exercise. Yet at the same time, it was also interpreted as the result of not performing the actions that allow one to feel better physically and mentally. Performing exercise to alleviate guilt or uncomfortable feelings were quite common among the group yet only one participant, Cha Cha, had explored these feelings beyond encouraging oneself to exercise to alleviate them. Cha-Cha explored these feelings by applying self-acceptance. Cha-Cha described how her practice of self-acceptance was significantly more challenging when applied to exercise especially when there have been experiences of body shame from a close relationship combined with the body changes commonly associated with aging, “I’ve been striving towards self-acceptance and that is impacted by my exercise and, like when I had this episode last week, where I was feeling bad about my body. How I was gaining five pounds and I could recognize it was a cultural influence. But then relationships, like my fiancé made some comments in the past and it was like. I challenged him on that you know, like you are right it is so complicated, even though I would be considered a size that would be average, like thin. I would still have that because it's a change as we get older. But yet I knew it wasn't a healthy way of thinking.”
A few participants shared that they experience a difficult relationship with exercise. Typically, they feel that exercise was not enjoyable or that what they enjoyed doing was not good enough to change their body, and therefore not worthwhile. About half of the participants expressed feeling like they had failed because they perceived that they had either not continued doing a specific form of exercise, that their body did not change, or that they did not perform the exercise to a socially acceptable standard or ability. A couple of participants recognized that they had past experiences of feeling shamed during an exercise experience that tainted their ability to pursue other forms of movement for fear of failure or another negative outcome. Other negative outcomes could be exercise being too hard, not fitting in, not living up to the socially expected standards of ability, or sustainability. A few participants expressed the challenge of not being able to pursue exercise that previously had been enjoyable due to lack of access associated with aging and time constraints (such as ballet, or other forms of dance, and caregiving responsibilities).

Motives to exercise were a complex web of both achievement of positive outcomes and mitigation of negative outcomes. Over half the participants expressed that exercise was not about enjoyment so much as going through the motions of what they believed they needed to do for good health and weight. Negative motives to perform exercise included fear of change, fear of criticism, health concerns about aging, quality of life concerns associated with aging, and age-based appearance concerns. While caring for the body was a part of the participants’ health narrative, the methods used to care for the body were an interwoven web of what felt good and what was deemed necessary to achieve desired outcomes (e.g., prevent a known family history of chronic disease.) A couple of participants were able to modify their exercise practice over time to entail aspects of fitness that aligned with their intention of wanting a superior quality of life in the future, applying self-acceptance to their body-based practices, and wanting to support
themselves in positive ways rather than being driven by fear. This desire for motives that felt more generative and empowering sprang from the idea of being kinder towards oneself. However, even when the approach to exercise was aligned with more positive motives there remained a continual struggle to overcome fear-based thoughts and feelings. In the quote below, Marty shared how she encouraged herself to focus on body function and quality of life, which are perceived by her as good outcomes to focus on. Yet she still had to overcome internalized body appearance beliefs.

...but I think that things like that have helped. I have also started with my fitness routine. It is more focused on things like that that would affect my quality of life, things like balance, flexibility, and strength, more so than weight loss or body shape. And those are all good outcomes of fitness habits, but I still have voices in my head.

Each participant recognized how being kinder to themselves would serve them in so many ways and was something that felt attainable and could be powerful. It was accepted by all the participants as an accessible and common-sense approach. Participants were enthusiastic to learn how a self-compassionate approach to caring for themselves would influence body-based beliefs about the self and how these beliefs would positively impact the motives to exercise. Interestingly for some, this meant that the prescription for exercise needed evaluating. While intense and challenging exercise felt empowering in the past, it now felt punishing to sustain. It was unclear if the exercise itself needed to change or simply the rigid belief that one had to exercise in this way for it to be worthwhile. For others, the idea of being kinder toward the body would mean that one would have greater access to pursue exercise for the enjoyment of the process rather than outcomes. Participants expressed how being kinder towards themselves might help alleviate the discomfort one feels as one's body changes shape and size, rather than feel that they have not been doing enough exercise or exercising long enough or intense enough to
prevent body change. Could being kinder alleviate the negative inner voice that would chastise one’s ability to control the body? Being kinder might help create flexibility around rigid exercise practices and allow one to re-evaluate their motives. Being kinder to yourself was recognized by the group as an essential element of health and well-being, which when applied, allows one to more easily recognize the practices that have been helping them cope and keeping them feeling safe in their body and acceptable in the culture in ways that may no longer be serving them. They may be causing harm. Overall, the sense that exercise can be punishing and motivated by a need to feel more acceptable alongside the desire to be kinder to oneself and explore how this would influence one’s exercise habits is expressed by Betty, "(...)it doesn't need to be like this. You do not need to be so mean to yourself, I guess. And so, I just, that's what kind of piqued my interest was that idea of like, can you exercise and then, but also do it in a way that your kind to yourself."

Self-compassion, and therein self-kindness, may be a protective factor against the uncertainty of change, the fear of body change, and the ability to accept that you are suffering in some way. Self-compassion, or the decision to entertain self-compassion even at the most rudimentary level, creates a space to inquire inwardly. Am I OK? Or does something need to change? Am I acting for myself in a way that is truly kind towards myself? And if not, do I have the courage to change?

Theme II: "What Matters"

After a brief exploration of self-compassion, the idea of treating yourself as you would a beloved friend, participants were given a range of resource materials and encouraged to explore what seemed interesting, resonating, and accessible to them. In our next meeting, a fervent desire emerged to view the body and exercise through the lens of what mattered. What mattered was
listening and caring for oneself, encouraging others to support themselves in overcoming negative body talk, and recognizing how we could turn that inward, and how helpful that would be. The desire to encourage friends and children to view their bodies through the lens of what matters, relating to ourselves well, acting in the world, and enjoying our lives. Participants recognized the desire to pursue only what they enjoyed and be okay with that. To experience more positive emotions through exercise, such as acceptance, joy, and belonging.

The next steps in the inquiry process evolved after a 3-hour workshop in which I shared my personal history with mental illness around body image and how that history informed a series of life events that eventually resulted in the current research. I shared how my pursuit of academics in Kinesiology and participation in varsity athletics encouraged the body agency that, for me, I believe was fundamental to my healing journey. More specifically, I shared that it is difficult to pursue performance without respecting the body enough to care for and treat the body well. Therefore, exercise and sport were protective factors against regression in my illness and/or relapse. After completing my undergraduate education, I was naturally transported into the fitness industry. My ease in exercise environments, educational background, and energetic personality aligned with a period when private and personalized exercise prescription was beginning to become a mainstream concept. I entered the private fitness training business less out of a career decision. Demand was high, and my aptitude for the profession was well suited to the work.

It was work that I enjoyed from the beginning since it is highly relational and, due to the reasons I have already shared, I believed that I could help people to become more comfortable in their bodies through exercise as I did. What I did not anticipate was that while I had believed my challenges about my body were related to my mental health history, most people I encountered had exceedingly difficult relationships with their bodies, significant amounts of body shame, and
negative beliefs about their bodies. Exercise was seen, by my clientele, as a path to transform the body and alleviate their suffering. Suffering was often the result of past experiences of body shame, internalized beliefs about thinness, weight stigma, associations between chronic disease and weight, and weight control beliefs.

I shared my personal and professional experiences with the participants believing that these themes would also be relevant for them and to normalize the experience. But also, to highlight that these themes, while normal, are not benign. That they are difficult themes to grapple with, and they can impact wellbeing. I also shared how I believed that self-compassion could be a resource that may help women overcome body-based challenges. All participants recognized that these common motives to exercise were alive in themselves and influencing their relationship with the body and exercise. Having named the challenges women face universally, in my business, and the exercise environment, I shared an introduction to self-compassion and the relationship between self-compassion and body image and exercise. Finally, I allowed participants to have a felt experience of self-compassion through a written exercise and formal meditation. After this, participants were given a list of digital resources such as Ted Talk presentations, YouTube videos, and books to explore self-compassion and body-based self-compassion for themselves. I encouraged them to follow wherever their curiosity led them.

The final section of the workshop included an inquiry using the mechanism of AI. AI was included in this early stage of the research to initiate the generation of positive inquiry and strengths-based exploration, and to determine what seemed hopeful and energizing at this time. For this aim, it seemed relevant to establish a baseline of what positive experiences relating to the body or exercise experiences might have looked like, both personally and collectively. The AI inquiry process was explained thoroughly, and the participants were divided into small groups to share their thoughts, generate themes, and share back to the group. This process proved to be a
great opportunity for group cohesion. The exercise itself yielded a positive response and framed exercise as a useful and helpful tool for self-care, well-being, and confidence.

After the Discovery phase participants entered the ‘Dream’ phase. Having identified what is working or has worked well in the past the mind naturally drifts to searching beyond this; to how feeling at home, safe, confident, accepting about the body, and feeling and treating the body well could be better, or could feel better. The dream phase allows the participant to start to consider: “If things could be better, can you envision what better means for you?”, and “What are the deepest held hopes and aspirations one may have when given the time to lean into this inquiry?”. Participants were asked to reflect on this question, “What will be?”, as well as what ideas, insights, or practices they could consider using more intentionally over the next few weeks. Participants were asked to reflect on these questions and observe how contemplating answers to them influenced their thinking or lives. They were asked to report back on their reflections in the next group discussions, scheduled two weeks after the workshop.

While the AI inquiry was helpful to solicit reflection, group discussion of positive themes about exercise, and to generate personal aspirations moving forward, the structure was not explicitly applied in future workshop sessions. Collectively the group wanted to explore the nature of the challenges that were perceived as barriers to perceiving the body positively, and they wanted the opportunity to understand their thoughts and experiences with others. AI is typically employed to move beyond this type of analysis, the analysis of the problem. In the case of my research, it often appeared more relevant to fully understand the problem before one can consider how best to move beyond it. This might be because of the nature of negative thoughts, which may have been the source of shame-based feelings. As described by researcher Brene Brown (2010, p. 6),
"Owning our story can be hard but not nearly as difficult as spending our lives running from it. Embracing our vulnerabilities is risky but not nearly as dangerous as giving up on love belonging and joy—the experiences that make us the most vulnerable. Only when we are brave enough to explore the darkness will we discover the infinite power of our light."

I interpreted the decision by the group to understand negative thoughts as an intuitive awareness that a full exploration of the source of our suffering is intimately connected with our liberation from it. Therefore, while AI may have proven to be a helpful device long-term, in the short term it didn’t allow for the type of analysis that was deemed to be most helpful at the initial phases of exploration.

After the workshop, our next meeting allowed participants to share what their exploration with self-compassion had revealed, what experiences showed up in their life that they believe were influenced by our time together, and any other reflections they wanted to share, including something they learned or explored that was interesting or not useful at all. The result was some common themes that were either experienced personally or, when shared, highly resonant with the group. Themes that emerged were: wanting the body to be appreciated for its functional ability; to value and appreciate feeling strong and capable; to have good balance and flexibility, and anything else that equated with perceived good quality of life long term; to provide a general sense of wellbeing in the present moment, using exercise to allow one to continue to express themselves and do whatever they needed; and to increase agency. Everyone expressed a desire to focus on more meaningful and long-term aspects of fitness over body-based motivations. This required a reframing of what exercise looks for in an aging body, and address the question of how can we make exercise more meaningful and intentional as we age? Defining what mattered, along with the desire to focus on it, is highlighted in the quote and question provided by Marty. 

"[saying to a friend] Your flabby underarms don't matter but being able to be strong and flexible
and have good balance. Those are the things that matter in the long term and so yeah it was good because then I thought okay well, what about my own body? What does or does not matter, and what should I be focused on to do the things I want to do? Both in the short term and the long term, so it was a good revelation for me because I was watching myself talk to my friend and saying, ‘Hey you know you should be talking to yourself that way too’ and ‘What does fitness mean to us in our current lives and as we age?’

Several participants shared that exercise was something that created an immediate sense of well-being and happiness, and they wanted to keep that awareness as a central motive to move. Choosing activities that generate more joy and happiness were motives to pursue movement. However, the ability to perform exercise for the pursuit of happiness, while worthwhile, has challenges, which were expressed by Patty, "What makes you happy and not apologizing for it and not being so hard on yourself." Frenchy shared similar sentiments, "I choose to be active in ways that bring me joy and belong with a community of like-minded people. I embrace the moment and pay attention to what I'm doing and how it feels. I commit to being gentle and supportive of myself."

**Theme III: “Permission to Be Me”**

When we become aware of our self-critical thoughts, we notice some separation between the thought and the person having it. Instead of immediately believing our thoughts we begin to question, do we believe everything we think? And where do these thoughts come from? This inquiry is a sort of self-discovery. When we can decide whether we believe our thoughts, we have more power to choose if we want to act on them. We can also decide to take more loving action rather than feeling instantly driven to alleviate our suffering. As such, the content for workshop two evolved from the group sharing similar sentiments regarding negative thoughts
associated with their bodies. This statement by Jan was restated by many participants in different ways, “I just wish I didn't have them anymore (negative thoughts about the body)”. Several participants repeated their experiences of how intrusive negative thoughts can be. The group expressed a desire to understand the nature of negative thoughts, what they mean, and how we can overcome them. Preferably by removing them entirely. The group also recognized part of the difficulty of negative thoughts was not necessarily just the thought itself, but how the thought conflicted with their conscious beliefs about what is important in life. Consciously the group recognized the relative difference between the physical and mental energy and resources used to change the size or shape of their bodies versus the beliefs about the positive benefits and effects that would result. Meaning that changing the size and shape of their body has no real meaning attached to it that is inherently valuable. Or as valuable as our thoughts, and sometimes behaviors would lead us to believe. Yet, despite this acknowledgement the group lamented how much thoughts about the body or awareness of the body come up in our minds, especially when it is not going to change anything of meaning and value. Why is that? This question, or a version of it, was asked in numerous ways. Sometimes we express how our behaviors do not align with what we believe is valuable. Practices such as body surveillance, while unhelpful, are difficult to remove from our habitual behavior, as shared by Frenchy, “I notice myself checking myself in a mirror as I walk by at work. You know that there is this one section of glass at my work. What am I checking for? Of course, I check that part of my body that I’m most uncomfortable with (referencing tummy).”

To explore these concerns, I wanted to validate how common the body image concerns we discussed are by sharing the concepts of body image, going further to discuss body shame so that the group could understand why challenges to body image can feel so difficult and sticky and how pervasive they are. Reflecting on body image also allows us to understand that how we
interpret our bodies is multilayered, which means that our interpretation of our bodies is a complex web of cognitive, perceptual, and embodied information that does not always align and therefore can create internal conflict. We also discussed self-objectification theory to begin externalizing where some of the messages we have about our bodies come from and how powerful they are. Additionally, we explored the self-consciousness scale to provide further insight and language into the influences of cultural forces, such as body control beliefs, body shame, and body surveillance. To become more aware of thoughts and our ability to separate and regulate them we discussed and experienced mindfulness as a component of self-compassion and practiced a meditation called affectionate breathing.

Theme three is generated from the discussions and inquiry of the group meeting that occurred two weeks after workshop two. The group was encouraged to continue to reflect on the workshop and see what innovative ideas, conversations, and experiences emerged in their daily lives. They could also journal, read, and use the meditation provided. After the workshop participants shared some of their reflections and inquiries about their thoughts. Patty shared, “Why do I have that belief? Where did that originate? And then trying to kind of work backwards to find out. Okay, like I recognize that I made that statement when I was a youngster. But where would that have come from?”

What emerged was a strong collective realization that none of us are alone in the challenges that women experience being in our bodies. While we intuitively understand the cultural challenges for women’s bodies, the opportunity to speak about these challenges with the desire to remove them created a new narrative. That narrative was inner permission to explore alternative ways of managing the discomfort of negative thoughts, understanding that they are not as easy to interpret as once perceived. These ideas are clearly stated by Jan, “Permission to feel how you already felt that it was okay. That makes sense. I don’t know, I mean, and I think
another part of it. We're meeting with this group and just realizing that others feel that way. I look at everybody here, and it is like, You're all beautiful. But how many times have each of us even thought to ourselves I'm just not a beautiful person. You know what I mean and like. Others think this deeply about this or are so concerned that we're willing to sign up to be part of your research study, you know, to cause change. You are not alone.”

Some participants naturally began to explore how they might actively try to pay attention to their thinking more. For example, Betty shared how she intended to begin writing down what she was eating so that she could attend to her body differently. Betty’s thoughts were, “So, I think people just write down the food. We'll also bring the subconscious thoughts or unconscious thoughts that might be associated with it that you wouldn't be aware of. If you weren't physically kind enough to take note of it.”

Participants expressed noticing their discomfort more when they were unable, for external and internal reasons, to perform lifestyle practices like exercise. Sometimes there was guilt associated with the lack of ability to perform certain daily habits. This inability caused inner conflict, and participants discussed experimenting with new tools to resolve. As an example, Marty said, “How do I talk to a friend in a similar situation?”. Another example was taking some perspective, which was expressed by Cha-Cha, “You don’t always get to do things that help you to feel better and that’s ok. I’ll be ok.”

Self-talk was a common tool that participants used to overcome negative thoughts about exercise that they didn’t perform but felt they should have done. It was used to help them feel better. Self-talk was also used when exercise was scheduled but the participants didn’t feel like doing it. Self-talk was used to reframe the activity not as something one should do but rather as act of self-care, enjoyment, and fulfillment. Often by noticing how the thoughts and feelings arise, the participants were then able to reframe the situation and the discomfort in some way that
felt soothing. A common self-talk strategy used by Jan and a few other participants was, "It’s ok. You’ll be ok”. Or as Blanche shared “Oh, I didn't get my activity goal in and, you know, I didn't do this, and I didn't take the dog for a walk, and just really trying to rewire my brain to be like that's okay. We don't do this because we must do this. We do this because it's something that we enjoy doing, and it's something that helps you feel better and just try to give yourself grace, I guess. We talked about this last week. I would tell my friends like you're stressed. You're busy. It's OK, that you didn't go for a walk today. You didn't do the workout?"

This desire to perform exercise, but not always being able to access it, often created difficult feelings that, from a felt sense, appeared threatening. The use of calming self-talk seemed to soothe the participants, as it provided a realization that the discomfort would pass and that they could handle the discomfort while it was present. The use of calming self-talk also provided an opportunity for participants to reflect on how the level of threat perceived by the bodily discomfort was not aligned with a rational interpretation of the actual threat presented by simply missing a single opportunity to be active or exercise.

Participants also recognized how much easier it is to ignore difficult thoughts and cope when they are around others who have similar beliefs to them. One participant reached out to friends to start a new practice of writing down her thoughts about eating, rather than starting a new diet, which she was also considering. Another expressed how she had once had very intrusive thoughts about her body and realized that they weren't strong anymore. She attributed that to being around other people who are very naturally self-compassionate, as she had learned to be.

**Theme IV: “The Courage to Change”**

From a new perspective new thoughts, feelings, and behaviours eventually emerge. The courage to change lies in the power of a safe space to allow vulnerable conversations. These
conversations allow us to realize that we are not alone in our suffering and that others are having remarkably similar experiences to us. This collective realization allowed the participants to reflect on how they intended to think about their bodies and self-care differently, and from that place take new actions and try new habits that they hoped would care for them differently, aligned with desired outcomes, and created lives of fulfillment. A hopeful summary of this is evidenced by Betty saying “I cannot believe the changes that I’ve made. Or the different head space that I’ve been in since I started. I was thinking about it in a completely different way because of this workshop, the workshops that I’ve attended.”

The content of the third workshop was generated from three primary objectives that participants wanted to explore more deeply: (a) a desire to understand why we feel bad about our bodies, (b) a desire to explore our body stories, and (c) a desire to cultivate a more positive relationship with their bodies. Therefore, workshop three included the multidimensional construct of body image, understanding the difficult emotion of shame, and more specifically body-related shame. We went through a written exercise called “The Body Story,” whereby participants were invited to explore the points in their lives when their relationship with their body was challenged and all the ways they have tried to feel more comfortable in their body, often by trying to change it. Finally, we learned about the construct of positive body image, and the association between positive body image and appreciation, self-compassion, and self-appreciation.

Two weeks after the third workshop, the group of participants gathered online to explore their journey after the workshop and to provide a summary of their experience of the entire research process. Therefore, the fourth theme, focused on the courage to change, is the result of these conversations and the final landing place of the group collectively. Overall, the most prevalent awareness and the most repeated statement was, “Me too”. The group continually
repeated a process of someone speaking and the next participant saying, “Well everything that 
was just said and….” It was simultaneously amusing and affirming as each group member had 
the deep realization that while their subjective experiences in the past and where they are at in 
their current journey was different, their overall experiences and feelings about their bodies was 
familiar and similar.

As each participant shared their process each talked about wanting to move forward 
differently, and each discovered all were seeking similar aims, a release from the cultural 
pressures, to feel good about themselves and their journey in their bodies, and to experience 
more joy and satisfaction however that looked for each of them. This realization created a greater 
personal agency to reflect on what that might look like. What questions do they need to ask 
themselves and what new actions could be taken toward that aim? Some of these ideas are 
summarized by Marty, “Knowing that I’m not alone has given me the courage to try different 
things. I’m not sure that you and I, sitting down, could have given me that same perspective, 
because I'm hearing stories of women at different stages of life and different life situations. And 
to see that common thread has given me the courage to be more curious, and to explore some 
things that I might not have looked at if we had just been me and you.”

The actions that each person would take were deeply influenced by both internal and 
external influences, with internal influences being the most predominant. This sentiment was 
expressed beautifully by Marty who said, “I am very curious as to how other people do things, 
and reading a lot more, and just trying to figure out what's going to work for me.” Similarly, 
McGee expressed the positive influence of self-compassion on her overall relationship with 
herself, “I think it does help(self-compassion), you know, in the in the sense of you know, how 
I'm feeling about my body, or what I'm meeting, or what I'm doing, because it's all part of loving 
yourself through this time as well, because one of the things that I kept telling myself, I thought
if this gets too painful, or if the grief is too heavy, or it's too hard to do this or that well going for a walk is a real, good, compassionate thing to do.”

Each participant expressed the ability to release themselves from the drive to conform to external pressures, especially those related to exercise prescriptions. All participants expressed significant challenges with the fear of body change. There was deep uncertainty about how their body would respond to changes in exercise habits, especially if those changes involved a more relaxed approach to movement, less rigid plans, and less intense types of exercise. Yet each participant desired to release themselves from these constructs. Every participant experimented with what that might look like for them, mostly driven by the desire for a more positive relationship with their bodies and exercise. Each participant intuitively sensed that exercise is supposed to be positive, about self-care, and enjoyment; and therefore, if that was not their personal experience, they wanted to explore what shifts needed to occur to make that possible. These fears and aspirations were voiced by Patty, “Oh, my God! I'm going to balloon up (gain weight), or something is going to happen where I will be a different person. But it's not like that at all and it's so freeing not to have to waste sixteen hours of my life every week doing that. So that's been good and positive. And so now I’ll just move forward and not let myself get into that trap again, I hope.”

Many participants expressed reframing exercises through their lens without the influences of others, particularly family members. Interestingly most spoke about family members who had strong associations with exercise as a form of discipline that was morally virtuous or as it related to body control habits. Some participants projected body control beliefs fostered throughout their lives via the family narrative onto their beliefs about exercise. The research process allowed participants to become aware of how some of these narratives were not in alignment with their desired intentions and motives to exercise; so, reflecting on what was true for them was a novel
and necessary process. Marty was particularly aware of family narratives about exercise and the implicit bias her father held towards exercise, discipline, and virtue. Reframing the exercise through a personal lens was a helpful process for Marty. She shared, “So, thinking about activity for me, and just what works for me, and not looking at somebody else's idea of what wellness and fitness should be. So that's been a challenge for sure (in life, not in the research process).”

All participants wanted to continue to exercise and engage in movement practices. Yet each expressed a desire for more responsiveness to provide for their needs, doing things that felt good versus generating a specific outcome. The exercise and movement practices became varied, new ideas were generated and experimented with, and the process became more of experimenting with what felt good. It was expressed that trying new things felt liberating and made participants excited about their experiences. It was a process of self-discovery that created more personal freedom. A version of this personal inquiry process is shared by Betty, “What should I do today? That will move me for thirty minutes, like. What can I do for thirty minutes today? That'll make me feel better, and sometimes that's going for a walk. Sometimes it's to go for a bike ride, sometimes, it says, to go to the gym. Sometimes that's stretching. It's different. But it doesn't feel like punishment anymore. So, I think that's really changed a lot for me, and I'm really enjoying it. And I've done thirty minutes of something for like the last three or four weeks. …….. I've been getting outside more. I like to go to the bank to deposit a check like crazy stuff like that.”

Overall, every participant expressed how helpful integrating self-compassion into their lives has been, as well as how it naturally transcended simply how they saw their body or exercise. Self-compassion appeared to change how each participant related to themselves in some fundamental way. For some a self-compassionate approach was a pivotal shift in thinking that had so many transformative applications. Betty voiced a sentiment by the group that
illuminates how the topic of self-compassion is relevant for her life in many areas that are interconnected “How negative we are to ourselves, or how hard we are on ourselves, and this helps you see yourself in a more positive, generous, caring way, and it makes you think about things differently. It makes you think about your body differently. It makes you think about exercise differently. It makes you think about health differently. It makes you think about mental health differently. So, it's a good experience to go through. Now we all need it.”

The application of self-compassion and self-compassionate practices created personal empowerment and greater self-reliance. The narrative shifted from what do I feel I have to do to alleviate not feel bad or guilty, to what feels good, how can I care for myself, it is up to me, but it is also for me. This final statement by Maddy summarizes our conclusion wonderfully, “It's got to be up to me, and it has to feel good for me.”
Chapter IV – Discussion
Discussion

The primary aim of this study was to explore how the integration of self-compassion and self-compassionate practices transformed attitudes and behaviour directed towards women’s bodies in the context of exercise. How this objective was operationalized resulted from a combination of collaborative inquiry between the researcher and research participants and through the influence of a self-compassionate worldview and mindful self-compassion practices. Throughout the research process the information shared was based upon the participant’s desire for understanding and change; the influence of this information is best understood via the attempts made by the participants to make the resulting knowledge and perspectives alive in their own lives and towards their aims. When participants entered the study, they were prompted to examine their motives for participation and to share their perspectives on the influence of their relationship with their bodies and exercise throughout their lives. This exploration culminated in a present-day interpretation of their motivations, relationship with exercise, their perception of their bodies, and the relevance of self-compassion in their current lives.

Throughout the process of the research, a complex web of both negative and positive emotions emerged. While it is commonly understood that North American women will feel
“normative discontent” about their bodies (Rodin et al., 1984), my research underlined how sharing this universal, yet deeply resonant collective experience, allowed them to not only share their own difficult experiences but empathize with the experiences of others. This collective sharing seemed to serve to contextualize, normalize, and demystify these difficult experiences, akin to critical awareness in shame resilience theory (Brown, 2006). While the participants themselves may not have named their past or present experiences as body shame, the stickiness of memories and the difficult feelings had a lasting impact on their sense of self and safety in their body, which could easily place these experiences in the category of shame. As Brown (2008) states, “Critical awareness allows women to link the social/cultural expectations that shape and narrowly define these categories within their own experiences” (p.48). Or put another way, noticing and naming shame as part of our collective lived experience is a part of building resilience against past and present experiences of shame.

Beyond overcoming shame, the participants also seemed to want to interpret their experiences through the lens of future objectives for their relationship with the body and exercise. Relational cultural theory (RCT) emphasizes the need for connection, especially for women striving to overcome what is no longer serving them and envision an attainable future (Jordan, 1991). RCT posits that relationships include mutual empathy as necessary for personal growth, to facilitate change and mutual empowerment (Jordan, 1986). The idea that mutuality, and therefore RCT, was particularly alive in the participants’ experiences is reinforced by the recognition of similarities between the participants' lived experiences and curiosity about how each person was reconciling their experiences making new decisions and taking new actions. While their actual stories may have been quite different from each other the resulting negative and positive feelings were similar. Limiting beliefs, when exposed, were similarly sticky, painful, long-lasting, and life-altering. Alternatively, the aims moving forward were also similar.
They all wanted to be kinder towards themselves and to do more of what was enjoyable and authentic. The theme “I am who I am” was created to capture the overarching desire for participants to reconcile the self-limiting thoughts that emerged about the body so they could pursue exercise motivated by what was universally considered beneficial for physical and mental well-being, to feel good, and for enjoyment, challenge, and connection.

As the workshops progressed, participants continually aimed to reconcile their difficult beliefs about their bodies and understand their origins. They began to realize how pervasive thoughts about their bodies were in their daily lives, which was initially frustrating and disheartening. However, viewed from a socio-cultural perspective, this recognition of collective suffering fostered a sense of common humanity—the understanding that their experiences of imperfection were part of a larger shared human experience. This realization allowed them to be with their suffering and understand that it's a natural part of life.

In the initial phase of the study, an attempt was made to integrate a strengths-based approach to envisioning an alternative approach to exercise through AI inquiry. However, the group determined that accessing resources to remove negative thoughts and resulting self-limiting beliefs would be more beneficial. This could have been because the devices to integrate AI were not helpful or was due to the mind's natural disposition to attend to problems versus meditate on opportunities for resolution. In addition, negative self-judgment and past shame memories were a significant source of emotional challenge for the group, which perhaps highlights how helpful building resilience over shame feels (Van Vliet, 2008). Despite this, AI-type thinking did emerge organically within the research. AI is designed specifically to draw out positive experiences and outcomes from past experiences. AI aims to create an environment in which fewer known problems arise (Hammond, 2013). For example, if the goal is to eliminate bullying in a school rather than focus on increased punishment, one would look for
circumstances and environments where bullying didn’t occur, thereby generating stories of inclusivity or acts of kindness and an examination of the precipitating factors that created these environments. The group naturally related to being kinder to themselves, perhaps highlighting an organic and emergent AI inquiry process. One interpretation of this could be a felt association between self-compassion and shame along with other attributes related to negative body image. Self-compassion can reduce self-judgment towards one’s perceived imperfections, flaws, and limitations (Neff, 2003a), and it also may help overcome past traumatic shame memories (Ferriera et al, 2014). The idea of being kinder towards oneself seemed particularly attractive to the participants in my study and was a perspective that led several participants to consider what a kinder approach might look like for them in the context of exercise. A kinder approach highlighted that exercise, while helpful in many ways, can sometimes be a source of self-punishment. Self-compassion created a safe container to examine motives to exercise that were influenced by shame, culture, and attempts to protect the self from negative self-judgment, while also providing a compass for future exploration of exercise and lifestyle behaviours rooted in self-care. A self-compassionate approach illuminated ways to apply self-care, thereby solidifying the ability of self-compassion to reinforce adaptive ways of relating to the body in the context of exercise (Berry et al., 2011; Magnus et al., 2010; Mosewich et al., 2011).

The theme “What matters?” is used to describe a dominant idea that emerged early in the research, the desire for the participants to appreciate and care for their bodies along with the realization of the barriers to this perspective. This primary idea seemed to evolve from a similar exercise used early in MSC training titled “How would you treat a friend”. This exercise is used to introduce the concept of self-compassion in an applied way. Since self-compassion involves being a good friend to oneself, it’s helpful to have people think personally about how they treat themselves in difficult times versus how they treat good friends in similar situations. In the
exercise, we reflected on the differences between the compassion that we can generate for the suffering of others versus the compassion we feel for our suffering as well as the desire we feel to soothe and alleviate the suffering of others versus the various ways we treat ourselves in similar situations. After this experience, a few participants shared stories of how the awareness of this perspective revealed itself in their lives; more specifically, participants noticed how difficult it is to hear women talk about their bodies negatively. The words they would use to support others could also be used toward themselves. This experience reinforces previous research that indicates that when women encourage other women it broadens their conception of what is an acceptable body (Wood-Barcalow et al., 2010).

Furthermore, the exercise “How would you treat a friend?”, revealed to the participants how a lack of self-compassion was creating suffering in their lives. Therefore, it seemed intuitive that an increase in self-compassion would be life-enhancing in some way. Since the awareness that self-compassion could help how we relate to the body in the context of exercise, the participants’ desire emerged to appreciate the body and take care of it. These ideas appeared to be organically related. This shift in perception agrees with previous research that indicates a positive relationship between self-compassion and body appreciation (Albertson, Neff, & Dill-Shackleford, 2015; Kelly & Stephen, 2016). The participants described wanting to perform the exercise and other lifestyle behaviours for themselves from the perspective of caring for the body. This idea of acting for the body combined with appreciation for the body is similar to the concept of mindful self-care whereby one attends to their own needs with self-awareness, to serve one’s well-being and with personal effectiveness (Cook-Cottone & Guyker, 2018). Since acts of mindful self-care are performed with an attitude of compassion and loving-kindness positioning exercise as an act of self-care indicate how the group was naturally relating to the body in multifaceted ways that served as an alternative to their usual thinking process (Cook-
Cottone, 2019). Similarly, one participant mentioned returning to a previously accessed practice of intuitive eating, which has been associated with higher levels of self-compassion (Kelly & Stephen, 2016). This application to a new approach to eating behaviour may indicate how this participant was attempting to apply self-compassion in an actionable way that seemed to have a natural relationship with an intuitive approach to eating.

It seems salient to recognize that what naturally emerged from the second workshop closely mirrors the “dream phase” of the AI process (Hammond, 2013). The dream phase allows the participant to start to consider: “If things could be better, can you envision what better means for you?” While the “dream phase” was not an explicit intention the group did arrive at this inquiry through their collective intentions. There may be several reasons for this. Self-compassion seemed to generate an alternative and compelling perspective that appeared to counter shame-based motives to exercise. Not only can self-compassion create a soothing salve to ameliorate shame experiences it also appears to create an environment that counters the strength of its influence over thoughts and behaviour (Sedighimornani et. Al, 2019; Ferreira et. Al, 2013; Ferreira et. Al, 2018). Simply put it is easier to ignore negative thoughts about our bodies when we have decided to operate towards ourselves from a place of kindness. With this awareness, it also seems relevant to recognize that kindness towards oneself offers a sense of respect and care for the self that inherently appears to support us in tangible and intangible ways.

Another factor that encouraged the application of self-compassion and the desire to live according to what was meaningful and mattered most, combined with the desire for others to not suffer due to their relationship with their body, was how participants described the hopes they held for their children. When we consider children, we can see clearly how harmful shame and guilt are and want them to feel a sense of value and worth that is authentic and has real meaning. We want children to pursue activities based upon intrinsic motivation, enjoyment, learning, and
appropriate challenges that foster growth, promote connection and belonging and thereby support a holistic version of health and wellbeing (Rouquette et al., 2020). Participants noticed how they wanted the same experience for themselves. They wanted to include themselves in the circle of compassion while also recognizing that an inability to access self-kindness was a limitation in their ability to actualize the desire to care for themselves.

Throughout the workshops, the groups were continually aiming to reconcile difficult beliefs each held about their body and gain an understanding of their origin. As we continued to explore the challenges associated with body image and body shame by recognizing its complex nature and naming all its parts, participants began to further piece together how much thoughts about the body were infused into their everyday lives. This recognition was frustrating and disheartening for each person personally, as well as the group collectively. This realization that we were not alone in our difficulties about the body and that it's not our fault if we were struggling seemed to help foster common humanity. Common humanity is a component of self-compassion that encourages the recognition that we’re not alone in our suffering and that others suffer in similar ways to us (Neff, 2003b). Sometimes when we are suffering, we feel isolated, often believing that we must be doing something wrong or need to be fixed. This makes us feel abnormal. With common humanity, we recognize that our own experience of imperfection is part of a larger collective experience and that suffering in this way is normal and part of being human. This acknowledgement allows us to be with our suffering and understand that it’s part of living. In self-compassion, it is believed that what we can be with and feel we can heal (Germer & Neff, 2019). In my research, the embrace of common humanity seemed to allow each participant to reclaim themselves in some way. “Permission to be me” is a statement that was made explicitly by Marty and beautifully captures the participants' response to their experience.
of common humanity. If we’re all struggling, then perhaps I don’t have to change so that I don’t suffer; perhaps I just become more of who I already am.

The permission to be oneself also appears to mirror another aspect of self-compassion that is addressed through fierce self-compassion and represented through the concept of authenticity. Fierce self-compassion is representative of the yang aspect of self-compassion that is associated with “acting in the world” to protect, provide and motivate us (Neff, 2021). Self-compassion gives us the freedom to be our true selves without having to conform to unrealistic social standards. Permission to be me means being able to live according to one’s inner beliefs, values, and emotions. When one can live in alignment with their inner understanding of themselves this can foster an ability to live authentically. According to fierce self-compassion, this ability to act in alignment with our innermost beingness is fostered through mindfulness. In this case, mindfulness is drawing inward to reflect on what we’re doing and why we’re doing it (Neff & Germer, 2018).

The final theme “The courage to change” summarizes the participants' final exploration, which included balancing the tension between encouraging themselves to exercise to feel their best or as a form of self-care without feeling like they’re conforming to external pressure, while also recognizing that exercise and caring for the body sometimes involves encouragement to care for ourselves amid competing demands on our time and other resources. In this final section of the research, the group validated even further how important it was to hear the stories, interpretations, understanding, and experiences of other participants. The group process created more self-awareness and curiosity about their thoughts and practices. Additionally recognizing that others were suffering generated an increased internal strength and determination to resolve the personal difficulties. As one participant beautifully expressed, this group exploration provided the courage needed to turn inward and reflect on the best way to move forward.
The recognition that it takes courage to turn inward, reflect on the best way forward, and then change highlights another aspect of fierce self-compassion, the need to protect and motivate oneself (Neff, 2021). In my research, the participants were motivated to participate to learn about self-compassion and spend time reflecting on the relationship with their body and its influence on their exercise practices. What quickly emerged was a collective voice to overcome body-based motives to exercise, overcome negative thoughts about our bodies, and find more enjoyable and sustainable ways to exercise and care for ourselves. A centralization of motive created a shared group identity and goals that had a unifying strength within it. By identifying with a larger whole, members were empowered by the belief that they were not simply protecting themselves from cultural harms, but rather they were protecting each other. The awareness that everyone needed to overcome the discomfort of feeling deficient or not conforming was a form of protection. The result was a sense of empowerment and provided the agency required to go deeper inward and take different actions. The safety that the group experience provided created the courage to try new things. Several participants actively took steps forward toward a new vision of exercise and practices with the awareness that each step was based on wisdom, but it was uncertain if each action would work, feel good, or be sustainable. But when these actions were fostered from a place of understanding, care, and a new way of thinking about health and wellbeing, the intrinsic motivation was generative and available, and powerful enough to overcome the paradigms and fears that previously held one back from living fulfilled and authentic lives.

**Reflecting on the Research Process**

Due to the complex and layered nature of this research, it may be difficult to truly understand if this research upheld the values embedded in the transformative and feminist lenses. However, there are a few outcomes that may lead us to believe that they were. In particular, the
specific objectives this research aimed to elicit were transformation, exploration, learning, change, empowerment, discovery, agency, diverse points of view, and complexity. Since many of these objectives are also reflective of the values inherent in a PAR research method, it seems salient to consider the effectiveness of the characteristics of the frameworks along with the use of PAR.

PAR is a type of transformative research that specifically aims to evaluate practices that may advance change. Since transformative research aims to raise consciousness, give voice, and improve the lives of the participants, it appears that my research using PAR, collaboration, and psychological safety, embodied the spirit of the transformative lens. Participants engaged in sharing new perceptions of past and present experiences that challenged their own exercise beliefs and practices, and some took action that aligned with their desire to care for themselves differently.

Diverse points of view, complexity of lived experience, individual understanding and interpretation are identified throughout the research process and interpretation of results. The research process evolved, yet throughout the workshop series I aimed to provide a varied background of evidence-based understanding of living in a woman’s body and the challenges associated with this gendered experience by using socio-cultural theories, negative and positive body image frameworks, and various assessment tools and scales that provided an ability to apply various frameworks to one’s understanding and experience. For example, we explored the body appreciation and body-consciousness scales so that participants could consider how each concept applied to them in concrete and specific ways. The participants offered varied, layered, and complex lived experiences and interpretations of the impact of their experiences. The group then implicitly and explicitly expressed unified resonance with the stories shared. Oftentimes they stated that they found their sentiments offered through the lens of another participant.
Within the results, I aimed to not offer a simple resolution to the challenges and objectives presented but rather tease apart each influencing idea or factor. While this may make the results harder to summarize, it stayed true to the PAR process, authentic to the evidence shared, and created a more layered and rich reality. Part of this layering and depth heightens the application of the findings moving forward as it allows the reader to infuse in it their own complex experience, understanding, and personal interpretation.

While it was never my overt intention to direct specific outcomes for the application of self-compassion, each individual found ways to integrate self-compassionate ideas and qualities into their lives and took actions that they deemed as personally beneficial. Every outcome was different and applied in unique ways, which perhaps highlights how each participant sustained the autonomy to approach and interpret the learning through their agency. The variety of outcomes also reveals the multifaceted, accessible, and actionable nature of the principles of self-compassion.

Validity

Since the aim of participatory action research is not a quest for causality or generalization, how validity is understood and executed is different than in other research areas. Validity in PAR is understood by evaluating the qualities of the research and what it aims to do. According to McTaggart (1998) once these qualities and aims are established four primary criteria address validity: defensibility, educative value, political efficacy, and moral appropriateness. As suggested by McTaggart one way to enhance the primary criteria and thereby support validity is to establish credibility among the participants. An example of credibility can be found in how the participants were able to understand, empathize, and relate to the experiences of one another. When participants shared personal insights and vulnerabilities other participants sought to ensure that they supported each other by offering a common
experience. Sometimes this connection was made by voicing a shared experience, speaking about how difficult each other's shared experience was, or naming these experiences as harmful and normal. Over time this process established trust among the participants in a way that seemed to allow each participant to speak more openly about experiences that may appear benign or common but were painful for them. For example, Frenchy mentioned how she wished she had more opportunities to connect with like-minded women and talk about meaningful and heart-centred topics, as doing so was nourishing for her and helpful. Credibility as defined by Taggart (1998) throughout the collaborative research process whereby the group aimed to explore what they felt was meaningful to them and would check in with each other to determine if their needs aligned with the needs of other members. As is typical with group environments some voices were stronger than others. As a result, I offered to share brief highlights of what was covered and future direction in post-meeting communications and frequently asked participants to respond with alternative ideas and to explore questions they wanted to resolve. After the study, one participant did share that she did not expect that the topic of food and eating behaviours would be included in the discourse about exercise, but that she understood why other participants felt inclined to include it. I appreciate that this participant felt comfortable enough to share this offering and recognize that perhaps discussions pertaining to food and body should have been negotiated differently to ensure the intention of the research question was maintained throughout each exploration. Since each participant offered appreciation for the research experience overall credibility appeared satisfied since the research process was deemed as worthwhile and relevant. Relevance is confirmed by participants sharing concrete ways they had integrated self-compassion ideology into their decision-making and behaviours around exercise. Overall, it appeared that the research process and subject of self-compassion could elicit change and impact people's lives which arguably supports validity. Self-compassion as a topic also seemed to create
another strong influence on credibility and therefore validity and that is the creation of trust and safety.

Trust and safety influence the validity of PAR by allowing unique and independent interpretations of information and experience. Independent interpretation of knowledge seemed to ensure that multiple perspectives were voiced and understood. It was acknowledged by the group collectively that nobody knew how being kinder to themselves might change their reality, but there was an openness to a hopeful, more fulfilling, and different way forward by being kind in the context of exercise. Self-compassion seemed to encourage trust and safety through the recognition that, in general, people are more judgemental of ourselves than others. Perhaps this awareness allowed the recognition that we are not being judged by others to the same extent as our thoughts would lead us to believe. By participating in the study, we are committing to extending kindness to ourselves, and thereby in a way stating that we’re doing our best to be more kind in general. This non-verbal commitment may inherently offer a collective sense of goodwill.

Validity may have been enhanced using journaling, yet it was determined that additional commitment to the research process by participants outside of the online meeting was an unfair request based on the emotional and time resources of an already overly taxed demographic. Journaling could have allowed for the consolidation of ideas and interpretation shared within the group experience and may have allowed less expressive voices to be shared using alternative methods. However, it can also be argued that removing a journaling process heightened validity by allowing each statement to have multiple meanings, thereby offering a richer interpretation of the data. Since one sentence can have many connected, concurrent, yet disparate meanings and interpretations, using only the participants’ voices allowed for complexity and layering of interpretation of the data. Using direct quotes and unedited verbal expression could arguably
exhibit alignment with the PAR method and feminist lens that aims to not look for a simplified, coherent, or unified voice in understanding the lives of the participants.

Additionally, one method that may have improved the defensibility of the interpretation of results is member reflections (Smith & McGannon, 2018). While I did regularly check in with participants about the research process and used this feedback to inform future workshops, I was limited in my ability to use member reflections based upon a review of transcribed and analyzed data to inform the research process. Each workshop and group discussion yielded lengthy dialogue that needed to be transcribed and coded. To allow for this process as well as reflective thematic analysis would have required more time between group sessions. I also could have used member reflections after the data analysis process. However, due to professional and personal circumstances, data analysis did not occur until nine months after the final research discussion. It seemed imprudent to return to the participants for member reflections after this lengthy absence from engagement since time is a factor when using member reflections to enhance trustworthiness (Smith & McGannon, 2018).

**Limitations**

While the primary aim of this study was to benefit the lives of the participants and create transformative change, it cannot be stated that the practices used, findings, and interpretations are generalizable to other populations. The practices used, while relevant to the participants in my research, may not be relevant in other environments or circumstances. Due to time constraints and physical distancing practices, there were several limitations to the research process; and due to the intimate and participatory nature of the study, there are additional considerations that needed to be considered in the context of researcher reflexivity and potential bias.

The most significant limitation is that my research took place within the time frame of COVID-19 restrictions, which likely provided several disadvantages. Due to COVID-19
restrictions, it was inadvisable to meet in person. However, it is possible that meeting in person could have created more immediate and stronger elements of trust both between the participants and the researcher and among the participants themselves. In addition, meeting in person may have made it possible to integrate movement or exercise elements into the study in more convenient and natural ways (as had originally been intended but did not occur due to the restrictions). The ability to exercise as a group may have exposed vulnerabilities and opportunities for insight and understanding that could not be arrived at without close contact. Participants were not asked to grapple with the social challenges one faces when trying to participate in exercise, and therefore may not have had a close temporal encounter with these challenges. As a result, perhaps self-compassion was not applied directly in the environments in which it was intended for this study. Meeting in person had the potential to facilitate a deeper relational experience, which would have created more trust and with that a greater ability to communicate in a more vulnerable way, thereby further illuminating the challenges women face in relating to their bodies, in exercise environments, in relating to exercise, and in applying and accessing self-compassion. However, online communication perhaps did allow for a certain amount of anonymity, which also could facilitate psychological safety that in turn could promote vulnerable communication and an ability to reduce the pain of connection when other participants shared challenges.

The duration of the study and the amount of time the participants and I could spend together may have also limited the depth and richness of the experience. The success of PAR is dependent upon trust between the participants and the researcher and between the participants themselves. It is impossible to predetermine how long a trust-building process may take. For this reason, many PAR studies may last for several months. The timeline of my study was set at 12 weeks. This length of time was determined as long enough to allow for change to potentially
occur, while balancing the demands every woman has on their time, their responsibilities, and their various roles. The workshop length was developed to be three hours, and the group determined that evenings provided the best opportunity for attendance. Three hours was determined as the maximum amount of time that one could reasonably attend in an evening, typically after work, while still allowing for personal time. Three hours also ensured that we could cover a couple of topics and have personal experience with these topics through an exercise, such as a meditation or written exercise and group reflection, while also allowing some time to develop the research process as a group. All these decisions reflect accommodations made to facilitate reasonable access, the development of rich data, and the opportunity for change.

Given more time I would have appreciated the opportunity for the group to explore more self-compassion written exercises and journal together. Since completion of the data collection, I have taught mindful self-compassion several more times. In these experiences participants attributed increased saturation and integration of the material when written exercises and workbooks were used. Over time the use of written exercises was believed to lead to greater personal understanding and ability to apply the knowledge gained. An increased time frame would have allowed for greater integration of self-compassion into everyday lived experiences. Since seasonality is often a strong influencing factor to both exercise and body-based challenges, the time of year the study took place may also have influenced the findings of the study.

Arguably the biggest limitation of the research was my professional expertise and experience in delivering the Mindful Self-Compassion training program. Currently, I have delivered the Mindful Self-Compassion training program in its entirety (i.e., eight weeks for 2.5-hour sessions) six times since completing this data collection portion of this research. However, prior to the research beginning, although I had been a participant in multiple hours of personal
experience and teacher development training, I had only taught segments of the program to others. With increased experience, I can now see more tangible connections of MSC to the participants' determined research direction. Throughout the research process, I relied upon other areas of knowledge, such as psychology and cultural theories to share knowledge and answer group inquiries. I can now determine that I missed opportunities to also reframe these inquiries through the lens of self-compassion, which would have provided more opportunity to explore self-compassion as a worldview and provide more experience with the MSC resources. Since the research began, I have also developed meditations and workbooks from the MSC program that I could have shared with the participants to provide greater support for their learning and therapeutic support within the program.

Finally, since completing this project, researcher Kristin Neff has expanded the concept of self-compassion. While it has always been understood that self-compassion contained opposing elements of Yin and Yang, the concept of Yin was more fully conceptualized both in the researcher and given expression through the MSC program. Yang is a newer and emerging component of self-compassion that has not been explored to the same depth. Yang, also known as fierce self-compassion, is considered as the action element of self-compassion (Neff, 2021). The essence of yin or tender self-compassion is the exploration of the question, “What do I need?”. The essence of fierce self-compassion asks, “How can I best provide for that need?”

While the answer to that question can be answered in numerous ways depending on circumstance and context, Neff proposes that the answer can be understood through three primary pathways. These pathways include protecting ourselves against harm, providing for our needs, and motivating ourselves to change. As I reflect on it, these pathways emerged throughout the course of my research, but they were not necessarily explicitly named as self-compassion; therefore, participants were not fully exposed to the many faces of self-compassion to allow them to
recognize the influence of self-compassion more overtly. While this may not be interpreted as a limitation of the research itself, I feel that had the concept of fierce self-compassion been integrated into the process more explicitly, there was even a greater opportunity to serve the participants toward change.

**Future Directions**

As I have already mentioned, in hindsight, I would have appreciated sharing more of the MSC program with the participants to allow for a longer and more immersive experience with self-compassion. MSC was developed by Kristen Neff and Chris Germer to be offered in its entirety as an eight-week program offered weekly in three-hour sessions or as a five-full-day intensive workshop experience. Given how deep, layered, and comprehensive the topic of self-compassion is, a longer and more immersive experience would presumably allow for greater understanding and integration of the material. Since all the participants were interested in the topic of self-compassion and were searching for ways to make it more accessible and real in their lives, it appears the topic itself is relevant for further exploration. Future research could include a full MSC experience and then examine an organic translation of self-compassion and self-compassionate practices on body-based beliefs, exercise beliefs, and lifestyle behaviour.

Since my research exposed how critical it was to explore themes about the body and exercise relationally, to hear other people’s stories and challenges, and to learn about how others are integrating the material it seems relevant that future research would continue to include group interviews and dialogue, as well as create a safe space to explore body-based themes explicitly. Additionally given that self-compassion is presumably a worldview it has the potential to alter one’s perspective beyond the timeline of the study. Therefore, it would be interesting to determine in what ways self-compassion remained alive for the participants, what ideas were sticky, and which faded over time, what areas participants continued to explore and in what
ways, and how their lives were altered, either through perception or more tangible ways, because of the research process or adoption of self-compassion-based concepts or practices.

As already mentioned, fierce self-compassion is emerging as a particularly relevant topic that seeks to empower women to act in their lives, overcome limiting social conditioning, balance their needs with the needs of people they care for, and cultivate ways to access more agency in their lives. Since women were the focus of my research, fierce self-compassion appears particularly salient and an advantageous addition to this research area. Future research might choose to explore how fierce self-compassion helps women understand the influence of social conditioning on their belief system, how this has impacted their internalized beliefs about themselves, how to notice and name the emotional impact of these experiences on their everyday lived experiences and empower them to make new choices or take new action toward an alternative belief system that more closely aligns with conscious versus subconscious thoughts.

Another consideration for future directions is a more direct experience between self-compassion and the exercise experience. When considering their motives to exercise, participants spoke about varied topics, such as aging, longevity, quality of life, weight, physical health, mental health, feeling good, being strong, time to oneself, time in nature, social connection, feeling bad if they didn’t exercise, negative self-talk, and more. These areas were reflective of global experiences of exercise, and multiple themes were often running concurrently. To help participants better understand their experiences and the role self-compassion played within each theme it may be advantageous to explore self-compassion in the direct experience of self-compassion to determine which tools translated to the immediate context of exercise. Particularly valuable might be further exploring whether alleviating negative thoughts about the body, such as shame or guilt before or during exercise, was most helpful.
versus the cultivation of more positive emotion such as self-appreciation, body appreciation, or gratitude within the exercise experience.

**Epilogue - The Middle Word**

Sometimes, as we revisit a remarkable work that continues to captivate readers years after its initial release, we take a moment to reflect on the journey that has unfolded since its publication. Recently, Mitch Albom's memoir, "Tuesdays with Morrie," celebrated its 25th anniversary with a special edition featuring an afterword penned by Mitch himself. This afterword serves multiple purposes: firstly, it allows the author to delve into the creative and heartfelt motives that sparked the book's inception. Secondly, it explores the profound impact the relationship the book describes had on the author's life and the lives of those touched by its words. Lastly, it provides insight into why, even after 25 years, the book continues to resonate with readers today.

Though I cannot offer an afterword for my research based on 25 years of perspective and its impact on participants and readers post-completion, I feel compelled to provide an in-between perspective, a middle word—an update that illuminates my bias, current position as co-researcher and writer, and the context surrounding my voice within the results section.

In 2017, my research journey began, as I returned to academic life as an adult learner. The decision to pursue further studies was a confluence of desires, curiosity, life circumstances, and a touch of serendipity. Completing my master's had been a long-held aspiration, hindered by external and internal obstacles. Simultaneously, my professional and personal life motivated a desire to understand the challenges women face when seeking something resembling health and healing through exercise. Amid personal struggles, including a miscarriage and a transformative healing journey towards self-compassion, I encountered a supervisor who specialized in this area and graciously agreed to mentor me.
Now, in 2023, as I pen this in-between word, I look back at the winding path that emerged from the initial idea for this research. My journey began with thorough preparation, and I engaged in various training to be well-equipped to guide and support my participants. I immersed myself in the study of self-compassion, developing a daily practice and exploring its application in my life. Over time, this practice deepened, transforming the way I understood myself, managed emotions, nurtured relationships, faced challenges, and cared for both myself and others.

Like my participants, I have been a part of this process of integrating self-compassion into my life, and my experience did not last three months – it lasted six years. During this time, I had another child and began a slow transition out of my current profession and into another related but different iteration of work. This research has altered me and altered the work I want to do in the world. Once you open yourself to the suffering of others and nurture the muscle of compassion inside yourself, I believe it must be quite common that the desire to alleviate the suffering of others needs to be expressed. Or at least that is the case for me. I continue to believe in the incredible ability of movement exercise practices and sports to provide body agency, confidence, and fulfillment in our lives. But I do not believe we can easily arrive at these possibilities within the context of our current culture and its barriers of body shame, media representations of fit bodies, extreme athleticism being advertised as possible and morally superior, and the continued stigmatization of larger bodies in society. Even health promotion seems to often make exercise environments feel unsafe, inaccessible, and possibly harmful for so many. I want to be a part of providing an alternative narrative. One that seeks to empower and support everyone’s to access the benefits of exercise. Not as a pathway to make themselves more acceptable to society or to themselves, but as part of the way they care for themselves and find
enjoyment in life. Self-compassion is a foundational tool for self-care, self-discovery, and self-expression that can be made tangible and actionable through exercise.

My journey with self-compassion fostered a profound connection with humanity and the universe, instilling in me faith, gratitude, trust, and a belief in their interconnectedness. Acknowledging my personal experience with self-compassion allows one to see that my inquiry is not merely about “if” self-compassion is transformative for women's relationships with themselves and their bodies in the context of exercise, but rather, knowing it can be a transformative force in how we can make it accessible and applicable for everyone.

My bias throughout this research was rooted in seeking ways to make self-compassion resonate with the participants. I explored the barriers they faced in understanding and practicing self-compassion, seeking language that felt tangible and clear. I observed that when the sense of self-compassion was experienced and voiced and inquired about, I looked for ways that I could best support continued exploration. I aimed to identify the outcomes that motivated the participants in my research to persist in their own transformative journey.

In this in-between space, I hope to provide a bridge between my experiences and the insights that unfolded through this research. It is my sincere wish that this journey into self-compassion not only enriches our understanding, but also empowers us all to embrace its transformative power in our lives.
References


Brown, B. (2007). *I thought it was just me (but it isn’t): telling the truth about perfectionism, inadequacy, and power.* New York: Gotham Books.

Brown, B. (2010). *The gifts of imperfection.* Hazelden, Center City, M.S.


Farhat-ul-Ain., & Iram, F. (2016). Personal belief in a just world and self-compassion as predictors of body appreciation in individuals with amputation using a prosthesis. *Annals,
22, 2, 109-114.


Kolnes, L., & Rodriguez_Morales, L (2016) the meaning of compulsive exercise in women


*Psychology of Sport and Exercise,* 10 (1), 67–71.


https://doi.org/10.1093/oxfordhb/9780195394313.013.0004


Neff & Germer (2019) *Mindful Self-Compassion Teacher Guide*


Piran, N. (2016). Embodied possibilities and disruptions: The emergence of the experience of
embodiment construct from qualitative studies with girls and women. *Body Image*, 18, 43–60.


https://doi.org/10.2105/AJPH.2009.159491


https://doi.org/10.53841/bpssepr.2020.16.2.5


Schvey, N. A., Marney A. White (2015). The internalization of weight bias is associated with


Tod, D., Edwards, C., & Hall, G. (2013). Drive for leanness and health-related behaviour within a


www.benourished.com

www.merrithew.com
Appendix A1 – Initial Interview Script
Initial Interview Between Researcher & Participant

Researcher: Welcome and thank you for joining me to be a part of this study. Before we begin, I want to ensure that you have received information regarding consent and briefly review in case you have any questions?

The purpose for this initial interview is for us to meet. For me to tell you a bit about myself and the study and is an opportunity for me to meet you and learn about you a bit, and for me to answer any question you may have before we meet as a group for our first workshop.

Just as a reminder everything we discuss privately should be considered confidential information, and when we have an opportunity to meet as a group each participant will be asked to keep an information shared within the group confidential.

Thank you again for your participation. I thought we could begin with me sharing a bit about myself and why this research is important to me. Afterwards I’m looking forward to learning about you and why you decided to participate. Would that be ok?

Researcher Background.
Well, as you know my name is Olivia. I’m a master’s student at the University of Saskatchewan. I’m also a business owner and exercise physiologist (coach & personal trainer) in Saskatoon. I own and operate a freelance business where I offer exercise coaching both privately and in small groups and have been practicing for 15 years.

In this research and in my business, I’m interested in supporting women who are struggling to navigate the body challenges such as body image and body confidence. Mental illness and body image challenges are something that I have personally struggled with, so I am invested in finding tools that promote improving our relationship with our bodies. For me self-compassion was a pivotal shift in how I related to myself and has become a powerful tool in my healing journey. I am interested in exploring how self-compassion may support how women can become more comfortable in their skin in an exercise environment. Often exercise can help support us feeling better about our bodies, but fitness culture can also reinforce messages about ideal bodies, performance, and beauty standards that could harm our relationship with our bodies. As a result, I am also interested to see how self-compassion may support us when we enter these environments.

This is probably a good time to remind you all that for the duration of this study, and for 3 months after the study is completed our relationship will be contained within the context of this study. Past or current clients from my business practice are excluding from participation as indicated in your consent documents. Engaging in a coach-client relationship is considered a conflict of interest. Thank you for understanding.

Thank you for listening to me tell you about myself. I would like to learn about you and your interest in the study.

Questions for the Participant
1. Generally, can you tell me a bit about your exercise history and why this study was of interest to you?
2. Have you heard about self-compassion before?
3. How would you say your relationship is with your body currently?
4. Have you ever had significant body challenges?
5. Can you tell me about a time when you felt most comfortable in your skin?
6. What would you like to achieve by participating in this study?
7. Are there any ways that you think I can support you on this journey together?

**Researcher Closing Comments**

I would like to thank you for sharing today. I am excited to be doing this study together, and I will make every effort to make it a positive experience for you and every other participant.

You should have already received an outline for our first workshop day together (A2). If you have questions or concerns about the workshop or your ability to participate, please don’t hesitate to reach out. I am your point person for all communication so just email me with anything you need. Additionally, since this research is part of my master’s education I am being overseen by my supervisor Dr. Kent Kowalski. If at any time you want to discuss anything with someone alternate from me, or I am unavailable you can contact Dr. Kowalski.
A2 – Outline for Online Workshop
Outline for Online Workshop (For Participants)

Workshop begins at 9am

9-9:15: Welcome & Introductions
9:15 – 10:00: Generate ideas for collaborative learning.

This study uses a method of research called “Participatory Action Research” or PAR. PAR is a unique research method in that it asks the researcher and participants to establish a dynamic of co-researchers. Meaning that power is equal between all members of the group and decision making is a democratic process. As such it is important that the researcher and participants begin by understanding how we might engage in each component of the research process (i.e. How ideas are generated, plans and decisions made).

10:00-10:30: Exploration of past and current relationship to exercise through ‘Appreciative Inquiry’

During appreciative inquiry the graduate researcher will guide you through a strengths-based and self-exploratory process that aims to understand what you desire in the future for your relationship with your body and exercise. Using an inquiry process that includes questions and reflections the student researcher will attempt to evoke a vision and plan for action surrounding exercise.

10:15 – 10:30 Break

10:30-11:15 Introduction to self-compassion and mindful self-compassion training

We will explore what self-compassion means to you and how you think it may apply to your body and exercise practice. The group will decide how they would like to further explore self-compassion (reading, presentation, meditation, writing etc.). Mindful self-compassion teachings will follow the educational materials provided through the “Mindful Self-Compassion” training manual by researchers Chris Germer and Kristen Neff.

Available areas to explore may include: (Examples of these training can be found at www.self-compassion.com)

- Loving-Kindness
- Affectionate Breathing
- Self-compassionate letter

11:15-11:30 Break

11:45-12:30 – Mind-Body exercise training
In this exercise experience we will explore a mind-body movement philosophy known as Pilates. This movement experience will be customized and designed to meet the needs and wants of the participants. Examples of exercise areas offered to participants to perform:

- Engaging the Pelvic Floor – Building knowledge and embodied awareness of the pelvic floor with supporting exercises to develop pelvic floor strength and relaxation
- Postural Analysis – Building knowledge and embodies awareness of posture with supporting exercises to mobilize and strengthen postural muscles.
- Understanding and engaging the “core”.
- Know your spine – Mobilizing the spine for flexibility
Appendix A3 – Group Interview and Discussion
Interview Guide for Group Discussions

**Researcher:** Welcome back and thank you all for joining me again. I hope you’re all very well. We are gathered here two weeks after having met for your group workshop where we moved together and had perhaps our first experience of self-compassion. Today we’re meeting to explore what your thoughts, feelings, and experiences about your bodies, exercise, and life have been since that initial introduction.

Before we begin, I would like to review consent and remind you all about confidentiality (Provide verbal script Appendix D)

Prompt questions to generate reflection and conversation.

In a single day how much do you think about your body?
Is your thinking generally more positive or negative?
Thoughts often generate feelings. Generally how do your thoughts make you feel?
As you reflect of past experiences when you felt more positive about your body do you notice what it was about this time that was positive for you? (i.e. Were there other things happening in your life that were also positive – relationships, achievements, etc.?).
If you could choose, what would you want your thoughts or feelings to sound or feel like?
Do you think it’s possible to think and feel how you would like?
Is there a time when you did think or feel like you desire?
What do you believe it would take to think and feel how you would like to?

Does exercise make you think about your body more?
Is your thinking more positive or more negative?
How does it feel when you think about or perform exercise?
As you reflect of past experiences when you felt more positive about exercise do you notice what it was about this time that was positive for you? (i.e. Were there other things happening in your life that were also positive – relationships, achievements, etc.?).
How would you like to think or feel about exercise?
Do you think it’s possible to think and feel about exercise as you would like?
What do you believe it would take to think and feel how you would like?
Reflecting about how you would like to think and feel about your body and exercise do you think self-compassion could be helpful supportive toward these aims?
What is it about self-compassion specifically that you think would be useful?
What about self-compassion doesn’t feel helpful toward these aims?
How do you think you would practice self-compassion?
Would it be helpful to learn more tools to apply and practice self-compassion?
Appendix B – Recruitment Materials
Women Exercisers Needed for Research in KINESIOLOGY

You are invited to participate in a research study entitled: *The Paradoxical Power of Self-Compassion to Transform How Women Relate to their Bodies in the Context of Exercise*, which will explore the integration of self-compassion and self-compassionate practices with the goal to transform how women relate to exercise and their exercising bodies.

You are eligible to participate in this study if you:
- Currently perform or plan to perform “regular” exercise
- Identify as a women
- Are interested in exploring a positive way of relating to the body through exercise
- Are interested in learning about self-compassion
- Aged 35-65
- **NOT** in close or professional relationship with the student researcher, Olivia Chadwick, who will be conducting this study.

If you choose to participate:
- To be eligible to participate you will be required to complete a screening questionnaire, ‘Physical Activity Readiness Questionnaire’ (Par-Q), which will take approximately 3 minutes to complete.
- You will be one of 5-6 participants who are available over 3 months to:
  - Participate in a monthly online half day workshop consisting of group inquiry about women’s bodies and exercise, participate in a mind-body exercise training, & participate in a self-compassion exercise training
  - Participate in an online monthly group discussion (60-minute group interview)
  - Participate in ongoing journaling and reflection about your experiences resulting from the workshop in your everyday life.

For more information and/or to participate in this study, please contact:

*Olivia Chadwick, M.Sc. Candidate,*
*College of Kinesiology, University of Saskatchewan*
*Email: ojc020@usask.ca*

You may also contact the supervisor of this research project:

*Dr. Kent Kowalski, Professor, College of Kinesiology, University of Saskatchewan*
*Email: kent.kowalski@usask.ca Phone: 306-966-1079*

This study has been reviewed by, and received ethics clearance through the Research Ethics Office on DATE (Beh-REB# XXXX), University of Saskatchewan.
Appendix B2 – Informed Consent
You are invited to participate in a research study entitled: *The Paradoxical Power of Self-Compassion to Transform How Women Relate to their Bodies in the Context of Exercise.*

**Researcher(s):** Olivia Chadwick, Graduate Student, College of Kinesiology, University of Saskatchewan, ojc020@usask.ca

**Supervisor:** Dr. Kent Kowalski, Professor, College of Kinesiology, University of Saskatchewan, 1-306-966-1079, kent.kowalski@usask.ca

**Purpose(s) and Objective(s) of the Research:**

This research recognizes the unjust and harmful ways that women's bodies are portrayed in the media and health promotion campaigns. Fitness, exercise, and health messaging is often objectifying and stigmatizing toward women's bodies. This study is an opportunity to apply counter-cultural, evidence-based, and paradigm shifting beliefs and concepts that directly oppose the mainstream narrative. Using the healing power of self-compassion, collaboration, and exploration this study aims to empower and provide agency to women and how they navigate and relate to exercise through and with their bodies.

**Procedures:**

If you choose to participate in this research, you will be asked to participate in a 3-month exploratory process that includes an individual interview at the onset of the study (approximately 45 minutes), monthly online half-day workshop consisting of a group interview, self-compassion training, and mind-body exercise training. In addition to the workshop the group will meet online for a monthly group interview (approximately 60 minutes). Throughout the research process participants will be asked to journal their reflections and insights that relate to participation in the study in a notebook provided by the student researcher. Participants will be asked to journal throughout the half-day online workshop and throughout the study as reflections and insights arise. Journal prompts will be provided throughout the study to support the journaling process. We expect individual journaling sessions to last approximately 5-10 minutes and may be self-determined. Journals are used for personal insight and reflection and will not be used for data collection purposes.

**Potential Risks**

While the risks associated with participating in this research are low, due to the nature of questions, you may experience emotional or psychological discomfort. To address this risk, contact information for multiple resources is provided. If you come to find yourself experiencing emotional and psychological discomfort, you can call Canada Crisis Services (1-833-456-4566). If you are local to Saskatoon, you can contact Saskatoon Mobile Crisis (1-306-933-6200).
Potential Benefits

The benefits of taking part in this research project are that we hope you will have access to tools and experiences that are valuable to you personally as part of your exercise journey. The researchers will gain a better understanding of how self-compassion can be used to support women and how they relate to their bodies in the context of exercise that ultimately will promote increased wellbeing. The knowledge gained from this research project may lead to the creation of trainings and workshops that improve women's relationship with exercise and their bodies and thereby promote well-being. It is also our hope that all participants will find their participation this novel contribution to exercise psychology research informative and interesting.

Confidentiality

Please note that although we will make every effort to safeguard your data, we cannot guarantee the privacy of your data due to the technical vulnerabilities inherent to all online video conferencing. Data collected through Zoom will be stored in Canada. For more information regarding your privacy, please review Zoom's (https://explore.zoom.us/en/privacy/).

To protect the confidentiality of all participants involved, we ask you to adhere to the following:

a. Ensure you are in a private area of your home or office that will not be accessible by those who are not involved in the focus group.

b. Do not make any unauthorized recordings of the focus group or content.

c. Do not discuss the content of the focus group outside of the group.

During focus group discussions via Zoom both video and audio recordings will be used to document our conversations. You are entitled to participate via phone, tablet, or computer devices, and can chose to turn off your camera for part or all the group discussions.

To help further protect your confidentiality:

• The Researcher will ensure the focus group Zoom call is conducted in a private area of their home that is not accessible to individuals outside of the research team during data collection.

• The data from this research project may be published and presented at conferences; however, your identity will be kept confidential by using a fake name. Although direct quotations may be reported from the focus groups and workshops, all identifying information (i.e., name, email address) will be removed from the report.
While your identity will be known to the researcher and groups participants we do recommend the use of a pseudonym, (fake name) throughout the study and will support you in using a pseudonym for online interactions.

Outside of this group confidentiality will be protected as you will not be asked to supply any additional researchers with identifying information. The researcher will undertake to safeguard the confidentiality of the discussions but cannot guarantee that other members of the group will do so. Group members will complete a confidentiality agreement that asks each member to keep in-group communications confidential. Please respect the confidentiality of the other members of the group by not disclosing the contents of this discussion outside the group and be aware that others may not respect your confidentiality.

Any physical documents that do require use of your legal name (such as the intake screening questionnaire) will be securely stored according to the storage of physical data protocol listed below under ‘Storage of Data’.

You will also be given the option to provide a pseudonym that will be used in all group and individual interactions, which will be associated with all your transcripts. All communications that do not allow the use of a pseudonym, such as consent forms, will be stored separately from the data in locked cabinets/password protected files and will only be accessible to the researchers. Data that is backed-up on an external hard drive will be kept secure in a locked drawer when not in use.

**Post Study Procedures**

After your participation in the study is complete, the data will be transcribed by the student researcher (Olivia Chadwick). You will be provided with a copy of the transcribed data for you to review for content and accuracy at approximately two months post study completion. You will also be provided with a form to sign that indicates your release of the data to be used in the research study. After receipt of this email if you do not respond within two weeks it will be assumed that you agree with the content and accuracy of the data provided. This same procedure will be used for a summary review of data analysis at approximately five months post study completion.

**Storage of Data**

All research material will be securely stored and only accessible to the student researcher and research supervisor. Online data will be exported from Zoom by the student researcher onto their password protected USask OneDrive account and will be shared with the supervisor. The supervisor will then store the data on their USask OneDrive which the supervisor will allow the student researcher to access for data analysis. Once analysed by the student researcher, all digital files will be backed up and passed onto the supervisor on an external drive, and all data will be stored in a locked cabinet. The digital data will be backed up on the supervisor’s USask OneDrive. Upon publication of the study, all data will be stored in the encrypted password protected file/locked cabinet for 5 years post-publication.
before being confidentially destroyed beyond recovery. For physical data: Physical documents (i.e., researcher notes and intake screening questionnaire) will be transported to and from data collection sites in a discrete folder. Hard copy copies of documents will be stored in a locked cabinet in the graduate student's secure USask office until the data has been entered into a password protected digital file on their computer. After completion of the study, hard copy documents will be stored in a locked cabinet in the campus office of the supervisor for 5 years minimum as per University of Saskatchewan Guidelines. This data will then be merged with all data collected online and stored in password protected files, which will be managed by the graduate researcher.

**Right to Withdraw**

Your participation is voluntary, and you may answer only those questions that you are comfortable with and share only information you feel comfortable sharing. Your participation is voluntary, and you can participate in only those discussions that you are comfortable with. You may withdraw from the research project for any reason, without explanation or penalty of any sort. Should you wish to withdraw, you may leave the group meeting at any time; however, data that have already been collected cannot be withdrawn as it forms part of the context for information provided by other participants.

You may decline any part of the research process (e.g., self-compassion training), at any time and for any reason. You may also decline to participate in any aspect of the research project for any reason, and at any time during data collection without explanation or penalty of any sort. Whether you choose to participate or not will not have a negative influence on how you will be treated by the researcher. Should you wish to withdraw at any point during research process, you may indicate verbally/in writing to a member of the research team that you have chosen to withdraw, or you can choose not to attend any further workshops or individual or group meetings. Any data that you may have contributed until the point of withdrawal that is not part of group discussion will be destroyed. Withdrawal is possible up until two weeks after any workshop, interview, or group discussions have been completed.

**Questions or Concerns**

If you have any questions or concerns, contact the graduate student Olivia Chadwick by email at ojc020@usask.ca. You may also contact the supervisor, Dr. Kent Kowalski, by email at kent.kowalski@usask.ca. The results of this research study are expected to be available in Fall, 2022.

This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board on June 20-2022(Beh-REB#: 3336). Any questions regarding your rights as a participant may be addressed to that committee through the

Consent

Your signature below indicates that you are eligible to participate in this research (i.e., understand and agree to the participation requirements), that you have read and understand the description provided, and that you consent to participate in the research project.