THEATER PRACTICE AND ITS ASSOCIATION WITH BODY APPRECIATION AND SELF-SURVEILLANCE AMONG WOMEN

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Abstract

Recently, researchers have gained an increased interest in examining activities that promote a more positive body image among women. Some activities such as yoga and dance have proven to be positively associated with body appreciation, both directly and through reduced self-surveillance. Theater practice has been shown to be beneficial for several facets of mental health; however, until now no research has been conducted on its’ association with body appreciation or self-surveillance. The present study aimed to examine the relationship between theater practice and body appreciation, controlling for BMI. The study also investigated the relationship between theater practice and self-surveillance, and if self-surveillance works as a mediator between theater practice and body appreciation. Participants of 231 women aged 18-40 years ($M = 27.65$, $SD = 5.76$) answered a questionnaire on theater practice, body appreciation and self-surveillance. Path analysis revealed that theater practice had no relation to body appreciation or self-surveillance when controlling for BMI. Self-surveillance and BMI were, however, negatively associated with body appreciation. Theoretical and practical implications are discussed.

Keywords: Body appreciation, self-surveillance, theater practice, BMI

Abstrakt


Nyckelord: Kropps- och självsuppfattning, självövervakning, teaterutövande, BMI
Theater practice and its association with body appreciation and self-surveillance among women

Today’s society has a strong appearance culture (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999) where people commonly judge themselves and others by how they look (Frisén, Holmqvist Gattario, & Lunde, 2014). The appearance culture is characterized by enhancing and perpetuating appearance ideals and placing high value on beauty (Thompson et al., 1999). From this perspective, an individual’s appearance represents something about his or her happiness, success, health, intelligence and social competence (Frisén et al., 2014; Rennels, 2012). As a result, the appearance culture impacts how people view their own bodies and by extension construct their own selves (Frisén et al., 2014). Women are especially vulnerable to judgements about their bodies (Calogero, Tantleff-Dunn, & Thompson, 2011). Research shows that women display greater body dissatisfaction than men (Tiggemann, 2004), and that as much as 89-91% of women experience some form of weight-based dissatisfaction which clearly highlights the thin ideal in society (Runfola et al., 2013; Swami, Tran, Steiger, & Voracek, 2015) as well as how difficult (if not impossible) the ideal is to reach (Frisén et al., 2014). To recap, a wealth of information indicates that the appearance culture impacts how, women in particular, judge their appearance and by extension other personal qualities.

Research on how people view their bodies are today mainly focused on the broader concept of body image and in particular a negative judgement of one’s own body. Body image is considered to be a multifaceted and complex construct (Halliwell, 2015) that incorporates people’s experiences, feelings, attitudes and behaviours in relation to their bodies (Frisén et al., 2014). Most research on body image has so far been done on negative concepts, such as negative body image, body dissatisfaction or body image disturbance (Halliwell, 2015; Menzel & Levine, 2011). Body image issues can lead to several negative health consequences such as excessive dieting and exercise, high consumption of beauty products, and constant thoughts on how to improve one’s appearance (Frisén et al., 2014). A negative body image can be a significant factor in worsening depressive symptoms (Stice & Bearman, 2001) and body dissatisfaction plays a significant role in the development and maintenance of eating pathology (American Psychiatric Association, 2013; Stice & Bearman, 2001; Yu & Perez, 2019). Thus, a negative body image has significant adverse impacts on people’s psychological well-being.

Body appreciation

During the last decade there has been a change of focus in body image research, from an emphasis on negative aspects of body image to a greater interest in exploring protective factors for developing a positive body image (PBI) (Halliwell, 2015). PBI is a construct distinguishable from negative body image and not simply the opposite of a spectrum, even though the two constructs somewhat overlap (Tylka & Wood-Barcalow, 2015b). PBI is commonly defined as appreciating the body’s appearance and function, which means holding favourable opinions and positive affect towards one’s body (Menzel & Levine, 2011). Also, being aware of and attentive to the body, which entails being attuned to one’s body’s needs and experiences. Furthermore, possessing a set of adaptive cognitions for developing and sustaining a healthy body image, such as a positive self-schema of one’s body that helps challenge or
contradict situations that threaten one’s positive body image (Menzel & Levine, 2011). Thus, this means that PBI is a construct consisting of an aspect of positive judgement, tuning in to the body and cognitive protection against harmful input.

Research shows that PBI is a construct with several facets, consisting of body appreciation, body acceptance and love, broadly conceptualizing beauty, adaptive appearance investment, inner positivity, and filtering information in a body-protective manner (Tylka & Wood-Barcalow, 2015b). The majority of research on PBI so far has focused on the facet of body appreciation (Swami, Weis, Barron, & Furnham, 2018). Body appreciation is defined as accepting and holding favourable opinions of one’s body and its unique features, respecting one’s body by engaging in healthy behaviour and attending to bodily needs, and rejecting ideals promoted in media as the only form of human beauty (Avalos, Tylka, & Wood-Barcalow, 2005). Body appreciation is a facet that incorporates all aspects of Menzel and Levine’s (2011) definition of PBI (Halliwell, 2015). Both definitions include a positive judgement of one’s body, an aspect of tuning in to one’s body’s needs and a cognitive protection against input that is harmful to one’s body image. Body appreciation is the most common way to operationalise PBI and is therefore a reasonable choice when researching positive aspects of body image (Andrew, Tiggemann, & Clark, 2016b). Studies suggest that body appreciation increases with age (Tiggemann & McCourt, 2013; Swami et al., 2015); hence younger women have in general a greater difficulty to appreciate their bodies.

Considerable evidence can today be found regarding associations between potential predictors of body appreciation, as well as its relation to health factors and indicators of well-being among women. Andrew, Tiggemann and Clark (2016a; 2016b) have showed that consumption of appearance-related media, self-objectification, social comparison, internalisation of the thin-ideal and weight-loss behaviour was negatively correlated with body appreciation. The same researchers have also presented that perceived body acceptance by others was positively correlated to body appreciation which has been found to predict an increase of body appreciation over a one-year period (Andrew, Tiggemann, & Clark, 2016b; 2016c). Swami and colleagues (2018) found that appreciating one’s body is positively associated with emotional, psychological and social well-being. Along a similar line, body appreciation is associated with higher subjective happiness (Swami et al., 2015), higher self-compassion (Andrew et al., 2016b), higher self-esteem and fewer depressive symptoms (Gillen, 2015). Health-aspects such as higher levels of intuitive eating (Augustus-Horvath & Tylka, 2011; Iannantuono & Tylka, 2012), sexual functioning (Satinsky, Reece, Dennis, Sanders, & Bardzell, 2012), and sun protection and cancer screening behaviour (Andrew et al., 2016a; Gillen, 2015) have also been found in people with higher body appreciation. Lower body appreciation on the other hand has been found to predict alcohol and cigarette use over a one-year period (Andrew et al., 2016c). This all suggests that numerous factors impact people’s appreciation of their bodies, and that body appreciation is important for health and well-being. Continued research on promoting factors of body appreciation is therefore of importance.

**Self-surveillance and its association with body appreciation**

Women’s bodies are in today’s society often looked upon and treated as objects that can be controlled and manipulated (Fredrickson & Roberts, 1997). In media, women are
frequently portrayed in a sexualized way with the purpose to please others, and not as active subjects with their own will (Frisén et al., 2014). Fredrickson and Roberts (1997) have developed the self-objectification theory, which declares that the consequence of an objectifying society is internalization of the objectified lens, so called self-objectification. Self-objectification is the process of imagining and evaluating the physical appearance of one’s body from an observer’s perspective (Fredrickson & Roberts, 1997). It is proposed that self-objectification leads to body shame, which in turn, causes dieting and depressive symptoms (Fredrickson & Roberts, 1997). Fredrickson and Roberts (1997) theorized that younger women, during their years of reproductive potential, are more objectified and therefore engage in self-objectification to a higher degree. Indeed, this assertion is empirically supported by Tiggemann and Lynch (2001), who showed a decreased level of self-objectification and habitual body monitoring with increased age. McKinley and Hyde (1996) conceptualize self-objectification as consisting of self-surveillance, body shame and appearance control beliefs. Self-surveillance entails looking at the body from an observer’s view, body shame means feeling shame when the body does not conform to appearance ideals, and appearance control beliefs entails the belief that one can influence how the body looks (McKinley & Hyde, 1996). Self-surveillance can be seen as the manifestation of self-objectification and has become the most studied construct when researching self-objectification (Calogero, 2011). Therefore, to study women’s internalisation of society’s view on the female body, self-surveillance is a reliable and valid construct that could contribute to a greater understanding of women’s objectification of their own bodies.

Self-surveillance is associated with numerous aspects of mental illness. Most compelling evidence exist for correlations with body shame, body dissatisfaction, appearance anxiety and disordered eating (Tiggemann, 2011; Tiggemann & Williams, 2012) and a bit smaller amount of research on correlations with depressive symptoms (Hurt et al., 2007; Tiggemann & Williams, 2012) and sexual dysfunction (Tiggemann & Williams, 2012). Moreover, self-surveillance has been shown to predict body shame, which in turn predicted both dieting and depressive symptoms in early adolescent girls (Tiggemann & Slater, 2015). Hence, self-surveillance can have a negative health impact in many ways. A fair amount of evidence exists documenting that self-surveillance is negatively associated with body appreciation (Andrew et al., 2016b; Mahlo & Tiggemann, 2016; Tiggemann, Coutts, & Clark, 2014). Thus, individuals who look at themselves from an outside perspective are less likely to appreciate and feel good about one’s body. Accordingly, in the present study, it was hypothesized that higher self-surveillance would be associated with lower body appreciation among women.

**Theater practice and its association with body appreciation and self-surveillance**

Theater has long been considered to contribute to mental healing (Horwitz, Kowalski, & Anderberg, 2010). Theater is an artform where actors present stories, ideas or feelings to an audience through speech, gestures and movement (Horwitz, 2011). It can be seen as a symbolic reproduction of reality that enables an exploration of human emotions and suffering (Pellicciari et al., 2013). A common explanation for the healing powers of theater comes from the Russian theater director Konstantin Stanislavskij, who introduced the term affective memory (Horwits,
Affective memory is affects that are embodied and visible in the body when expressed (Horwits, 2011). All people’s accumulated experiences and memories are used in theater both consciously and unconsciously, and this process is intimately related to mental healing (Horwitz, 2011). An example of this is a study by Horwitz et al. (2010) on seven female fibromyalgia patients that reported reduced pain and increased health after expressing strong emotions through acting. The healing powers of theater are also evident in the psychotherapeutic methods of psychodrama and drama therapy, where theater is used as a tool to facilitate psychological change (Armstrong et al., 2016; Pellicciari et al., 2013). Theater is thus an interesting activity to study in relation to mental health.

The interest in examining the links between theater practice and mental health and well-being has increased (Theorell & Ullén, 2016). Researchers suggest that theater practice can be beneficial for different aspects of mental health, including lower levels of Alexithymia (i.e., difficulties identifying and describing feelings) (Lennartsson, Horwitz, Theorell, & Ullén, 2017) and improved self-concept among children (DeBettignies & Goldstein, 2019), higher self-esteem (Seagraves, 2008; Yücesan & Şendurur, 2018) and less burnout symptoms among women (Viding et al., 2015), reduced symptoms of social anxiety among adolescents (Felsman, Seifert, & Himle, 2019), and reduced symptoms of anxiety, depression and improved self-esteem among adult psychiatric patients (Krueger, Murphy, & Bink, 2019). Researchers have also found that higher life satisfaction (Michalos & Kahlke, 2010; Brown, Macdonald, & Mitchell, 2015) and leisure satisfaction (Wheatley & Bickerton, 2019) are associated with participating in theater practice. This shows that theater practice is related to numerous positive factors of mental health and well-being and is an activity that can be beneficial for people.

Prior research has suggested that theater practice might promote body appreciation (Halliwell, 2015), but to this point no empirical research has been done specifically. However, several related findings point to the idea that theater practice may be positively linked to body appreciation. For example, research has shown that some types of dance and yoga are related to higher body appreciation (Halliwell et al., 2019; Langdon & Petracca, 2010; Mahlo & Tiggemann, 2016; Tiggemann et al., 2014). Dance, especially contemporary dance, and yoga place an emphasis on exploration of emotions through movement and encourage attentiveness and awareness to the body (Halliwell et al., 2019; Swami & Harris, 2012). These components are also important in theater practice (Horwits, 2011). A qualitative study has also shown that children engaged in a school-based theater program stated that theater improved their body satisfaction (Haines, Neumark-Sztainer, & Morris, 2008). This makes it reasonable to assume that theater practice may be related to higher body appreciation. Research is however needed to establish an association between theater practice and body appreciation. Thus, this study will make a unique contribution to the body of knowledge in this field.

The association between theater practice and self-surveillance has not yet been examined, although there are good reasons to argue that theater practice can be related to lower levels of self-surveillance. Associations have been found between some types of dance and lower self-surveillance (Langdon & Petracca, 2010; Tiggemann et al., 2014). Considering the similarities between dance and theater practice that has been previously mentioned, it is possible that the same association will be found with self-surveillance. Beyond this, existing research shows that actors often experience flow when they are practicing (Martin & Cutler, 2002; Panero, 2019). Flow is an experience of fully absorption in an activity, which is...
negatively associated with self-surveillance (Szymanski & Henning, 2007; Tiggemann & Williams, 2012; Quinn et al., 2011). Hence, when individuals are in a flow state it is difficult, if not impossible, to look at themselves from an observer’s perspective (i.e., engaging in self-surveillance). Thus, it is hypothesized that women practicing theater might experience less self-surveillance.

**Self-surveillance as a mediator of the association between theater practice and body appreciation**

Menzel and Levine (2011) have developed the embodiment model of positive body image. The model proposes that embodying activities promote PBI, both direct and through reduced self-objectification. Embodying activities are defined as activities that involve a state of flow or deep absorption in one’s current activity and encourage awareness of and attentiveness to the body, boosting a sense of physical empowerment and competence (Menzel & Levine, 2011). This experience is contrary to self-objectification that entails looking at the body from an observer’s view (Fredrickson & Roberts, 1997). To clarify, the model proposes that an activity that is embodying reduces a person’s self-objectification and enhances a person’s PBI. As previously stated, PBI and self-objectification are commonly examined with measures for body appreciation and self-surveillance. Therefore, an embodying activity should be associated with higher body appreciation directly and through lower levels of self-surveillance.

Limited research exists on self-surveillance as a mediating function between various types of activities and body appreciation. So far, some forms of yoga and dance have been examined with promising results, where positive associations were found between the activities and body appreciation, through reduced self-surveillance (Mahlo & Tiggemann, 2016; Tiggemann et al., 2014). Both some types of dance and yoga are considered to strengthen the feeling of being at one with the body and encourage exploration of emotions (Halliwell et al., 2019; Swami & Harris, 2012). As previously mentioned, these components are significant in theater practice as well (Horwits, 2011), which overlaps with Menzel and Levine’s (2011) definition of an embodying activity. Thus, it has been hypothesized that self-surveillance would function as a mediator between theater practice and body appreciation in women.

**BMI and its association to body appreciation and self-surveillance**

Body mass index (BMI) in relation to body appreciation is thoroughly researched. However, in relation to self-surveillance the research is limited. BMI is established to be inversely associated with body appreciation for women, such that individuals with higher BMI are more likely to have difficulties feeling acceptance and respect for their bodies (Webb, Wood-Barcalow, & Tylka, 2015). This has been shown in Western and Eastern countries including both adults and adolescents (Lobera & Rios, 2011; Ng, Barron, & Swami, 2015; Swami & Chamorro-Premuzic, 2008; Tylka & Wood-Barcalow, 2015a; Webb, Butler-Ajibade, & Robinson, 2014). Yet, the strength of the correlation has varied (Swami et al., 2018). Self-surveillance is however not correlated to BMI (Arroyo & Andersen, 2016). It is therefore
worthwhile to control for BMI when studying body appreciation, but not in relation to self-surveillance.

**Present study**

To the best of our knowledge, there is no research on the association between theater practice and body appreciation, nor on theater practice and self-surveillance. For a greater understanding of positive health-benefits of theater practice, it would be fruitful to examine the relation between theater practice and body appreciation and self-surveillance among women and further to see if the association would be mediated through reduced self-surveillance. In order to reach female theater practitioners, the participants were recruited through social media and social contacts, and by emailing theater companies and theater schools. The sample was limited to women between 18-40 years old, since body image is a greater problem among younger women than any other demographic group (i.e., older women appreciate their bodies more and engage in less self-surveillance) (Swami et al., 2015; Tiggemann & McCourt, 2013; Tiggemann & Lynch, 2001). Self-reported body mass index (BMI) was included as a covariate since it is negatively associated with body appreciation (Swami et al., 2018).

We hypothesized that (1) theater practice would be positively associated with body appreciation even after controlling for BMI, (2) negatively associated with self-surveillance and (3) the association between theater practice and body appreciation would be mediated by reduced self-surveillance among women aged 18-40 years, as visualized in figure 1.

Figure 1. Hypothesized model.

![Hypothesized model diagram](image)

**Method**

**Participants**

The participants were recruited through advertisements on social media (i.e., Facebook), emails to theater companies and theater schools across Sweden, and through social contacts. Participants consisted of 231 women aged 18-40 years ($M = 27.65, SD = 5.76$). While 79 individuals (34%) reported engagement in theater practice, 152 individuals (66%) reported no engagement in theater practice. Approximately half of the participants (51%) were working and 37% were students. Remaining 12% were either on leave/maternity leave, activity compensation/sickness compensation or jobseekers. Nearly half of the sample (47%) had a
university degree, 31% had a high school diploma or equivalent, 17% post-secondary education (not college/university) and 4% elementary school or equivalent as highest completed education.

**Instruments**

The questionnaire contained measures of body appreciation and self-surveillance. Demographic information was collected including age, highest level of education, current occupation, self-reported height and weight (to calculate BMI) and whether the participants were engaged in theater practice or not.

**Body appreciation.** Body appreciation was measured with the Swedish translation of the Body Appreciation Scale-2 (BAS-2) (Holmqvist Gattario & Frisén, 2019). It was originally developed by Tylka and Wood-Barcalow (2015a). The instrument is developed to test more aspects of PBI than previous instruments, which only captured levels of satisfaction with appearance. BAS-2 aims to test individuals’ appreciation of their bodies, a broad definition of beauty, body acceptance and whether inner positivity influences outer demeanour (Halliwell, 2015). The scale has 10 items (e.g., “I respect my body”, “I am attentive to my body’s needs”), which were rated on a 5-point Likert scale (1 = Never, 5 = Always) (Tylka & Wood-Barcalow, 2015a). The overall score was computed as a mean of all items, where a higher score indicates higher body appreciation. Tylka and Wood-Barcalow (2015a) reported a good construct validity due to strong positive correlations with related constructs. Tylka and Wood-Barcalow (2015a) also reported good criterion-related validity for BAS-2 due to its negative association to eating disorder symptomatology and positive association to intuitive eating. The Swedish translation has been shown to have a convergent validity consistent with previously reported results on BAS-2 (Lemoine et al., 2018). The 10-item BAS-2 has item-total correlation between .76 and .92 for women (Tylka & Wood-Barcalow, 2015a). Previous studies have shown an excellent internal consistency for adult women in the U.S. (Tylka & Wood-Barcalow, 2015a) and for the Swedish translation for girls between 12-19 years old (Lemoine et al., 2018). The internal consistency in the present study was excellent (α = .93).

**Self-surveillance.** Self-surveillance was tested with the Surveillance Subscale of the Objectified Body Consciousness Scale (McKinley & Hyde, 1996). The Objectified Body Consciousness Scale was developed by McKinley and Hyde (1996) with three dimensions: a surveillance dimension, a control dimension and a shame dimension (confirmed via confirmatory factor analysis). This yielded three subscales: the Surveillance Scale, the Body Shame Scale and the Control Beliefs Scale (McKinley & Hyde, 1996). Only the Surveillance Scale was used in the present study, since it is considered to be the manifestation of self-objectification and is the most used subscale for testing self-objectification (Calogero, 2011).

The Surveillance Scale is developed to test whether an individual (woman) frequently watch her body and thinks about her body in terms of appearance, rather than how the body feels (McKinley & Hyde, 1996). The scale has 8 items (e.g., “I rarely think about how I look”, “I often worry about whether the clothes I am wearing make me look good”) and they were rated on a 7-point Likert scale (1 = strongly disagree, 7 = strongly agree) (McKinley & Hyde,
1996). The scores are averaged to produce a total score, where higher scores imply greater self-surveillance. Items 1, 2, 3, 4, 7, and 8 are reversed scored (McKinley & Hyde, 1996). McKinley and Hyde (1996) reported a good two-week test-retest reliability ($r = .79$). The subscale has good convergent and discriminant validity, since it correlates with similar or contrasting measures to self-objectification (McKinley & Hyde, 1996). McKinley and Hyde (1996) reported an adequate-to-good internal consistency of the Surveillance Scale for undergraduate and middle-aged women. In this study the internal consistency was good ($\alpha = .87$).

**Procedure**

The measure of self-surveillance was translated using back-translation (Brislin, 1970). Minor adjustments were made such as changes in word order for correct grammar. Google forms was used to create an online survey. The survey was sent out with an information sheet, consisting of information about the purpose of the study, voluntary participation, anonymity and confidentiality. The survey was estimated to take five minutes to complete. Data were collected over a two-week period in 2019. For participation in the study, the participants were required to be aged between 18-40 and identify themselves as women. The participants were asked to report their age, highest completed education, current occupation, height, weight and engagement in theater practice at the outset, followed by the measures of body appreciation and self-surveillance. Data from 19 individuals were excluded due to age above 40 or missing data on age, resulting in a total of 231 subjects.

**Statistical analysis**

Group differences between theater practitioners and non-practitioners, and descriptive statistics including means and standard deviations were calculated using IMB SPSS Version 24. Missing items regarding age and people who were older than 40 years old were treated by listwise deletion. Normality and suitability for parametric testing was conducted (Borg & Westerlund, 2012). All outcome variable distributions were within normal distribution.

A multivariate analysis of variance (MANOVA) was conducted with theater practice as between-subjects factor and the Surveillance Scale and BAS-2 as dependent variables, comparing theater practitioners and non-practitioners. A path analysis was conducted using AMOS 18.0 to test the hypothesized model (see figure 1). The $\chi^2$ statistic, the comparative fit indices (CFI), the incremental fit index (IFI) and the root mean square error of approximation (RMSEA) were used to evaluate model fit. If the $\chi^2$ is $p > .05$, the hypothesized model is considered to fit the sample covariance matrix (Blunch, 2008). Acceptable model fit for both CFI and IFI is above .90 (Kline, 1998; Shadfar & Malekmohammadi, 2013). The limit for the RMSEA under .08 for acceptable fit has been chosen (Browne & Cudeck, 1992).

**Ethical considerations**

The participants were not asked to give their name or personal ID to ensure confidentiality. Information was given regarding the purpose of the study, participation was
voluntary, and participants had the option to not submit their answers if they changed their minds while answering the questionnaire.

**Results**

Table 1 presents descriptive statistics (means and standard deviations) for the measures of body appreciation, self-surveillance and BMI. The mean self-reported BMI was 25.21, which falls within the “slightly overweight” range (25.0-29.9) (The Public Health Agency of Sweden, 2018). Table 1 also presents bivariate correlations. As expected, self-surveillance and BMI were negatively correlated with body appreciation, and self-surveillance had no relation to BMI. The significant correlations were of moderate strength. However, contrary to our predictions, theater practice was not correlated with either body appreciation or self-surveillance. Theater practice was not correlated with BMI, suggesting that theater practitioners and non-practitioners did not significantly differ in BMI.

**Table 1.**

*Descriptive statistics and bivariate correlations for the study variables.*

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*Note.* Theater practice: no = 0, yes = 1. \(N\) varied from 229-231.

* * \(p < 0.05\), ** \(p < 0.01\) level.

**Differences between theater-practitioners and non-practitioners**

A multivariate analysis of variance (MANOVA) was conducted, as a preliminary analysis, with theater practice as between subjects factor, and self-surveillance and body appreciation as dependent variables. Theater practice did not have a significant multivariate effect on body appreciation or self-surveillance, Hotelling’s \(T = .01, F(1, 229) = 1.58, ns, \eta_p^2 = .01\). Thus, there were no group differences between theater-practitioners and non-practitioners regarding body appreciation and self-surveillance.
Path analysis

Figure 2.

Note. Theater practice: no = 0, yes = 1. Standardized path coefficients for the model are presented. ***p < .001

The fit for the structural model was acceptable, $\chi^2(2, N = 229) = 4.97, p < .10, \text{CFI} = .96, \text{RMSEA} = .08, 90\% \text{ CI} [.000, .172], \text{IFI} = .97$. However, the model shows that theater practice is not significantly associated with higher body appreciation or lower self-surveillance (see figure 2). Hence, no test of mediation was attempted. Self-surveillance and BMI were significantly and inversely related to body appreciation, with moderate and modest correlations respectively.

Discussion

The current study is the very first one to examine theater practice’s possible relation to body appreciation and self-surveillance among women. According to Menzel and Levine’s (2011) embodiment model of positive body image, an activity that enhances the experience of being at one with the body should reduce the individual’s self-surveillance and increase body appreciation (Menzel & Levine, 2011). By drawing on this theoretical framework, the first hypothesis was that theater practice would be positively associated with body appreciation even after controlling for BMI. The second was that theater practice would be negatively associated with self-surveillance. The final and third entailed that the association between theater practice and body appreciation would be mediated by reduced self-surveillance, including controlling for BMI. Contrary to our predictions, no significant relation was found between theater practice and body appreciation, by themselves nor after controlling for BMI. No significant relation was found between theater practice and self-surveillance. Therefore, no test of mediation was attempted. Both BMI and self-surveillance were significantly associated with body appreciation as expected. Further discussion regarding these findings follows.

The fact that no group differences were found between female theater-practitioners and non-practitioners on body appreciation and self-surveillance could be attributed to the study’s limitations, where theater-practitioners were separated from non-practitioners only by a single question on current engagement in theater practice. It is possible that women in the non-practice group had practiced theater earlier in their lives, while women in the theater practice group
only practiced theater for a short period of time and/or very rarely. This might have resulted in nonsignificant differences regarding body appreciation and self-surveillance between women who practice theater and those who do not. Another plausible reason for the null findings could be that difficulties to appreciate one’s body and the habit of looking at it from an observer’s perspective (i.e., engagement in self-surveillance) are considered to be processes that many women have learnt over a long period of time (Frisén et al., 2014). Hence, it is reasonable that change also takes some time, which was not possible to track longitudinally in the present study. Further studies, with questions on broader aspects of theater practice such as duration, intensity, and frequency as well as longitudinal designs are required to provide more complete information about potential group differences between theater practitioners and non-practitioners regarding body appreciation and self-surveillance.

Furthermore, the questionnaire did not include questions regarding other embodying activities such as dance and yoga. Earlier research has shown that some types of dance and yoga are associated with higher body appreciation and lower self-surveillance (Langdon & Petracca, 2010; Mahlo & Tiggemann, 2016; Tiggemann et al., 2014). If non-practitioners were engaged in either of these activities, this could have evened the group differences out and resulted in no relationship between theater practice and body appreciation or self-surveillance. Future research is therefore needed that controls for other embodying activities.

Another explanation for the results is that theater practice’s possible associations with body appreciation and self-surveillance might be influenced by different types of theater practice. Given the earlier findings that ballet dance is associated with higher dissatisfaction with the body (Ravaldi et al., 2006) and self-surveillance (Tiggemann & Slater, 2001), whereas belly dance (Tiggemann et al., 2014) and modern dance (Langdon & Petracca, 2010) are associated with higher body appreciation and lower self-surveillance, this may well be the case for theater practice as well. For example, improvisational theater, or improv, (e.g., collaboratively making up stories without a script) is the type of theater that so far has yielded most promising results on mental health. Specifically, improv-interventions have shown to improve children’s self-concept (DeBettignies & Goldstein, 2019), and are linked to reduced symptoms of social anxiety among adolescents (Felsman et al., 2019) and reduced symptoms of anxiety, depression and improved self-esteem among adult psychiatric patients (Krueger et al., 2019). Hence, it would be fruitful if future research pays particular attention to specifying how body appreciation and self-surveillance are related to different types of theater practice.

One can also argue that the influence of an audience could have affected the levels of self-surveillance among the theater practitioners. It is common that theater practitioners perform in front of an audience every once in a while, and during rehearsal periods actors most likely have that coming audience in mind. The awareness of being looked at by an audience may very well contribute to an increased preoccupation with how their bodies look from an outside perspective, thereby engaging in self-surveillance. This tendency was evident for exotic dancers who performed in front of an audience and reported higher self-surveillance than college students (Downs, James, & Cowan, 2006), whereas female belly dancers (a type of exotic dance) without any audience watching reported lower self-surveillance than college students (Tiggemann et al., 2014). Therefore, the purpose of engaging in a potential embodying activity and the influence of an audience seem to be important for the levels of self-surveillance
Performing in front of an audience should be taken into consideration in future research.

The present study showed that self-surveillance was moderately negatively associated with body appreciation, above and beyond the effect of BMI. This finding was expected and in line with previous research (Andrew et al., 2016; Mahlo & Tiggemann, 2016; Tiggemann et al., 2014). Because the present study confirmed the moderate negative effect even after controlling for BMI, it contributes to the knowledge that strengthens the evidence regarding self-surveillance and its link to body appreciation among women. In other words, the finding suggests that women who are preoccupied with how they look from an outside perspective (i.e., engagement in self-surveillance) tend to have difficulties to feel appreciation towards their bodies even after taking BMI into consideration. Since self-surveillance and body appreciation are related, it is of importance to target both in future interventions. By aiming to reduce self-surveillance, it is reasonable to assume that body appreciation also will be improved, which would then provide more effective treatments for illnesses such as eating disorders.

BMI was found to be modestly negatively associated with body appreciation. This association has been established in a large amount of previous research, although the strengths of the associations have varied (Swami et al., 2018; Webb et al., 2015). The result suggests that women who do not fit into society’s thin ideal are likely to have a harder time to appreciate and respect their bodies in general. This emphasizes the importance of interventions, in for example schools, that target critique against the thin ideal in order to facilitate a broader perspective on women’s ideal and to change the attitude towards it. This would contribute to women with higher BMI to feel more appreciation towards their bodies.

Limitations

The current study has made a unique contribution in the field of research on theater practice by examining its association with body appreciation and self-surveillance among women. Even though the data did not support theater practice as an embodying activity, it has yielded valuable knowledge for future research to build on. Several limitations should be noted here. First, the study was cross-sectional and therefore any causality or direction of the associations cannot be established. It is for example possible that body appreciation leads to less self-surveillance instead of the other way around, as proposed in the embodiment model of positive body image (Menzel & Levine, 2011). Longitudinal or experimental research is therefore needed to establish the directions in the model, which then would be important information to base future interventions on. Second, a convenience sample was used, which means that the findings are not representable for the general population. A larger randomized sample is needed to generalize the findings to the general population. Third, as mentioned earlier, measures of duration and frequency was not conducted. Future research that takes these factors into account would contribute to knowledge about how much theater is needed to make a difference in body appreciation and self-surveillance. Fourth, to make valid conclusions regarding the associations measured in this study, embodying activities such as yoga and dance (Mahlo & Tiggemann, 2016; Tiggemann et al., 2014; Langdon, & Petracca, 2010) needs to be controlled for. As discussed before, this was not done in the present study. Finally, the present study was based on the embodiment model of positive body image (Menzel & Levine, 2011),
but did not test all constructs within PBI and self-objectification. It would be beneficial for future research to test theater practice’s association with other parts of PBI and self-objectification such as adaptive appearance engagement and body shame (McKinley & Hyde, 1996; Tylka & Wood-Barcalow, 2015b). This could contribute to knowledge about theater practice’s possible impact on other constructs within PBI and self-objectification.

**Conclusion**

In conclusion, although this study has several limitations, this is the first study to examine theater practice and its association with body appreciation and self-surveillance when controlling for BMI. Hence, it has made a unique contribution by extending current research on embodying activities as well as mental health benefits with theater practice. Results suggest that high self-surveillance and BMI are negatively associated with body appreciation. Although theater practice is not associated with body appreciation or self-surveillance in the present study, theater practice would be an interesting area for future research with potential to be beneficial for women’s mental health in general, and particularly for women’s relation to their bodies, an issue that is prevalent among many women today.
Reference list


