



Exploring the link between self-compassion and body image in university women

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ABSTRACT

The purpose of the present research was to examine the relationships between self-compassion and women's body image. In Study 1, female undergraduates ($N = 142$) completed three measures of body image and measures of self-esteem and self-compassion. Results showed that high self-compassion predicted fewer body concerns independently of self-esteem. Moreover, when both self-compassion and self-esteem were included as predictors, self-compassion accounted for unique variance in body preoccupation and weight concerns whereas self-esteem did not. In Study 2, this finding was partially replicated with one component (self-judgment) of self-compassion uniquely predicting body preoccupation in undergraduate women ($N = 187$). High scores on self-compassion also predicted less eating guilt independent of self-esteem. Additionally, self-compassion was shown to partially mediate the relationship between body preoccupation and depressive symptoms. The findings highlight the possibility that a consideration of self-compassion for body image may contribute to identifying who is most at risk for body/shape concerns.

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Introduction

Consistent with calls to focus on positive body image (e.g., Grogan, 2010), the research reported here explores whether self-compassion is linked to women's body image and eating attitudes and behaviors when controlling for self-esteem. Self-compassion refers to "being touched by and open to one's own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one's suffering and to heal oneself with kindness. Self-compassion also involves offering nonjudgmental understanding to one's pain, inadequacies and failures, so that one's experience is seen as part of the larger human experience" (Neff, 2003a, p. 87). In other words, being compassionate towards oneself is similar to having compassion towards others, especially in times of distress. We begin by providing background information on the role of self-esteem in women's body image and argue that self-compassion may contribute to understanding the nature of these relationships. Finally, we present data from two studies in support of our stance.

The Role of Self-Esteem in Body Image

Many studies document the ubiquity of body concerns among women from Western cultures, and within this literature there is a long history of linking self-esteem to women's body concerns.

Self-esteem, a general overall evaluation of oneself, has been associated with being dissatisfied with one's appearance such that the more dissatisfied a woman is with her body and/or shape, the lower her self-esteem (e.g., Cash & Fleming, 2002; Cooley & Toray, 2001; Stice, 2002; Stice & Whitenton, 2002). Whereas much of the research examines the link between self-esteem and body dissatisfaction, a similar pattern emerges when considering positive body image. Specifically, women with high self-esteem tend to evaluate their bodies positively (e.g., Connors & Casey, 2006; Paxton, Neumark-Sztainer, Hannan, & Eisenberg, 2006; Swami, Airs, Chouhan, Leon, & Towell, 2009; Tiggemann, 2005). Moreover, although the association between self-esteem and body image has largely been examined using non-clinical samples, there is evidence that the severity of symptoms of body dysmorphic disorder is negatively associated with self-esteem (e.g., Phillips, Pinto, & Jain, 2004). Thus, the research demonstrates a link between self-esteem and women's body concerns.

Research shows that self-esteem predicts body concerns (e.g., Button, Sonuga-Barke, Davies, & Thompson, 1996) as well as shows that self-esteem is an outcome of body concerns (e.g., Paxton et al., 2006). Thus, low self-esteem is both a predictor and a consequence of body concerns (e.g., Grogan, 2008; Tiggemann, 2005). Although there remain some questions about the direction of the association between self-esteem and body concerns, the evidence supports a reliable link enough so that some researchers have suggested that interventions aimed at improving self-esteem improve body image concerns. For example, O'Dea (2004) describes a program that focuses on developing young students' self-esteem with the ultimate goal to prevent body image concerns, and she

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reports significant improvements in body image for female students.

In addition to linking high self-esteem to positive body views, other documented benefits of high self-esteem include happiness (Lucas, Diener, & Suh, 1996), initiative, resilience, and pleasant feelings (Baumeister, Campbell, Krueger, & Vohs, 2003). Despite these benefits, high self-esteem is related to a number of negative outcomes including distortions in self-knowledge and increased aggression (e.g., Baumeister et al., 2003; Crocker & Park, 2004), in part because self-esteem relies on meeting standards and favorable comparisons with others (Neff, 2009). One argument is that a healthy perspective on the self should not entail evaluations based on comparisons to others. Neff (2003a, 2011a) and Neff and Vonk (2009) suggest that feeling good about oneself because the self is better than others is problematic because only a few people can achieve this. According to Leary (1999), self-esteem is a gauge by which people monitor how others appraise them. If one perceives herself or himself as falling short on traits valued by others, self-esteem decreases. As a barometer, self-esteem then is reactive to people's perceptions of their attractiveness to others, and for women, physical appearance is often perceived as being important. This view suggests that self-esteem can be maintained by meeting prescribed standards. Given the cultural standards for women's appearance, viewing oneself positively may be impossible for many women because these standards are unrealistic and, typically, unachievable. Because of the drawbacks of self-esteem, it is not surprising that some researchers like Neff (2003a) propose an approach to the self that is qualitatively different.

Self-Compassion

As introduced by Neff (2003a, 2003b), self-compassion comprises three core components including kindness to one's self versus harsh self-judgment, a recognition that one's experiences are common to all versus a sense of isolation, and a mindful awareness versus over-identification of one's shortcomings. It follows then that those high in self-compassion are accepting of themselves. When they experience failures or perceive themselves as falling short, rather than being self-critical, they treat themselves with kindness and understanding.

A growing literature suggests that being compassionate towards oneself is positively associated with desired outcomes and negatively associated with undesired outcomes. For example, self-compassion is positively correlated with social connectedness and life satisfaction (Neff, 2003b) as well as perceived competence and intrinsic motivation (Neff, Hsieh, & Dejitterat, 2005). Additionally, self-compassion is negatively associated with self-criticism, anxiety, and depression (e.g., Leary, Tate, Adams, Allen, & Hancock, 2007; Neff, 2003a, 2003b, 2009; Neff, Kirkpatrick, & Rude, 2007; Neff & McGehee, 2010; Neff & Vonk, 2009). The evidence supporting self-compassion as a beneficial approach to the self encompasses circumstances of perceived academic failure (Neff et al., 2005), ego threat (Neff et al., 2007), and daily distress (Leary et al., 2007). In each situation, higher self-compassion predicted fewer negative emotional reactions and, importantly, such reactions did not come about because people high in self-compassion failed to be accountable for their own actions. Rather, those high in self-compassion appear to be accepting of things they cannot change and try to change things that they can (Leary et al., 2007).

Not surprising, self-compassion overlaps with self-esteem such that people who are self-compassionate also tend to report having high self-esteem. Indeed, correlation coefficients between self-esteem and self-compassion range from .56 (Leary et al., 2007) to .68 (Neff & Vonk, 2009) suggesting that the two constructs share much in common. Yet, the correlations that are documented between self-compassion and other constructs hold true even

when controlling for existing levels of self-esteem. Moreover, self-esteem has significant links to narcissism whereas self-compassion does not, and self-compassion is linked to self-worth stability whereas self-esteem is not (Neff & Vonk, 2009). Thus, self-esteem appears to be reactive to negative events (i.e., by leading people to maintain or enhance their self views when negative events occur), but self-compassion appears to buffer the impact of those negative events (Neff, 2009; Neff & Vonk, 2009). Although research shows that self-compassion and self-esteem are linked, the patterns of relationships with other constructs suggest that self-compassion is distinct from self-esteem. Neff (2003a, 2011a) and Neff and Vonk (2009) suggest that when accounting for the overlap between the two constructs, the variance accounted for by self-esteem reflects positivity of self-representations whereas what is accounted for by self-compassion reflects acceptance of oneself.

Overall, the literature appears to support the claim that self-compassion benefits people, especially when they experience failures or shortcomings. Given this evidence, it seems reasonable to expect that self-compassion might also be linked to women's body concerns. That is, holding a compassionate view of one's self may contribute to positive evaluations of one's body. There is some research supporting this idea. Specifically, women classified as having a positive body image were described as having compassion towards themselves by accepting their bodies in spite of their perceived appearance flaws, holding favorable attitudes towards their bodies, and rejecting unrealistic media ideals (Wood-Barcalow, Tylka, & Augustus-Horvath, 2010). Furthermore, Neff and Vonk (2009) found that self-compassion predicted self-worth that is less dependent on appearance compared to self-esteem. Additionally, some intervention programs (e.g., O'Dea, 2004; Steiner-Adair & Sjostrom, 2006) incorporate principles of compassion to promote positive body image amongst young women. For example, the "Everybody's Different" program (O'Dea, 2004) includes activities designed to increase awareness and acceptance that nobody is perfect, which appears to be consistent with the conceptual definition of self-compassion.

Further evidence in support of the idea that self-compassion is linked to body concerns comes from research showing that self-compassion buffers negative reactions to diet breaking. Adams and Leary (2007) showed that experimentally inducing self-compassion reduced the amount of distress dieters experienced after eating high calorie foods. Moreover, these same participants were less likely to overeat following diet breaking. Participants induced to be self-compassionate experienced less distress and less maladaptive eating likely because they were less judgmental and more accepting of themselves, even when they behaved in ways that were inconsistent with their own goals.

More recent studies show that self-compassion is negatively associated with social physique anxiety among women who regularly exercise (Magnus, Kowalski, & McHugh, 2010) as well as among women athletes (Mosewich, Kowalski, Sabiston, Sedgwick, & Tracy, 2011). Mosewich et al. (2011) also showed that self-compassion was negatively related to self-evaluations including body surveillance and body shame even when controlling for self-esteem. Additionally, Dijkstra and Barelds (2011) showed that mindfulness (one aspect of self-compassion) was positively associated with body satisfaction among women.

The current investigation was undertaken to further explore the relationship between self-compassion and women's body image. Self-compassion may be one factor that has the potential to offset the negative consequences of being concerned about one's appearance (e.g., Johnson & Wardle, 2005; Paxton et al., 2006; Polivy & Herman, 2002; Stice & Shaw, 2002). Whereas the extant literature suggests that self-compassion is linked to body concerns, the present study would add to what is currently known in at least three ways. First, the present study examines the overarching construct

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