



Self-compassion moderates the relationship between body mass index and both eating disorder pathology and body image flexibility

Allison C. Kelly*, Kiruthiha Vimalakanthan¹, Kathryn E. Miller¹

Department of Psychology, University of Waterloo, Waterloo, ON N2L 3G1, Canada

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ABSTRACT

The current study examined whether self-compassion, the tendency to treat oneself kindly during distress and disappointments, would attenuate the positive relationship between body mass index (BMI) and eating disorder pathology, and the negative relationship between BMI and body image flexibility. One-hundred and fifty-three female undergraduate students completed measures of self-compassion, self-esteem, eating disorder pathology, and body image flexibility, which refers to one's acceptance of negative body image experiences. Controlling for self-esteem, hierarchical regressions revealed that self-compassion moderated the relationships between BMI and the criteria. Specifically, the positive relationship between BMI and eating disorder pathology and the negative relationship between BMI and body image flexibility were weaker the higher women's levels of self-compassion. Among young women, self-compassion may help to protect against the greater eating disturbances that coincide with a higher BMI, and may facilitate the positive body image experiences that tend to be lower the higher one's BMI.

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Introduction

Self-compassion has been defined as the tendency to respond to personal distress and inadequacies with self-kindness rather than self-judgment, an attitude of mindfulness rather than over-identification, and the perspective that suffering is common to humanity rather than isolating (Neff, 2003a). Just like self-esteem, self-compassion is a positive attitude toward self and the two variables correlate moderately with one another (Neff, 2003a). However, whereas self-esteem is a positive view of oneself that stems from appraisals of one's worth, attributes, and performance (Rosenberg, 1965), self-compassion derives from the human capacity for caregiving (Gilbert, 2005). It involves showing oneself support and warmth in the face of setbacks and disappointments, and unlike self-esteem, does not require that one's attributes or abilities be superior to those of others. A growing body of research now shows that self-compassion and self-esteem contribute independently to well-being and psychopathology (Neff, 2003a; Neff, Kirkpatrick, & Rude, 2007).

Although both self-compassion and self-esteem appear to play a positive role in psychosocial functioning, self-compassion seems

to offer important benefits that self-esteem does not. These benefits are especially salient when examining how individuals respond to personal failures, disappointments, or setbacks. Self-esteem has been associated with greater denial and minimizing of personal failures (Crocker & Park, 2004), and more defensive reactions after negative feedback (Leary, Tate, Adams, Allen, & Hancock, 2007). Self-compassion, by contrast, is associated with acknowledging and taking responsibility for one's role in failures, less overwhelmed emotional reactions, and the motivation to learn from one's mistakes and self-improve (Breines & Chen, 2012; Leary et al., 2007). Self-compassion therefore appears to help weather distress and disappointment in a less personalized, more self-accepting, and growth-promoting way.

There is some evidence to suggest that self-compassion may play a protective role in the area of body image and eating behavior. Wasylikiw, MacKinnon, and MacLellan (2012) found that controlling for self-esteem, female undergraduate students who were higher in self-compassion had fewer body image concerns, greater body appreciation, and less eating-related guilt. Ferreira, Pinto-Gouveia, and Duarte (2013) similarly found that higher self-compassion was associated with a lower drive for thinness in female eating disorder patients and community adults. Controlling for body mass index (BMI) and self-esteem, self-compassion has also been inversely associated with binge eating struggles and positively linked to intuitive eating, which refers to eating according to physiological hunger and satiety cues (Schoenfeld & Webb, 2013; Webb & Forman, 2013). Finally, studies in eating disorder

* Corresponding author. Tel.: +1 519 888 4567x33983.

E-mail addresses: allison.kelly@uwaterloo.ca (A.C. Kelly),

kvimalak@uwaterloo.ca (K. Vimalakanthan), k24mille@uwaterloo.ca (K.E. Miller).

¹ Tel.: +1 519 888 4567x39121.

patients show that those who experienced greater improvements in self-compassion early in treatment fared better (Kelly, Carter, & Borairi, 2014), and those whose pre-treatment capacity for self-compassion was low fared poorly (Kelly, Carter, Zuroff, & Borairi, 2013).

Although studies to date support a relationship between self-compassion, body image, and eating behavior, there is little research on whether self-compassion can attenuate disappointments or perceived inadequacies in the eating and body image realm. Because self-compassion appears to be an especially valuable protective factor when individuals encounter shortcomings and struggles, it is important to determine whether this holds true across life domains. One study by Adams and Leary (2007) investigated the effects of a self-compassion induction on restrained and guilty eaters. After eating an unhealthy preload, those who were prompted by the experimenter to think more self-compassionately about occasional indulgences had less subsequent disinhibited eating. This study supports the modulating influence that self-compassion may have when one experiences a “setback” or stressor in the realm of eating and body image, and supports the importance of further investigations on this topic.

In today's Western culture, many women may experience an elevated BMI as a setback, stressor, or failure. First, the current “thin ideal” is significantly lower than the average woman's weight, and is physiologically impossible for most women to attain (Hawkins, Richards, Granley, & Stein, 2004). Second, it is difficult to escape media images of women who represent the “thin ideal,” and such exposure increases body dissatisfaction and eating disorder symptoms (Buote, Wilson, Strahan, Gazzola, & Papps, 2011; Groesz, Levine, & Murnen, 2002; Hawkins et al., 2004). Third, women with higher BMIs are more frequently the targets of weight stigma, including negative comments, social exclusion, and discrimination (Vartanian & Shaprow, 2008). Fourth, weight stigma and BMI each has been positively associated with disordered eating and body dissatisfaction (Myers & Rosen, 1999; Neumark-Sztainer, Falkner, Story, Perry, Hanna, & Mulert, 2002; Rø, Reas, & Rosenvinge, 2012; Stice, 2002). BMI has also been negatively linked to body image flexibility (Wendell, Masuda, & Le, 2012), which refers to the ability to accept negative thoughts and feelings about one's body while remaining committed to desired and valued behaviors (Sandoz, Wilson, Merwin, & Kellum, 2013). Taken together, findings suggest that within the current sociocultural climate, an elevated BMI may be a source of stress for many women; it may confer vulnerability to eating pathology and undermine women's potential to experience positive body image.

The Present Study

The overarching aim of this study was to examine whether controlling for self-esteem, self-compassion would moderate the relationship between BMI and both eating disorder pathology and body image flexibility among undergraduate females. Our first objective was to determine whether self-compassion would moderate the relationship between BMI and eating disorder pathology – namely, global eating pathology, weight concerns, shape concerns, eating concerns, and dietary restraint. As in past studies, it was expected that higher self-compassion would be associated with less eating disorder pathology (Ferreira et al., 2013) and a higher BMI would be associated with more pathology (Rø et al., 2012; Stice, 2002). Our central hypothesis was that the relationship between BMI and eating disorder pathology would be weaker the higher a woman's level of self-compassion. Because self-compassion has been positively associated with unconditional self-acceptance (Webb & Forman, 2013) and healthier forms of coping and self-regulation in the face of challenges (Kelly, Zuroff, Foa, & Gilbert, 2010; Terry & Leary, 2011), it was thought that women

who were higher in self-compassion would be less prone to cope with their higher BMI by engaging in unhealthy eating and weight-control behaviors.

Our second objective was to examine whether self-compassion would moderate the relationship between BMI and body image flexibility. We expected that as in previous studies, self-compassion would be positively related to this acceptance-based form of body image (Ferreira, Pinto-Gouveia, & Duarte, 2011; Schoenefeld & Webb, 2013), and that BMI would be negatively associated with body image flexibility. Our central hypothesis was that level of self-compassion would attenuate the strength of the negative relationship between body image flexibility and BMI. Highly self-compassionate individuals are better able to tolerate and persevere through challenges without becoming overwhelmed (Leary et al., 2007). We therefore expected that women with higher levels of self-compassion would cope more adaptively with the negative body image experiences that tend to coincide with a higher BMI, and that they would be less likely to sacrifice participation in desired and valued behaviors. These two positive coping behaviors of acceptance and commitment to action are inherent to body image flexibility.

Method

Participants

Participants were female undergraduate students recruited from a research participant pool at a medium-sized Canadian university. One participant, aged 64 years, was removed from the final sample due to her outlying age of over 11 *SDs* from the mean. Our final sample consisted of 153 individuals whose mean age was 20.2 years (*SD* = 3.49). The ethnic breakdown was: 48.3% Caucasian; 19.4% South Asian; 12.9% East Asian; 6.5% Southeast Asian; 3.2% Black/African; 3.2% bi-racial; 2.6% West Indian/Caribbean; 1.3% Hispanic; 1.3% Middle Eastern; 0.7% Aboriginal (First Nations); and 0.7% Other.

Measures

BMI (kg/m²). BMI was calculated based on participants' self-reported height and weight. BMI ranged from 16.8 to 49 in the present sample, and the mean was 23.1 (*SD* = 5.0). The sample breakdown based on typically used BMI categories was: 10.6% underweight (BMI less than 18.5), 66.9% normal weight (BMI between 18.5 and 24.9), 15.9% overweight (BMI between 25 and 29.9), and 6.6% obese (BMI of 30 and higher).

Self-Compassion Scale (SCS; Neff, 2003b). The SCS assesses people's tendency to be compassionate toward themselves at times of distress and disappointment (e.g., “I'm tolerant of my own flaws and inadequacies.”). Items are rated along a scale ranging from 1 (*almost never*) to 5 (*almost always*), with higher scores reflecting higher self-compassion. The SCS yields scores on six subscales as well as a total scale score, the latter of which was the focus of the present paper. The scale has demonstrated good construct validity and internal consistency, as well as good 3-week test-retest reliability when administered among both male and female undergraduate students randomly selected from a university subject pool (Neff, 2003b). The Cronbach's alpha in the present sample was .92 indicating adequate internal consistency.

Rosenberg Self-Esteem Inventory (RSE; Rosenberg, 1965). The RSE assesses individuals' global appraisal of their own self-worth (e.g., “I take a positive attitude toward myself”). Ten items, rated from 1 (*strongly disagree*) to 5 (*strongly agree*), are summed, with higher scores indicating greater self-esteem. It has demonstrated strong reliability and validity in many samples, including a

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