

Running head: POSITIVE BODY IMAGE IN ADULT WOMEN

Towson University
Office of Graduate Studies

THE RELATIONSHIP OF POSITIVE BODY IMAGE TO
SELF-COMPASSION AND ETHNIC IDENTITY IN ADULT WOMEN

by

Erica D. Wiley

A thesis

Presented to the faculty of

Towson University

in partial fulfillment of the requirements for the degree of

Master of Arts

Department of Psychology

Towson University
8000 York Rd, Towson, MD 21252

May 2014

POSITIVE BODY IMAGE IN ADULT WOMEN

TOWSON UNIVERSITY
OFFICE OF GRADUATE STUDIES

THESIS APPROVAL PAGE

This is to certify that the thesis prepared by Erica Denise Wiley entitled The Relationship of Positive Body Image to Self-Compassion and Ethnic Identity in Adult Women has been approved by the thesis committee as satisfactorily completing the thesis requirements of the Counseling Psychology program, Department of Psychology, for the Master of Arts degree.



Chair, Thesis Committee
Christa Schmidt, PhD

5/16/14
Date



Committee Member
Kim Shiffen, PhD

5-15-2014
Date



Committee Member
Evangeline Wheeler, PhD

5-15-2014
Date

Janet V. DeHany, Dean Graduate Studies 5-18-2014

Acknowledgements

I am beyond appreciative of all who have helped me in this journey. First, I thank my research advisor, Dr. Christa Schmidt, for her guidance and support. I would not have been able to accomplish this without her knowledge and influence. She has been a role model as a scientist-practitioner, and an exemplary Counseling Psychologist. Second, I thank my fellow research track colleague and friend, Cecile Gadson, for helping to make this learning experience one filled with a lens of curiosity and persistence. Third, I thank all participants for so graciously participating in this study. Fourth, I thank Dr. Gregory Chasson for teaching me advanced experimental design concepts and applications. Fifth, I thank Dr. Kim Shifren and Dr. Evangeline Wheeler for their design suggestions participation on my committee. Sixth, I thank my Towson University Counseling Psychology cohort and Stevenson colleagues for their support of my research and solicitation of participants. Finally, I am grateful for my family, Frank, Mary, Jordan, and Justin Wiley, and fiancé, Matt Whiteman, who have given me the strength and determination to complete my thesis and pursue my dreams.

Abstract

The Relationship of Positive Body Image to
Self-Compassion and Ethnic Identity in Adult Women

Erica D. Wiley

A positive body image is theorized to be more than the absence of a negative body image, which has been the primary focus of research. Self-compassion, ethnic identity, and age are all variables that have been shown to be important to healthy self-concept in women, and there is some initial evidence that they may also be important for positive body image (Smith & Silva, 2011; Wasylkiw, MacKinnon, & MacLellan, 2012). This study investigated the role of self-compassion and ethnic identity in positive body image in a diverse sample of adult women. Participants (n=291) completed an online survey consisting of the Body Appreciation Scale (Avalos, Tylka, & Wood-Barcalow, 2005), Multi-Ethnic Identity Measure (Phinney & Ong, 2007), Self-Compassion Scale (Neff, 2003b), and a demographic questionnaire. Overall, both self-compassion and ethnic identity accounted for a statistically significant variance in positive body image, which did not vary with women's age. Implications for future research and counseling interventions are discussed.

TABLE OF CONTENTS

Thesis Approval Page.....	ii
Acknowledgements.....	iii
Abstract	iv
Table of Contents.....	v
List of Tables.....	vi
Chapter 1: Introduction.....	1
Chapter 2: Literature Review.....	2
Chapter 3: Methods	14
Chapter 4: Results.....	17
Chapter 5: Discussion.....	19
References	26
Appendix A: Demographic Survey Questions.....	37
Appendix B: Body Appreciation Scale (BAS).....	38
Appendix C: Multigroup Ethnic Identity Measure (MEIM).....	39
Appendix D: Self-Compassion Scale (SCS).....	40
Appendix E: IRB Approval Form.....	42
Curriculum Vita.....	43

List of Tables

Table	Page
1 Demographic Variables for Participants.....	33
2 Means, Standard Deviations, Bivariate Correlations Between Self-Compassion, Ethnic Identity, Age, and Positive Body Image (n=291).....	35
3 Summary of Multiple Regression Analysis for Variables Predicting Positive Body Image of Women Across the Lifespan (n=291).....	36

The Relationship of Positive Body Image to Self-Compassion and Ethnic Identity in Adult Women

Research on body image has historically focused on the prediction and outcomes of a poor image (Tiggemann, 2004), suggesting that a positive body image is simply the absence of negative elements such as pressure for thinness, poor self-esteem, and the presence of disordered eating behavior. Research from a strengths-based perspective has recently begun to challenge this assumption by exploring the existence of positive body image as a separate variable (Avalos, Tylka, & Wood-Barcalow, 2005; Wood-Barcalow, Tylka, & Augustus-Horvath, 2010). Thus, recent research has begun to more clearly define the concept of positive body image. This literature review will focus upon the area of body image, with a particular emphasis on positive body image, self-compassion, ethnic identity, and age.

More theorists and researchers in positive health psychology are emphasizing that health is not simply the absence of disease (Schmidt, Raque-Bogdan, Piontkowski, & Schaefer, 2011; Seligman & Csikszentmihalyi, 2000). Schmidt, et al. (2011) investigated the inclusion of positive psychology constructs in health psychology research and found that although slightly more than one-third of the articles in three health psychology journals mentioned an identified positive construct, only three percent had a clear focus in this realm. Additionally, within the same content analysis, Schmidt et al. (2011) found only four articles with positive body image as the main focus. Thus, the field of health psychology has historically focused more on negative constructs, and more research is needed in the area of positive body image. The current study stems from (a) the growth of positive psychology as a field (Seligman, 2008), and (b) the suggestion of Schmidt, et al.,

(2011) that positive health psychology needs more research to specifically determine what variables and constructs are related to optimal health, including positive body image.

Positive Body Image

Body image can be described as a construct that is both complex and multidimensional. It includes both self-perceptions and attitudes (i.e., thoughts, feelings, and behaviors) related to one's body (Cash, 2002). Additionally, concepts such as appearance evaluation, appearance orientation, body esteem, and accuracy of size perception have all been deemed important components of body image (Avalos, et al., 2005). Research on body image has been heavily focused on exploring how people demonstrate a negative orientation toward their bodies (Cash, 2002). Individual, cultural, and family factors, including low self-esteem and pressure for thinness, have been a central focus of the prediction of poor body image, while outcomes of negative body image have included eating disorders, negative emotions, social difficulties, and sexual concerns (Cash & Deagle, 1997; Cash & Fleming, 2002; Noles, Cash, & Winstead, 1985; Stice, 1982; Tylka & Subich, 2004; Wiederman, 2002). Thus, there is depth of knowledge regarding poor body image, but we know comparatively little about the factors that contribute to the development of a positive body image.

Striegel-Moore and Cachelin (1999) have speculated that the factors contributing to or resulting from a positive body image may or may not be related to those associated with negative body image and suggest that there may be entirely different factors leading to positive body image. For example, high self-esteem or having a thin body build could serve as protective factors in the prevention of eating disorders, and therefore could be predictors of positive body image. Avalos et al. (2005) cited only one study that has focused on identifying characteristics of women with a positive body image, which

compared groups of women with positive body image to those with negative body image, as well as to a group referred to as having “normative body discontent” (Williams, Cash & Santos, 2004). The findings of this study demonstrated that women with a positive body image reported more appearance satisfaction, less body image distress, and a greater tendency to report that their body image positively influenced their life and functioning than participants with negative body image or normative body discontent (Avalos et al., 2005). It was suggested that exploring positive body image is a necessary next step for understanding positivity and sense of well-being related to the body.

The measurement of the concept of positive body image has been a focus of recent research. Avalos et al. (2005) developed the Body Appreciation Scale (BAS), which assesses four characteristics that are often identified as qualities of positive body image. These characteristics, developed from the women’s self-help literature (e.g., Cash, 1997, Freedman, 2002, Maine, 2000, Williams et al., 2004), include: (a) favorable opinions of the body (regardless of actual physical appearance), (b) acceptance of the body in spite of weight, body shape, and imperfections, (c) respect for the body by attending to its needs and engaging in healthy behaviors, and (d) protection of the body by rejecting unrealistic body images portrayed by the media. Avalos et al. (2005) found that higher BAS scores were strongly associated with higher body esteem (perceptions of sexual attractiveness, physical condition, and lower body weight concern), as well as lower body surveillance and lower body shame. BAS scores were also strongly related to self-esteem and moderately to strongly related to optimism and proactive coping. They further found that higher BAS scores were strongly associated in a positive direction with a greater tendency to evaluate one’s appearance favorably and in a negative direction with body preoccupation and body dissatisfaction.

Wood-Barcalow et al. (2010) attempted to identify the many characteristics of positive body image, including appreciating the unique beauty and functionality of their body, filtering negative information, and highlighting their body's assets while minimizing perceived imperfections. This study used a qualitative research design to analyze interviews from 15 multicultural college women ranging in age from 18 to 21, who were classified as possessing a positive body image. They found that when women embraced positive information and showed compassion towards themselves by accepting their bodies and rejecting negative information such as unrealistic media ideals, their body investment decreased and their body evaluation became more positive. Furthermore, when women helped others to love their bodies and surrounded themselves with others who promote body acceptance, their positive information increased which led to a more positive body image. Thus, it appears that compassionate views toward the self and others are an important component of positive body image.

Self-Compassion and Body Image

Self-compassion has recently become a burgeoning area of research in psychology. This construct involves experiencing kindness towards oneself, being mindful of one's suffering, and recognizing one's experience as part of the common human experience (Neff, 2003a). Compassion, including self-compassion, involves being open to and moved by the suffering of others as well as the suffering of oneself, so that one desires to ease the suffering. It also involves offering self and others patience, kindness and nonjudgmental understanding, recognizing that all humans are imperfect and make mistakes. Wasylikiw, MacKinnon, and MacLellan (2012) built upon the earlier work of Neff (2003a) and defined self-compassion as made up of three core components including (a) kindness to one's self as compared to harsh self-judgment, (b) recognition

that one's experiences are common to all as compared to a sense of isolation, and (c) mindful awareness of one's shortcomings as opposed to over-identification with them. Both definitions have at their core that people high in self-compassion are accepting of themselves.

Wasylikiw, MacKinnon, & MacLellan (2012) researched self-compassion and its relation to body image. They hypothesized that self-compassion would be linked to women's positive body image, as well as self-esteem. Participants were 142 female undergraduate students (primarily Caucasian Canadian) with a mean age of 19 years. Measures included the Self-Compassion Scale (Neff, 2003b), Rosenberg Self-Esteem Scale (Rosenberg, 1965), and three body image measures including the Body Appreciation Scale (Avalos et al., 2005). Using hierarchical regression analysis, the authors found that increased self-compassion was associated with less body preoccupation, fewer concerns about weight, and greater appreciation toward one's body. Further, they found that all three aspects of self-compassion significantly correlated with women's perceptions of their bodies. Furthermore, self-compassion predicted women's body image above and beyond the contribution of self-esteem, indicating that self-compassion is a unique variable and different from self-esteem (Wasylikiw et al., 2012).

Neff and Vonk (2009) examined the hypothesis that self-compassion would be associated with a more stable and less reactive sense of self-worth than would global self-esteem. Participants included 2,187 individuals (26% men and 74% women, $X = 38.6$ years). They found that self-compassion predicted more stable feelings of self-worth than self-esteem. Self-compassion also had a stronger negative association with social comparison, public self-consciousness, and anger. Interestingly, self-esteem was positively related to narcissism and self-compassion was linked to self-worth stability.

Neff and Vonk (2009) also reported that self-compassion predicted self-worth that is less dependent on appearance as compared to self-esteem. This study suggests that self-compassion may be a useful alternative to global self-esteem, which has been the predominant construct related to body image in past research, when considering what constitutes a healthy self-stance.

Adams and Leary (2007) investigated the role of self-compassion in buffering negative reactions to eating behaviors in a lab study. Eighty-four female undergraduate students completed a measure to assess their rigid restraint eating behaviors. Participants were asked either to eat an unhealthy food or no food and were induced to think self-compassionately about their eating or given no intervening treatment. The authors found that participants who were induced to be more self-compassionate reported less distress about their eating during the experiment and participated in less overeating of available candy during the “cover” experimental task of taste testing. The authors reported that this may have been because they were less judgmental and more accepting of themselves, even when they behaved in ways that were inconsistent with their own goals.

Thus, self-compassion has been found in recent studies to be an important variable in relation to positive body image, and other variables suggestive of positive body image. Self-compassion appears to be a variable that is important beyond global measures of self-esteem, which can be more dependent on appearance rather than internal self-acceptance. While research into this important construct has been gaining momentum, relatively little has been done examining self-compassion’s role in body image with diverse samples, and there is evidence that ethnicity and ethnic identity play a role in body image.

Ethnic Identity and Body Image

Cultural, racial, and ethnic differences in body image have been of interest to researchers for some time. In recent years, two meta-analytic studies were conducted on racial and ethnic differences in body image and dissatisfaction. In an examination of 98 studies on this topic, Grabe and Hyde (2006) found that while White women had more body dissatisfaction than other racial groups, the differences were small. A second meta-analysis included 55 studies conducted between 1967 and 2002 and found that Black women had lower levels of body dissatisfaction than White women, though they found that this difference appeared to be less significant over time (Roberts, Cash, Feingold, & Johnson, 2006). That is, studies done more recently tended to show less difference between Black and White women on indicators of poor body image. Roberts et al. (2006) speculated that this may be due to increasing social norms for thinness in the Black community in recent years. In an examination of Asian-American women, researchers have found that women with more traditional Asian values showed more body dissatisfaction, as did those who were more influenced by media values (Lau, Lum, Chronister, & Forrest, 2006). Tolaymat and Moradi (2011) studied 118 Muslim women in the United States and found medium to large positive correlations among (a) internalization of cultural standards of beauty, (b) body surveillance, (c) body shame, and (d) eating disorder symptoms. Thus, variables related to race and culture have historically played a role in poor body image, but have not been studied in relation to positive body image.

Ethnic identity is the degree to which individuals perceive themselves to be included and aligned with an ethnic group, and is a defining characteristic for many people, especially people of color (Phinney, 2000). The concept of ethnic identity is

broader than that of racial identity and refers to a sense of self that is shared with others who belong to the same ethnic group. It is also an important contributor to a person's sense of well-being, and allows people to derive positive self-attitudes from belonging to groups that are meaningful to them (Phinney, 1990). Smith and Silva (2011) conducted a meta-analysis of 184 studies over 20 years and found that the construct of ethnic identity has received significant focus in the psychological research literature. The results demonstrated that ethnic identity was modestly salient to the self-esteem and well-being of people of color. In the studies examined in this analysis, ethnic identity was shown to be more associated with positive aspects of well-being than acting as a buffer against distress. Since ethnic identity is associated with more positive elements of well-being, one could predict that it will relate more clearly with positive body image than with negative body image.

Other researchers have explored the role of ethnic identity and its relation to internalization of societal beauty standards, which is related to body dissatisfaction. Specifically, Wood, and Petrie (2010) examined the relationship between ethnic identity, societal pressure to be thin, internalization of societal beauty ideals and body image concerns in 322 African American female undergraduate students. They hypothesized that higher reported levels of societal pressures to be thin would be related to more internalization of societal beauty ideals, higher levels of ethnic identity would be related to less internalization of societal beauty ideas, internalization of societal beauty ideas would be directly and positively related to body image concerns, and body image concerns would be associated with higher levels of disordered eating. They found that ethnic identity was inversely related to internalization of societal beauty ideals. Furthermore, they found a direct positive relationship between internalization of societal

beauty ideals, body image concerns and disordered eating. Since higher levels of ethnic identity were directly and negatively related to internalization of societal beauty ideals, these results suggest that having a strong ethnic identity reduces the likelihood of an eating disorder. In light of these findings, ethnic identity could well predict positive body image, though this relationship has not yet been examined, nor has ethnic identity been researched in relation to self-compassion.

Age Differences in Positive Body Image

In addition to ethnic identity, age is a construct that has been examined with regard to body image, but more research is needed on how positive body image may change throughout adulthood. There is reason to expect that body image will become poorer as women age, as every year is likely to move women further from the thin and youthful ideal of beauty (Tiggemann & Lynch, 2001). Individuals often gain weight through the lifespan, change shape and lose skin elasticity. For women, all the biological developmental events of puberty, pregnancy, and menopause increase the possibility of these changes to the body (Rodin, Silberstein, & Striegel-Moore, 1985). Gupta and Schork (1993) found that a thin shapely body is associated with favorable looks, especially among women, and that as a group, women were more concerned about aging-related changes than men. Positive body image, therefore, is important throughout adulthood and appears to be likely to change and vary throughout various stages of adulthood.

Age has not yet been extensively researched in relation to positive body image, though it has been studied in relation to negative body image. Tiggemann and Lynch (2001) investigated women's body image across the lifespan. Three hundred and twenty-two women ranging in age from 20 to 84 years completed questionnaires measuring body

dissatisfaction, self-objectification, and its consequences. They found no significant correlation between age and body dissatisfaction or between age and body-esteem. Their results confirmed the conclusion of other researchers that body dissatisfaction remains relatively stable across the lifespan (Altabe & Thompson, 1993; Cash & Henry, 1995; Paxton & Phythian, 1998; Tiggemann, 1992). This is an interesting finding given that young women are more likely than older women to develop eating disorders (Hudson, Hiripi, Pope, & Kessler, 2007). It leads to the question as to whether there are age differences in positive body image that could explain this apparent contradiction.

Preliminary research has found that body appreciation is negatively related to age. Swami, Hadji-Michael, and Furnham (2008) administered the Body Appreciation Scale (BAS), along with several other instruments, to a British community sample of 101 women and 106 men. They found that women's BAS scores were significantly positively correlated with higher education, self-assessed overall attractiveness, and instrumentality, and negatively correlated with age. Thus, further investigation into the relationship between positive body image and age is needed.

In studying positive body image and age, it is important to recognize that women's bodies change throughout adulthood in ways that are reflected through developmental stages. Augustus-Horvath and Tylka (2011) refer to three different age groups of adult women as related to body image: emerging adulthood (ages 18-25), early adulthood (ages 26-39), and middle adulthood (ages 40-65). These three groups reflect developmental changes that occur throughout much of adulthood, though late adulthood has been excluded.

Emerging adult women are in a developmental stage theoretically and empirically distinct from adolescence and early adulthood (Arnett, 2000; Santrock, 2008). They tend

to explore a variety of directions in life, have not yet achieved their goals, and are more closely focused on their appearance and body as a reflection of their identity. They experience negative body image, and are keenly aware of negative media images that portray thin and attractive women their age as successful (Arnett, 2000; Gillen & Lefkowitz, 2009).

Early adult women tend to have responsibilities that may include career, marriage and motherhood (Arnett, 2000). Their bodies often are changing as part of the natural aging process and the experience of pregnancy, and they tend to place less emphasis on appearance (Arnett, 2000). Results of a ten year longitudinal study found that women in early adulthood reported lower disordered eating and higher body satisfaction as compared to when they were in emerging adulthood, though their desire to lose weight remained high (Heatherton, Mahanedi, Striepe, Field, & Keel, 1997).

Middle adult women are even more established in family and career roles. They tend to be less objectified because they are no longer in the highly sexualized stage of life (Fredrickson & Roberts, 1997). Their body image can be tied to their attitudes about the importance of aging and appearance, resulting in a wide range of body image attitudes and an overall lower level of positive body image (Kearney-Cooke & Isaacs, 2004; Santrock, 2008). This group of women may devalue their bodies because of its aging appearance (Gupta, 1995).

Augustus-Horvath and Tylka (2011) investigated the links between intuitive eating, body acceptance by others, perceived social support, and body appreciation for women of different age groups. Their participants were emerging adult women (n=318), early adult women (n=238), and middle adult women (n=245). They found age group differences for several variables, including body appreciation. Specifically, the middle

and emerging age groups were significantly different, with the middle age group being less appreciative of their bodies than emerging adult women. However, the early adult group did not differ from either group in their reported level of body appreciation, potentially indicating a slow decline in body appreciation over the lifespan of women. Thus, there is initial evidence that body dissatisfaction remains stable throughout adulthood, while body appreciation (positive body image) may decrease as women get older. Perhaps this is because body appreciation measures the extent to which one is appreciative of all aspect of one's body, not just appearance, and older women may have bodily concerns (such as health concerns) that younger women do not.

Like the construct of body appreciation, self-compassion has also been shown to be related to age. Neff and Vonk (2009) hypothesized that self-compassion would be associated with a more stable and less reactive sense of self-worth than would global self-esteem throughout adulthood. They used data from a large community-based survey collected over an eight-month period (n=2187). They found that self-compassion displayed a significant positive association with age. Specifically, the authors reported a significant positive relationship between age and self-compassion, when controlling for self-esteem, sex and income. Thus, while body appreciation appears to decrease through the years, there is evidence that self-compassion will increase. Therefore, the interplay between age and self-compassion deserves attention when investigating these variables with regard to positive body image.

Summary

Positive body image has been a focus of recent research though relatively little is known about its predictors. Through related research in negative body image, self-compassion, ethnic identity, and age appear to be important constructs in this area of

women's well-being and may play a role in maintaining a positive image of one's body. Both self-compassion and ethnic identity have been associated with variables that relate to enhanced well-being and positive body image, though these relationships have not been examined directly. Further, research on positive body image across the lifespan indicates that body dissatisfaction remains stable though body appreciation may gradually decrease as women age. The extent to which self-compassion and ethnic identity serve as protective factors in the maintenance of a positive body image over time is worthy of exploration. Thus, the present study will examine the extent to which self-compassion and ethnic identity predicts positive body image for women of different ages in a multicultural sample.

Hypotheses

H1: There will be age differences in the reporting of positive body image. Specifically, middle adult women (40-65) will demonstrate lower positive body image than emerging (18-25) or early adult (26-39) women. Early adult women (26-39) will demonstrate higher positive body image than emerging (26-39) or middle adult women (40-65).

H2: Positive body image in women will be predicted by self-compassion and ethnic identity. Specifically, those who have higher levels of self-compassion and higher levels of ethnic identity will have higher body appreciation.

H3: Self-compassion will moderate the relationship between positive body image and age, such that women with high self-compassion will exhibit positive body image regardless of age, and women with low self-compassion will show differences in positive body image across age groups.

H4: Ethnic identity will moderate the relationship between positive body image and age, such that women with a more developed sense of ethnic identity will be more likely to

have a positive body image regardless of age, and women with low ethnic identity will show differences in positive body image across age groups.

Methods

Participants and Procedures

Participants (N=291) included women between the ages of 18 and 72 (M= 29.84). The racial composition of the sample included 57% Caucasian, 21% African American, 8% Latina, 10% Asian American, and 3% Other. The educational background of participants was 46% high school graduates, 25% Bachelor's degree, 12% Master's degree, and 9% Doctoral degree. The majority of participants reported family income to be \$60,000 and higher. (see Table 1). Participants completed an online survey consisting of self-report measures of the variables of interest. Participants were recruited from the Psychology subject pool, listserves, Craigslist, and word-of-mouth. Recruitment efforts focused on obtaining a diverse sample in terms of ethnic identity and age. According to Cohen (1992), a minimum sample size of 76 is needed to detect a medium effect at the $\alpha=.05$ level with this particular study design.

The online data collection tool, CampusLabs, was used to create the survey and a link was distributed to interested participants. Participants were instructed to read an informed consent document, and once they indicated agreement, they were directed to the online survey.

Measures

Demographics. A demographic questionnaire included questions related to age, gender, education level, socioeconomic status (SES), citizenship, and commitment to religion (see Appendix A). Education and SES were included in order to assess comparability of the sample when comparing by age. Citizenship was included to perhaps

exclude international participants if their numbers were large. And commitment to religion was included due to religion potentially being part of some participants' culture. Race and ethnicity were included in a subsequent measure (see MEIM below).

Positive Body Image. Avalos et al. (2005) developed the Body Appreciation Scale (BAS) to measure positive body image (see Appendix B). The BAS is a 13-item self-report measure that requires participants to indicate the frequency of each on a scale from 1 (*never*) to 5 (*always*). Examples of items include: "On the whole, I am satisfied with my body" and "I respect my body." The mean of the item scores is calculated to result in a possible score between 1 and 5, with higher scores indicating more positive body image. Avalos et al. (2005) reported evidence in support of internal consistency of the scores, with Cronbach's alpha ranging from .91 to .94. They also found test-retest reliability of .90 over three weeks. Wasylikiw et al. (2012) reported Cronbach's alpha of .91. Avalos et al. (2005) emphasized the limitations of their instrument, in that validation studies involved only American college women who were overwhelmingly Caucasian, and the need to include diverse populations in the study of positive body image. Research has been done on international samples (Swami, et al., 2008), but validation using multicultural samples has not been undertaken. Thus, the BAS has been found to be a reliable and valid measure for the assessment of positive body image with Caucasian samples, but more evidence is needed regarding its application to ethnically diverse samples. The Cronbach's alpha in the current study was .92 with an ethnically diverse sample.

Self-Compassion. The Self-Compassion Scale (SCS; Neff, 2003b; see Appendix D) is a 26-item self-report measure in which participants respond to the frequency of each item (e.g., "I'm tolerant of my own flaws and inadequacies") on a scale from 1 (*almost*

never) to 5 (*almost always*). Scores on this scale are averaged and can range from 1 to 5, with higher scores indicating greater self-compassion. Neff (2003b) reported a test-retest reliability of .93 in a sample of undergraduates for an interval of approximately three weeks as well as evidence of construct validity. This scale can yield scores for six subscales. Three of the subscales (i.e., self-kindness, common humanity, mindfulness) correspond to the three defining components of self-compassion whereas the remaining three subscales (i.e., self-judgment, isolation, and over-identification) reflect the opposites of those components. Consistent with Neff's (2011) recommendations, the current study will use the mean of the total scale in the analyses. The subscales of self-kindness and self-judgment are each made up of five items and the remaining four subscales are comprised of four items. Cronbach's alpha was found to be .93 for the total score (Wasyliw, et al., 2012). Cronbach's alpha for the current study was .97.

Ethnic Identity. The Multigroup Ethnic Identity Measure (MEIM; see Appendix C) was originally developed to measure the process of ethnic identity development in adolescents and young adults (Phinney, 1992). It has since been used in research with individuals ranging from 12 years to adult and has been used across a wide range of ethnic groups and ages (Ponterotto, Gretchen, Utsey, Stracuzzi, & Sava, 2003; Worrell, 2000). Phinney and Ong (2007) developed the most current version of the MEIM, a 6-item instrument that was developed using confirmatory factor analysis to test competing models of the structure of ethnic identity. This version uses a 5-point Likert scale with responses ranging from *strongly disagree* (1) to *strongly agree* (5), with 3 as a neutral position. For studies concerned only with the overall strength of ethnic identity or the degree to which ethnic identity is achieved, the two scales can be combined, which will be the procedure followed in the current study. The total score is calculated as the mean

of items on the scale. Reliability analyses of the full scale showed Cronbach's alpha of .81 (Phinney & Ong, 2007) and .92 for the current study.

Results

Table 2 lists the means, standard deviations, and bivariate correlations for all variables. The first hypothesis, which was exploratory due to the mixed findings regarding age differences in body image reported by previous research, stated that there would be age differences in positive body image. This hypothesis was not supported. Specifically, it had been hypothesized that middle adult women (40-65) would demonstrate lower positive body image than emerging (18-25) or early adult (26-39) women. Further, it was hypothesized that early adult women (26-39) would demonstrate higher positive body image than emerging (18-25) or middle adult women (40-65). Participants were coded into these three groups: emerging (18-25), early (26-39), and middle (40-65) adulthood, and means across groups were compared using ANOVA procedures. There were not statistically significant mean differences in positive body image ($F(2,282) = 0.50, p > .05$). It is of note that the highest mean positive body image score was in the middle adult group ($M = 3.69$; age 40-65), and the lowest mean positive body image score was in the emerging adult group ($M = 3.58$; age 18-25), though the difference was not statistically significant. Correlation analyses did not reveal a statistically significant correlation between age and positive body image, though it did reveal a statistically significant positive relationship between age and self-compassion.

The second hypothesis stated that positive body image in women would be predicted by self-compassion and ethnic identity. It was hypothesized that those who have higher levels of self-compassion and higher levels of ethnic identity would have higher body appreciation. A stepwise multiple regression analysis was performed on the

data. Self-compassion was entered in step one, and ethnic identity was added in step two. Results revealed that self-compassion, $F(2, 288) = 75.54, p < .01, R^2 = .34$, and ethnic identity, $F(3, 287) = 53.75, p < .05, R^2 = .36$, were both statistically significant contributors to positive body image (see Table 3). These findings demonstrated that participants who reported higher levels of self-compassion and ethnic identity were shown to have higher ratings of positive body image, thus supporting the hypothesis. Self-compassion contributed the most unique variance to positive body image ($R^2 = .34$), while ethnic identity contributed a small percentage of variance beyond its relation with self-compassion ($R^2 = .36$).

As the ANOVA examining differences in positive body image across age groups failed to show differences in this construct for women of different ages, hypothesis 3, which stated that self-compassion would moderate the relationship between positive body image and age, could not be tested. The same was true for Hypothesis 4, as a lack of differences in age groups on positive body image precluded the ability to test the potential moderating role of ethnic identity in the relationship between age and positive body image.

Post hoc analyses were performed to investigate the role of potential racial and age differences in body image. First, a post-hoc ANOVA was performed and indicated no differences in positive body image by racial group ($F = 0.58, p > .05$), indicating that all five racial groups (Caucasian, African American, Asian American, Latina, and other) had comparable mean scores on the BAS. To investigate the potential differences between White women and women of color as a group, three 3X2 ANOVAs were performed on the variables of interest (positive body image, self-compassion, and ethnic identity) to determine if there were differences across the three age groups (Emerging, Early, and

Middle Adult) and two racial groupings (White and Women of Color). For positive body image, the results of the analysis were not statistically significant ($F = 1.28, p > .05$). However, differences in self-compassion across age and racial group were statistically significant ($F = 2.61, p < .05$), with women of color scoring higher on self-compassion in all three age groups, and self-compassion being lowest in emerging adult women and highest in middle adult women for both racial group categories. Similarly, differences in ethnic identity were statistically significant ($F = 4.49; p < .001$), such that women of color scored higher on ethnic identity than White women. No statistically significant differences were evident by age group.

Discussion

The present study explored the relationship between positive body image, self-compassion and ethnic identity in a diverse sample of adult women. Overall, self-compassion and ethnic identity accounted for statistically significant variance in positive body image, which did not vary with women's age. Further, post-hoc analyses showed no statistically significant difference in positive body image by ethnic group. This is supportive of research that demonstrates that more current differences in racial groups in body dissatisfaction are minimal (Grabe and Hyde, 2006; Roberts et al., 2006).

The results of this study build on previous research on positive body image. By examining a diverse sample of women across ages and ethnicities, the findings extend the limited research on positive body image, which has indicated a link between self-compassion and positive body image in a Caucasian sample of college students (Wasylikiw et al., 2012). In the current study, self-compassion contributed the most variance to the prediction of positive body image for adult women. Wasylikiw et al. (2012) describe that self-compassion entails less harsh judgement of the self and it is

therefore intuitive that those who are more self-compassionate are more accepting of themselves. The current findings more clearly add positive body image to the increasing number of variables that are predicted by self compassion, including adaptive psychological functioning (Neff, Kirkpatrick & Rude, 2007), positive aging (Allen & Leary, 2013), and self-improvement motivation (Breines & Chen, 2012). The current findings also support research by Wood-Barcalow et al. (2010) who found that women classified as having positive body image also had compassion toward themselves by accepting their bodies in spite of perceived appearance flaws. Those high in self-compassion appear to be accepting of things they cannot change and working to change the things they can (Leary, Tate, Adams, Allen, & Hancock, 2007). Self-compassion appears to be a variable that has a very broad and positive effect on human functioning, including maintaining a positive body image.

Ethnic identity also contributed significant variance to the prediction of positive body image. This concurs with previous research that found ethnic identity to be salient to the self-esteem and well being of people of color (Smith & Silva, 2012) as well as White individuals (Brooks, 1999). Specifically, ethnic identity has been associated to a greater degree with positive aspects of well-being than distress. The current research extends this finding to specifically link ethnic identity to positive body image in a multicultural and multi-age sample. Ethnic identity involves the identification of oneself as a member of a particular social grouping and a commitment and sense of belonging to this group (Phinney & Ong, 2007). A more fully developed sense of ethnic identity indicates more positive images and feelings regarding one's belonging to their ethnic group and would contribute to a more favorable image of one's self overall. Thus it is reasonable to have found that ethnic identity is also a predictor of positive body image.

Self-compassion contributed the most variance to positive body image of the two predictors, while ethnic identity added only a small percentage of unique variance above and beyond its relation with self-compassion. Thus, the shared variance of these two predictors in positive body image deserves note. Both ethnic identity and self-compassion involve a sense of self-acceptance, which is positively associated with personal well-being (Smith & Silva, 2011; Neff, 2003a). Phinney (1990) emphasized that ethnic identity allows people to derive positive self-attitudes from belonging to groups that are meaningful to them. Self-compassion as a concept involves a sense of common humanity and kindness to oneself and others (Neff, 2003a), which seems to overlap significantly with the concepts underlying ethnic identity. It is clear that both self-compassion and ethnic identity have acceptance of self and others at the core of their definitions. Thus, further exploration of the similarities and differences in the underlying cognitive processes involved in both self-compassion and ethnic identity would help to clarify the relation between these variables.

The research on age and body image has been mixed, with some studies showing a relationship (Swami, Hadji-Michael, & Furnham, 2008) and others not (Tiggemann & Lynch, 2001). The hypotheses of the current study were based on the findings of Augustus-Horvath & Tylka (2011) that suggested a complex relationship with a potential slow decline in positive body image over the lifespan of women, along with a stable negative body image. In their study of positive body orientation, they included other's acceptance of their bodies and social support among their variables. They found that body acceptance by others related more significantly to body appreciation by self in the older two groups of women than for emerging adult women. They interpreted this as indication that body acceptance by others and perceived social support was a more important factor

in body appreciation for older women than for emerging adult women. The findings of this study were not in line with these findings; positive body image did not differ across age groups. Since perceived social support and body appreciation by others were not variables in the current study, it is difficult to tease out the myriad factors that may be affecting positive body image as women age.

Another possible interpretation of these findings is that the sample in Augustus-Horvath & Tylka's (2011) study was largely Caucasian (80%), while the current study had larger representation across racial and ethnic groups. Finally, it should be noted that roughly two-thirds of the sample of the current study was made up of younger women (176 participants), and that participants representing ethnic minority groups were primarily in lower age groups, while older participants were predominately Caucasian. It will be important in future research to include differences in the racial composition of the sample as a focus when studying positive body image and age.

An interesting finding that was not related to the research hypotheses is that age and self-compassion were related, which concurs with previous research (Neff and Vonk, 2009). Notably, older women had higher levels of self-compassion than younger women, but this did not translate into better body image. Currently no research has been done to examine the differences in self-compassion and positive body image over the lifespan, so this area is worthy of further investigation.

Other post hoc analyses found that women of color scored higher on self-compassion in all three age groups, with self-compassion being lowest for younger women and highest for older women in both racial categories. This suggests that women develop more self-compassion as they get older, and women of color as a group have higher self-compassion than White women. It was also found that women of color scored

significantly higher on ethnic identity than White women. This suggests that women of color derive more positive attitudes from their identification with their ethnic group than do White women. The role of race and age in strength-based variables such as self-compassion and ethnic identity warrant further investigation.

Limitations and Future Research

The findings of this study should be interpreted in the context of its limitations. As noted above, recruitment efforts resulted in a sample that was largely made up of younger women. In addition, the composition of the sample was such that participants representing ethnic minority groups were primarily in lower age groups, while older participants were predominately Caucasian. This reduces the generalizability of certain findings, and future research should aim to obtain a broad and representative group of women of different ethnicities and age groups in order to enhance confidence in the generalizability of findings.

Another consideration when interpreting the findings of this study is the cross sectional design. It is not possible to determine if the lack of statistically significant differences across age groups is a reflection of developmental or generational differences. A longitudinal design would allow the questions related to positive body image, self-compassion and ethnic identity to be more accurately assessed within individuals over time.

Finally, the results are limited because this study exclusively used self-report measures that rely on accurate and honest responding of participants. Participants' perceptions of themselves and social desirability issues may have had an impact on their responses to these measures.

Implications for Practice and Research

Additional research on positive body image is needed. In particular, research exploring the link between self-compassion and ethnic identity, as well as other psychological resources, and how these constructs relate to positive body image, is warranted. Wasylkiw et al. (2012) stated that there is also a need to explore the individual components of self-compassion and how they relate to positive body image. For example, is kindness to oneself a stronger factor in positive body image when compared to recognition that one's experiences are common to all? The clarification of self-compassion as a global variable as opposed to a combination of three separate factors in predicting positive body image would be a valuable area for future research.

More research can and should be conducted with the BAS (Avalos et al., 2005) to determine its utility in assessing positive body image for research and clinical purposes. The current study provides an additional contribution to the research using the BAS as a measure of positive body image yet continuing validation on diverse populations is needed.

The concepts underlying self-compassion continue to be refined. For example, Kraus and Sears have developed the Self-Other Four Immeasurable Scale (SOFI; 2009), which measured the Buddhist concepts of loving kindness, compassion, joy, equanimity. Their initial validation study has suggested four distinct subscales: positive qualities toward self, positive qualities toward others, negative qualities toward self, and negative qualities toward others. As the field of Psychology expands research in the area of self-compassion, it is interesting to note that the field is focusing on the importance of

variables such as these, which have been empirically derived. Future research will be important both to clarify the concept of self-compassion and its measurement.

There are also implications of this study for potential counseling interventions designed to enhance positive body image. Numerous interventions and treatment techniques have been aimed at improving a negative body image, but very few exist for strengthening or improving a positive body image (e.g., O'Dea, 2004). The current findings suggest that more counseling interventions could be designed to increase both self-compassion and ethnic identity. Neff (2014) and her colleagues have compiled an extensive list of exercises that increase self-compassion including mindfulness meditations, written worksheets, audio interventions, and workshops. Interventions aimed at promoting positive body image could incorporate such self-compassion building techniques with a specific focus on positive body image and ethnic identity throughout the lifespan. Such interventions could then be researched to determine their effectiveness.

References

- Adams, C. E., & Leary, M. R. (2007). Promoting self-compassionate attitudes toward eating among restrictive and guilty eaters. *Journal of Social and Clinical Psychology, 26*, 1120–1144.
- Allen, A., & Leary, M. R. (2013). A self-compassionate response to aging. *The Gerontologist, doi:10.1093/geront/gns204*.
- Altabe, M., & Thompson, J. K. (1993). Body image changes during early adulthood. *International Journal of Eating Disorders, 13*, 323-328.
- Arnett, J. J. (2000). Emerging adulthood: A theory of developmental from the late teens through the twenties. *American Psychologist, 55*, 469-480.
- Augustus-Horvath, C. L. & Tylka, T. L. (2011). The acceptance model of intuitive eating: A comparison of women in emerging adulthood, early adulthood, and middle adulthood. *Journal of Counseling Psychology, 58*, 110-125.
- Avalos, L., Tylka, T. L., & Wood-Barcalow, N. (2005). The body appreciation scale: Development and psychometric evaluation. *Body Image, 2*, 285-297.
- Breines, J. G. & Chen, S. (2012). Self-compassion increases self-improvement motivation. *Personality and Social Psychology Bulletin*. DOI: 10.1177/0146167212445599
- Brooks, T. D. (1999). Differences in ethnic identity and social distance in White and Native Americans. (Unpublished doctoral dissertation). University of Oklahoma, Norman, Oklahoma.
- Cash, T. F. (1997). *The body image workbook*. Oakland, CA: New Harbinger.
- Cash, T. F. (2002). Cognitive-behavioral perspectives on body image. In T. F. Cash, & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical*

- practice* (pp. 38-46). New York: Guilford.
- Cash, T. F., & Deagle, E. A. (1997). The nature and extent of body image disturbances in anorexia nervosa and bulimia nervosa: A meta-analysis. *International Journal of Eating Disorders, 21*, 2-19.
- Cash, T. F., & Fleming, E. C. (2002). Body image and social relations. In T. F. Cash, & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical practice* (pp. 277-286). New York: Guilford.
- Cash, T. F., & Henry, P. E. (1995). Women's body images: The results of a national survey in the U.S.A. *Sex Roles, 33*, 19-28.
- Cohen, J. (1992). A power primer. *Psychological Bulletin, 112*, 155-159.
- Dijkstra, P., & Barelds, D. (2011). Examining a model of dispositional mindfulness, body comparison, and body satisfaction. *Body Image, 8*, 419-422.
- Fredrickson, B. L., & Roberts, T. A. (1997). Objectification theory: Toward understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly, 21*, 173-206.
- Freedman, R. (2002). *Bodylove: Learning to like our looks and ourselves*. Carlsbad, CA: Gurze.
- Gillen, M. M., & Lefkowitz, E. S. (2009). Emerging adults' perceptions of messages about physical appearance. *Body Image, 6*, 178-185.
- Grabe, S., & Hyde, J. S. (2006). Ethnicity and body dissatisfaction among women in the United States: A meta-analysis. *Psychological Bulletin, 132*, 622-640.
- Gupta, M. A. (1995). Concerns about aging and a drive for thinness: A factor in the biopsychosocial model of eating disorders. *International Journal of Eating Disorders, 18*, 351-357.

- Gupta, M. A., & Schork, N. J. (1993). Aging-related concerns and body image: Possible future implications for eating disorders. *International Journal of Eating Disorders, 14*, 481-486.
- Heatherston, T. F., Mahamedi, F., Striepe, M., Field, A. E., & Keel, P. (1997). A 10-year longitudinal study of body weight, dieting, and eating disorder symptoms. *Journal of Abnormal Psychology, 106*, 117-125.
- Hudson, J. I., Hiripi, E., Pope, H. G., Jr., & Kessler, R. C. (2007). The prevalence and correlates of eating disorders in the national comorbidity survey replication. *Biological Psychiatry, 61*, 348-358.
- Kearney-Cooke, A., & Isaacs, F. (2004). *Change your mind, change your body: Feeling good about your body and self after 40*. New York, NY: Atria.
- Kraus, S. & Sears, S. (2009). Measuring the Immeasurables: Development and Initial Validation of the Self-Other Four Immeasurables (SOFI) Scale Based on Buddhist Teachings on Loving Kindness, Compassion, Joy, and Equanimity. *Social Indicators Research, 92*, 169 – 181.
- Lau, A. S. M., Lum, S. K., Chronister, K. M., & Forrest, L. (2006). Asian American college women's body image: A pilot study. *Cultural Diversity and Ethnic Minority Psychology, 12*, 259-274.
- Leary, M. R., Tate, E. B., Adams, C. E., Allen, A. B., & Hancock, J. (2007). Self-compassion and reactions to unpleasant self-relevant events: The implications of treated oneself kindly. *Journal of Personality and Social Psychology, 92*, 887-904.
- Maine, M. (2000). *Body wars: Making peace with women's bodies*. Carlsbad, CA: Gurze.
- Neff, K. D. (2003a). Self-compassion: An alternative conceptualization of a healthy

- attitude toward oneself. *Self and Identity*, 2, 85–101.
- Neff, K. D. (2003b). The development and validation of a scale to measure self-compassion. *Self and Identity*, 2, 223–250.
- Neff, K. D. (2011, January). Self-compassion and its components. Poster presented at the annual meeting of the Society of Personality and Social Psychology, San Antonio, TX.
- Neff, K. D. (2014). Exercises to increase self-compassion. Retrieved from self-compassion.org/selfunderlyingcompassionexercises.pdf
- Neff, K. D., Kirkpatrick, K. L., Rude, S. S. (2007). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality*, 41, 139-154.
- Neff, K. D., & Vonk, R. (2009). Self-compassion versus global self-esteem: Two different ways of relating to oneself. *Journal of Personality*, 77, 23–50.
- Noles, S. W., Cash, T. F., & Winstead, B. A. (1985). Body image, physical attractiveness, and depression. *Journal of Consulting and Clinical Psychology*, 53, 88-94.
- O'Dea, J. A. (2004). Evidence for a self-esteem approach in the prevention of body image and eating problems among children and adolescents. *Eating Disorders*, 12, 225-239.
- Paxton, S. J., & Phythian, K. (1998). Body image, self-esteem, and health status in middle and later adulthood. *Australian Psychologist*, 34, 116-121.
- Phinney, J. S. (1990). Ethnic identity in adolescents and adults: A review of research. *Psychological Bulletin*, 108, 499-514.
- Phinney, J. (1992). The Multigroup Ethnic Identity Measure: A new scale for use with diverse groups. *Journal of Adolescent Research*, 7, 156-176.
- Phinney, J. S. (2000). Ethnic and racial identity: Ethnic identity. In A. E. Kazdin (Ed.),

- Encyclopedia of psychology* (Vol. 3, pp. 254-259).
- Phinney, J. S., & Ong, A. (2007). Conceptualization and measurement of ethnic identity: Current status and future directions. *Journal of Counseling Psychology, 54*, 271-281.
- Ponterotto, J., Gretchen, D., Utsey, S., Stracuzzi, T., & Saya, R., Jr. (2003). The Multigroup Ethnic Identity Measure (MEIM): Psychometric reviews and further validity testing. *Educational and Psychological Measurement, 63*, 502-525.
- Roberts, A., Cash, T. F., Feingold, A., & Johnson, B. T. (2006). Are Black-White differences in females' body dissatisfaction decreasing? A meta-analytic review. *Journal of Consulting and Clinical Psychology, 74*, 1121-1131.
- Roberts, B. W., Walton, K. E., & Viechtbauer, W. (2006). Patterns of mean-level change in personality traits across the life course: A meta analysis of longitudinal studies. *Psychological Bulletin, 132*, 3-27.
- Rodin, J., Silberstein, L., & Striegel-Moore, R. (1985). Women and weight: A normative discontent. In T. B. Sondereregger (Ed.), *Psychology and gender* (pp. 267-307). Lincoln: University of Nebraska Press.
- Rosenberg, M. (1965). *Society and the Adolescent Self-Image*. Princeton, NJ: Princeton.
- Santrock, J. W. (2008). *Life-span development*. New York, NY: McGraw-Hill.
- Schmidt, C. K., Raque-Bogdan, T. L., Piontkowski, S. & Schaefer, K. L. (2011). Putting the positive in health psychology: A content analysis of three journals. *Journal of Health Psychology, 16*, 607- 620.
- Seligman, M.E.P. (2008). Positive Health. *Applied psychology: An international review, 57*, 3-18.
- Seligman, M. E., & Csikszentmihalyi, M. (2000). Positive psychology: An Introduction,

- American Psychologist*, 55, 5-14.
- Smith, T. B., & Silva, L. (2011). Ethnic identity and personal well-being of people of color: A meta-analysis. *Journal of Counseling Psychology*, 58, 42-60.
- Stice, E. (1982). Risk and maintenance factors for eating pathology: A meta-analytic review. *Psychological Bulletin*, 128, 825-848.
- Striegel-Moore, R. H., & Cachelin, F. M. (1999). Body image concerns and disordered eating in adolescent girls: Risk and protective factors. In N. G. Johnson, & M. C. Roberts (Eds.), *Beyond appearance: A new look at adolescent girls* (pp. 85-108). Washington, DC: American Psychological Association.
- Swami, V., Hadji-Michael, M., & Furnham, A. (2008). Personality and individual difference correlates of positive body image. *Body Image*, 5, 322-325.
- Tiggemann, M. (1992). Body-size dissatisfaction: Individual differences in age and gender, and relationship with self-esteem. *Personality and Individual Differences*, 13, 39-43.
- Tiggemann, M. (2004). Body image across the adult lifespan: Stability and change. *Body Image*, 1, 29-41.
- Tiggemann, M., & Lynch, J. E. (2001). Body image across the life span in adult women: The role of self objectification. *Developmental Psychology*, 37, 243-253.
- Tolaymat, L. D., & Moradi, B. (2011). The U. S. Muslim women and body image: Links among objectification theory constructs and the Hijab. *Journal of Counseling Psychology*, 58, 383-392.
- Tylka, T. L., & Subich, L. M. (2004). Examining a multidimensional model of eating disorder symptomatology among college women. *Journal of Counseling Psychology*, 51, 314-328.

- Wasyliw, L., MacKinnon, A. L., & MacLellan, A. N. (2012). Exploring the link between self-compassion and body image in university women. *Body Image, 9*, 236-245.
- Wiederman, M. W. (2002). Body image and sexual functioning. In T. F. Cash, & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical practice* (pp. 287-294). New York: Guilford.
- Williams, E. F., Cash, T. F., & Santos, M. T. (2004). Positive and negative body image: Precursors, correlates, and consequences. *Paper presented at the 38th annual Association for the Advancement of Behavior Therapy*. As cited in Avalos, L., Tylka, T. L., & Wood-Barcalow, N. (2005). The body appreciation scale: Development and psychometric evaluation. *Body Image, 2*, 285-297.
- Wood, N. A. R., & Petrie, T. A. (2010). Body dissatisfaction, ethnic identity, and disordered eating among African American women. *Journal of Counseling Psychology, 57*, 141-153.
- Wood-Barcalow, N. L., Tylka, T. L., & Augustus-Horvath, C. L. (2010). "But I like my body": Positive body image characteristics and a holistic model for young-adult women. *Body Image, 7*, 106-116.
- Worrell, F. (2000). A validity study of scores on the Multigroup Ethnic Identity Measure on a sample of academically talented adolescents. *Educational and Psychological Measurement, 60*, 439-447.

Table 1

Participant Demographics (n=291)

	M	SD	Range		Frequency	%
Age	29.38	14.13	18-72	18-25	176	62
				26-39	55	19
				40-72	54	19
Race				Caucasian	167	57
				African-American	61	21
				Latina	24	8
				Asian American	28	10
				Other	11	3
Education				High School Grad	135	46
				Associate Degree	22	8
				Bachelors Degree	74	25
				Masters Degree	35	12
				Doctoral Degree	25	9
Household Income				Less than \$30,000	23	8
				\$30,000-59,999	53	18
				\$60,000-99,999	80	27
				\$100,000-149,999	72	25
				Over \$150,000	63	22
American Citizen?				Yes	282	97

	No	9	3
Strongly Identified w/ Religious Group/Practice	Not at all	62	21
	Slightly	104	36
	Very	78	27
	Extremely	47	16

Table 2

Means, Standard Deviations, Bivariate Correlations Between Self-Compassion, Ethnic Identity, Age, and Positive Body Image (n=291)

Variable	M	SD	1	2	3	4
1. BAS	3.61	.72	---	.58**	.21**	.11
2. SCS	3.19	.77		---	.14*	.27**
3. MEIM	3.32	1.0			---	-.03
4. Age	29.38	14.13				---

Note: * denotes significance at .05 level and ** denotes significance at .01 level.

BAS = Body Appreciation Scale; SCS = Self-Compassion Scale; MEIM = Multi Ethnic Identity Measure

Table 3

Summary of Multiple Regression Analysis for Variables Predicting Positive Body Image by Self-Compassion and Ethnic Identity (n=291)

Variable	B	SE B	β	F	R²	ΔR²
SCS**	5.3	.04	.57	75.54	.34	
MEIM*	.09	.03	.13	53.75	.36	.02

Note: * denotes significance at .05 level and ** denotes significance at .01 level.

BAS = Body Appreciation Scale; SCS = Self-Compassion Scale; MEIM = Multi Ethnic Identity Measure

Appendix A

Gender

Female

Male

Other

Age in Years

Please check your highest Education Level

Elementary School/Junior High

High School

Associates Degree

Bachelor's Degree

Master's Degree

Doctoral Degree

Socioeconomic Status

Low Socioeconomic Status

Middle Socioeconomic Status

High Socioeconomic Status

Are you an American Citizen?

Yes

No

Do you consider yourself committed to your religion?

Yes

No

Appendix B

Body Appreciation Scale (BAS) (Avalos, Tylka & Wood-Barcalow, 2005)

Please indicate the frequency of each item on a scale from 1 (*never*) to 5 (*always*).

- _____ 1. I respect my body
- _____ 2. I feel good about my body
- _____ 3. On the whole, I am satisfied with my body
- _____ 4. Despite its flaws, I accept my body for what it is
- _____ 5. I feel that my body has at least some good qualities
- _____ 6. I take a positive attitude toward my body
- _____ 7. I am attentive to my body's needs
- _____ 8. My self-worth is independent of my body shape or weight
- _____ 9. I do not focus a lot of energy being concerned with my body shape or weight
- _____ 10. My feelings toward my body are positive, for the most part
- _____ 11. I engage in healthy behaviors to take care of my body
- _____ 12. I do not allow unrealistically thin images of women presented in the media to affect my attitudes toward my body
- _____ 13. Despite its imperfections, I still like my body

Appendix C

Multigroup Ethnic Identity Measure—Revised (MEIM—R)

Please identify your ethnic group: _____

Please indicate your agreement on each item on a scale from *strongly disagree* (1) to *strongly agree* (5), with 3 as a neutral position.

_____ 1. I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.

_____ 2. I have a strong sense of belonging to my own ethnic group.

_____ 3. I understand pretty well what my ethnic group membership means to me.

_____ 4. I have often done things that will help me understand my ethnic background better.

_____ 5. I have often talked to other people in order to learn more about my ethnic group.

_____ 6. I feel a strong attachment towards my own ethnic group.

Please check which of the following ethnic groups you belong to:

_____ Caucasian/White

_____ African-American

_____ Latino/Latina

_____ Asian-American

_____ Other _____

_____ Other _____

_____ International: _____

Appendix D

Self Compassion Scale (Neff, 2003b)

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

Almost never					Almost always
1	2	3	4	5	

- _____ 1. I'm disapproving and judgmental about my own flaws and inadequacies.
- _____ 2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.
- _____ 3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.
- _____ 4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.
- _____ 5. I try to be loving towards myself when I'm feeling emotional pain.
- _____ 6. When I fail at something important to me I become consumed by feelings of inadequacy.
- _____ 7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.
- _____ 8. When times are really difficult, I tend to be tough on myself.
- _____ 9. When something upsets me I try to keep my emotions in balance.
- _____ 10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.
- _____ 11. I'm intolerant and impatient towards those aspects of my personality I don't like.
- _____ 12. When I'm going through a very hard time, I give myself the caring and tenderness I need.
- _____ 13. When I'm feeling down, I tend to feel like most other people are

probably happier than I am.

_____ 14. When something painful happens I try to take a balanced view of the situation.

_____ 15. I try to see my failings as part of the human condition.

_____ 16. When I see aspects of myself that I don't like, I get down on myself.

_____ 17. When I fail at something important to me I try to keep things in perspective.

_____ 18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.

_____ 19. I'm kind to myself when I'm experiencing suffering.

_____ 20. When something upsets me I get carried away with my feelings.

_____ 21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.

_____ 22. When I'm feeling down I try to approach my feelings with curiosity and openness.

_____ 23. I'm tolerant of my own flaws and inadequacies.

_____ 24. When something painful happens I tend to blow the incident out of proportion.

_____ 25. When I fail at something that's important to me, I tend to feel alone in my failure.

_____ 26. I try to be understanding and patient towards those aspects of my personality I don't like.

Appendix E



EXEMPTION NUMBER: 13-1X43

To: Erica Wiley
 From: Institutional Review Board for the Protection of Human Subjects, Melissa Osborne Groves, Member 
 Date: Thursday, July 18, 2013
 RE: Application for Approval of Research Involving the Use of Human Participants

Office of University
 Research Services
 Towson University
 8000 York Road
 Towson, MD 21286-0000
 T: 410-704-7236
 F: 410-704-4084

Thank you for submitting an application for approval of the research titled,
*The relationship of positive body image to self-compassion and ethnic
 identity in adulthood*

to the Institutional Review Board for the Protection of Human Participants
 (IRB) at Towson University.

Your research is exempt from general Human Participants requirements
 according to 45 CFR 46.101(b)(2). No further review of this project is
 required from year to year provided it does not deviate from the submitted
 research design.

If you substantially change your research project or your survey
 instrument, please notify the Board immediately.

We wish you every success in your research project.

CC: Christa Schmidt (Psychology)
 File

Curriculum Vita

Erica Denise Wiley

302 E Joppa Road #1204 Towson, MD 21286

Phone: 814-935-9760

E-mail: ewiley4@students.towson.edu

EDUCATION	Towson University, Towson, Maryland Master of Arts in Counseling Psychology GPA: 3.75	May 2014 <i>anticipated</i>
	University of Pittsburgh, Johnstown, Pennsylvania Bachelor of Science in Psychology GPA: 3.57 <i>Psychology Directed Research Excellence Award</i>	April 2012
RESEARCH EXPERIENCE	<i>The Relationship of Positive Body Image to Self-Compassion and Ethnic Identity in Adulthood</i> Master Thesis, Towson University Faculty Advisor: Christa Schmidt, PhD Proposed and conducted research based on empirical evidence and theory related to positive body image. Completed IRB proposal and developed plan for statistical analysis using SPSS. Proposal approved by committee following presentation and defense. Currently collecting data and plan to begin analysis in late fall 2013. Anticipated thesis defense is Spring 2014.	
	<i>Sociocultural and Attributional Influences on Disordered Eating in College Students</i> Undergraduate Honors Research, University of Pittsburgh Faculty Advisor: Alan Teich, PhD Proposed and conducted research including literature review, selection of instruments, development of hypotheses, data collection, IRB proposal, data coding and statistical analysis using SPSS, and presentation.	
	<i>Effects of Gender on Earwitness Testimony</i> Research Assistant, University of Pittsburgh Faculty Advisors: John Mullennix, PhD and Steven Stern, PhD Collected data from participants, performed data entry and analysis. Participated in weekly discussions, problem solving, and literature reviews.	
	<i>Pauses in Speaking Disabled Users of Synthesized Speech Enhances Level of Credibility</i> Research Assistant, University of Pittsburgh, John Mullennix, PhD and Steven Stern, PhD Collected data from participants, performed data entry and analysis. Participated in weekly discussions, problem solving, and literature reviews.	
EXHIBITIONS	Wiley, E. D. & Schmidt, C. K. (2013, August). The relationship of positive body image to self-compassion and ethnic identity in adulthood. Poster proposal submitted to the 122 nd Annual Convention of the American Psychological Association, Washington DC.	
	Wiley, E. D. & Teich, A. (2012, August). Sociocultural and attributional influences on disordered eating. Poster presented at the 120 th Annual Convention of the American Psychological Association, Orlando, FL.	
	Stern, S. E., Mullennix, J. W., Stienstra, K., Wiley, E., Rohrabough, M., & Hassett, M. (2012, March). Pauses in speaking disabled users of synthesized speech enhances level of credibility.	

Paper presented at the Annual Meeting of the Eastern Psychological Association, Pittsburgh, PA.

Mullennix, J.W., Stern, S.E., Boehm, C., Guiber, M., Mitchell, D., Rohrabough, M., Stienstra, K., & Wiley, E. (2011, May). The effect of gender on earwitness testimony. Paper presented at the 23rd Annual Convention of the Association for Psychological Science, Washington DC.

Rohrabough, M., Mitchell, D., Stienstra, K., Wiley, E., Hassett, M., & Milka, B. (2011, April). The effect of gender on earwitness testimony. Poster presented at the 14th Annual Laurel Highlands Undergraduate Psychology Conference, Johnstown PA.

COUNSELING EXPERIENCE

Career Services, Stevenson University, Stevenson, MD August 2013 – present
 Graduate Practicum (Fall 2013); Graduate Intern (Spring 2014)
 Supervisor: Ann Scholl-Fiedler, MA, LCPC
 Duties: Counseling college students to identify career goals and values. Use and interpret a variety of career assessment instruments including Myers Briggs Type Indicator, Strong Interest Inventory, and online programs such as Woofound. Teach job search processes including resume critiques, mock interviews, and job and internship searches. Weekly individual and group supervision.

College of Health Professions, Towson University, Towson, MD January 2013 – present
 Graduate Assistant to the Admission Coordinator
 Supervisor: Melissa Egerton
 Duties: Review applications to bachelors and masters programs. Perform data entry and coding, review transcripts and course work. Communicate with faculty, prospective students and administration.

John P. Murtha Pain and Neuroscience Institute, Johnstown, PA September 2011- December 2011
 Undergraduate Psychology Intern
 Supervisor: Francine Bodnar
 Duties: Designed and coordinated prevention events for Epilepsy Awareness Month and Veterans Day. Attended weekly seminars and discussed neuroscience topics including PTSD. Performed data entry for research project on post-polio syndrome and sleep apnea.

Home Nursing Agency, Altoona, PA May 2010 – August 2010
 Undergraduate Psychology Intern
 Supervisor: Joel Zunker
 Duties: Observed and participated in group therapy sessions on grieving, drug and alcohol abuse, art therapy, and depression. Reviewed clinical records and discussed patient treatment.

LEADERSHIP EXPERIENCE

National Alliance of Mental Illness, Member November 2013 – present
 Towson University

Graduate Assistantship Advisory Council, College Representative August 2013 – present
 Towson University

Oral History Project Interviewer, Society of Counseling Psychology May 2013 – present
 Division 17, APA, Section on Independent Practice

Graduate Psychology Club, Program Representative August 2012 – January 2013
 Towson University

	<i>Society of Counseling Psychology (APA Division 17)</i> Hospitality Suite Volunteer, APA Washington, DC & Orlando	August 2011 – August 2012
	<i>Psychology Club, University of Pittsburgh</i> Vice President Member	August 2011 – April 2012 August 2008 – April 2012
	<i>Psi Chi, Psychology Honor Society, University of Pittsburgh</i> Secretary Member	August 2011 – April 2012 August 2010 – April 2012
	<i>Alpha Kappa Psi Business Fraternity, University of Pittsburgh</i> Warden Member	August 2011 – April 2012 August 2010 – April 2011
	<i>Competitive Cheerleading Squad, University of Pittsburgh</i>	August 2008 – May 2012
	<i>Academic Tutor, University of Pittsburgh</i> Public Speaking & Introductory Psychology	August 2009 – April 2010
HONORS	<i>National Association of Professional Women</i> <i>Omicron Delta Kappa, Towson University</i> <i>Directed Research Excellence Award, University of Pittsburgh</i> <i>Psi Chi, Psychology Honor Society</i> <i>Dean's List, University of Pittsburgh</i> <i>Alpha Sigma Pi Society of Leadership and Success</i> <i>University of Pittsburgh Leadership Award</i> <i>Theodore Biddle Alumni Scholar</i> <i>Biddle Alumni Matching Scholar</i> <i>ARC Federal Credit Union Award and Scholarship</i>	November 2013 – present October 2013 – present April 2012 September 2010 – present December 2009 – April 2012 September 2009 – present August 2008 – April 2012 August 2008 – April 2012 August 2008 – April 2012 August 2008
MEMBERSHIPS	American Psychological Association (Student Affiliate) Society of Counseling Psychology (Student Affiliate) American Counseling Association Association for Psychological Science (Student Affiliate) Eastern Psychological Association (Student Affiliate) Pennsylvania Psychological Association (Student Affiliate)	2010 – present 2010 – present 2012 – present 2010 – 2012 2010 – 2012 2011 – present

