



Brief self-compassion meditation training for body image distress in young adult women



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ABSTRACT

Self-compassion interventions may be uniquely suited to address body image distress (BID), as change-based strategies may have limited utility in a cultural context that so highly values appearance. The current study evaluated a version of an Internet-based self-compassion training, which had previously shown promising results, but was limited by high attrition. The intervention period was reduced from three weeks to one week in the present study to improve retention. Eighty undergraduate women endorsing body image concerns were randomized to either self-compassion meditation training or a waitlist control group. Results suggest that brief exposure to the basic tenets of self-compassion holds promise for improving aspects of self-compassion and BID. Attrition was minimal, but compliance with meditation practice instructions during the week was low. Efforts are needed to improve engagement, but this approach has the potential to be an acceptable and cost effective method to reduce BID.

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Introduction

Body image concerns are a significant source of distress among young adult women in North America. In a recent study of 1,498 undergraduate women assessed during each of their four years of college, at least 50% reported each year that their body weight or shape had a moderate to extreme influence on their sense of self-worth (Cain, Epler, Steinley, & Sher, 2010). Furthermore, estimates suggest that as many as 29% of college women are “obsessively preoccupied” with their weight (Rozin, Bauer, & Catanese, 2003).

Body image concerns manifest in a number of different ways including, but not limited to, *body dissatisfaction*, which involves “negative subjective evaluations of one’s physical body” (Stice & Shaw, 2002, p. 985); *body shame*, or the notion that one is a bad person if one’s body fails to meet sociocultural body standards; and *body surveillance*, which refers to continuous body monitoring and preoccupation with concerns about how one’s body appears to other people (McKinley & Hyde, 1996). To describe the range of concerns related to body image, we use the term body image distress (BID). Although BID is quite common, its impact on well-being is

far from insignificant. Body dissatisfaction is a well-established risk factor for disordered eating (Stice & Shaw, 2002) and affects quality of life even in the absence of clinically diagnosable eating pathology (Cohen & Petrie, 2005). Indices of BID have been associated with a number of negative mental and physical health outcomes such as eating disorder symptoms (e.g., Kroon Van Diest & Perez, 2013), depression (e.g., Jackson et al., 2014), social anxiety (e.g., Dakanalis et al., 2014), and low physical health related quality of life (Wilson, Latner, & Hayashi, 2013).

Reviews of the literature suggest that BID remains fairly resistant to many current interventions and prevention programs (e.g., Pearson, Follette, & Hayes, 2012; Yager & O’Dea, 2008). A variety of interventions to reduce body dissatisfaction have been tested, but results have been modest and maintenance of effects has not been well established (Yager & O’Dea, 2008). One hypothesis is that improvement from primarily change-based strategies may be difficult to maintain over time given the pervasiveness of cultural messages promoting thinness and other standards of beauty (e.g., youthfulness) that are inherently difficult to sustain. Given the persistent high levels of BID, particularly among adolescent girls and young adult women, and the associated negative mental and physical health outcomes, new approaches to address BID warrant exploration.

Self-compassion training (Neff & Germer, 2013) is an acceptance-based approach, which has recently been proposed as

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an alternative to change-based strategies to reduce body image distress (Albertson, Neff, & Dill-Shackleford, 2014). Self-compassion has been a fundamental component of Buddhist teachings for centuries, but has only relatively recently become a focus of scientific study. The hypothesized value of self-compassion stems from the assumption that it is more beneficial to approach imperfections with care and kindness than with harsh self-criticism (Gilbert & Procter, 2006; Neff, 2004). Within Neff's model (2003b), self-compassion includes three interconnected elements: *mindfulness*, *self-kindness*, and *common humanity*. The *mindfulness* element promotes a non-judgmental awareness and acceptance of one's thoughts and emotions (i.e., one must notice one's suffering in order to respond to it compassionately). Neff emphasizes that this awareness must be balanced, such that painful feelings are neither ignored nor exaggerated. The *self-kindness* element promotes giving oneself care and understanding (especially when confronted with personal shortcomings, failures, and perceived flaws), as opposed to harsh judgment or criticism. The *common humanity* element relates to acknowledging that imperfections are part of being human and that flaws and inadequacies make one more (rather than less) connected to others (Neff, 2003a).

Self-compassion has been proposed to be particularly well suited to address conditions that are driven by shame, self-criticism, or perfectionism (Gilbert & Procter, 2006), characteristics that are likely to cause and/or maintain body image distress. For many women, self-critical thinking and judgment arise when their body (or appearance more generally) fails to meet a certain ideal. Harsh self-criticism amplifies or prolongs the negative affective state, whereas self-compassion is designed to buffer an individual from the associated suffering by promoting acceptance of imperfection. Self-compassion is included as a component in many compassion training programs that have been developed for non-clinical populations, but typically the greater focus in those programs has been on developing compassion for others. Only a few programs uniquely target self-compassion in clinical and non-clinical populations (e.g., Compassionate Mind Training, Gilbert, 2009; Compassion-Focused Therapy, Gilbert, 2010; Mindful Self-Compassion, Neff & Germer, 2013).

Self-compassion may be particularly helpful in addressing body image distress because it promotes a more accepting and kind attitude toward one's flaws, which include physical flaws (Albertson et al., 2014). This accepting stance would run counter to body dissatisfaction, body surveillance, and body shame. Current research supports the notion that self-compassion is negatively associated with these and other indices of BID (see Breines, Toole, Tu, & Chen, 2014; Kelly, Vimalakanthan, & Miller, 2014; Mosewich, Kowalski, Sabiston, Sedgwick, & Tracy, 2011). Individuals higher in self-compassion have been found to report lower body shame, body surveillance, and thin-ideal internalization (Daye, Webb, & Jafari, 2014; Ferreira, Pinto-Gouveia, & Duarte, 2013; Liss & Erchull, 2015; Tylka, Russell, & Neal, 2015). Self-compassion has also been found to mediate the relationship between body dissatisfaction and poorer psychological quality of life (Duarte, Ferreira, Trindade, & Pinto-Gouveia, 2015). In addition, self-compassion is hypothesized to foster a more positive body image, and has been reported to be positively associated with measures of body appreciation (Wasylikiw, MacKinnon, & MacLellan, 2012). Recently, self-compassion was found to moderate the negative relationship between body-related threats and body appreciation, suggesting that it may help to maintain positive body image even in the face of body comparison and appearance-contingent self-worth (Homan & Tylka, 2015).

Self-compassion may alleviate body image distress by providing women with a different way of relating to themselves. In a cultural context in which one's value depends in large part on one's physical attractiveness, self-esteem may become dependent on how closely

one's appearance conforms to societal beauty standards. Although self-compassion and self-esteem are moderately correlated (Neff, 2003a) and both are sources of "positive self-regard" (Albertson et al., 2014, p. 2), unlike self-esteem, self-compassion is not dependent upon perceived success in valued areas (Crocker & Wolfe, 2001). Because self-compassion promotes caring *self-treatment*, rather than positive *self-evaluation*, it should buffer against the tendency to compare oneself to others or to a certain ideal as a way to assess one's worth. Instead, self-compassion promotes the notion that to be human is to have imperfections, which are accepted rather than criticized (Neff, 2003a).

Self-compassion is therefore hypothesized to have the potential to reduce a range of indices associated with BID. Self-compassion is designed to reduce the individual's distress associated with negative body image, but it may or may not substantially reduce body dissatisfaction *per se*. The intent of self-compassion training is to reduce the tendency to judge oneself (either positively or negatively) and to promote the belief that self-worth transcends appearance and/or performance, better equipping the individual to cope with threats to self-worth as they arise in the future. Thus, self-compassion training may indirectly promote a more positive body image and decrease body dissatisfaction, but the primary target is to make self-worth less contingent upon appearance.

Albertson et al. (2014) developed an Internet-based self-compassion meditation training and reported the results of a randomized-controlled trial examining its effect on body image. Four hundred seventy-nine adult women (ages 18 to 60) with body image concerns volunteered for the trial, but only the 228 participants who completed both the posttest and follow-up assessments were included in the analyses; the only incentive for completing the study was the chance to win a gift card. The high attrition from the initial assessment (48%) limited the conclusions that could be drawn about the intervention's efficacy. Participants randomized to the self-compassion condition received an online link to a different podcast each week, for a total of three weeks, and were asked to listen to one 20-minute podcast daily. Compared to waitlist controls, participants receiving the intervention (who completed the posttest and follow-up) reported significantly greater increases in self-compassion and body appreciation, along with significantly greater decreases in body dissatisfaction, body shame, and appearance-contingent self-worth on both assessments.

In an effort to improve engagement and reduce dropout, the training period for the current study was reduced to one week, and participants received partial course credit for completing each visit. The present study was limited to undergraduate women based on the Albertson et al. (2014) finding that young adult women reported lower self-compassion and higher body image concerns. This age group is particularly vulnerable to BID, yet these women generally underutilize services available to them to address those concerns (Novotney, 2009). Men were not included in this study due to concerns that body image distress may manifest differently in men (e.g., Grossbard, Lee, Neighbors, & Larimer, 2008) and that we would likely be unable to recruit enough men to have adequate power to evaluate potential gender differences.

An initial self-compassion meditation training session was provided in the laboratory to standardize the first exposure and to ensure that participants understood the instructions. We predicted that, compared to waitlist controls, participants assigned to listen to self-compassion podcasts for one week would report greater increases in self-compassion and body appreciation, as well as greater reductions in indices of body image distress. We also hypothesized that within the intervention group, greater meditation practice frequency would be associated with greater increases in self-compassion and body appreciation, and decreases in indices of BID.

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