



Empirical Research

Body image flexibility contributes to explaining the link between body dissatisfaction and body appreciation in White college-bound females



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ABSTRACT

Limited research has provided a theoretically-driven accounting of the association between negative and positive body image occurring within persons nor clarified what factors may contribute to explaining this relationship. To address this gap in the existing literature, the present study, guided by an overarching affect regulation theoretical framework, evaluated the potential indirect effect of body dissatisfaction on body appreciation via body image flexibility in a college-bound sample of 84 White older adolescent females. Participants provided self-reported height and weight, which were used to calculate body mass index (BMI) and completed the Body Image-Acceptance and Action Questionnaire (BI-AAQ; Sandoz, Wilson, Merwin, & Kellum, 2013) as a measure of body image flexibility and the Body Appreciation Scale (BAS; Avalos, Tylka, & Wood-Barcalow, 2005). Body dissatisfaction was operationalized as three types of body size discrepancy scores (i.e., current minus personal ideal, current minus cultural ideal, current minus typical female ethnic peer) using Pulvers' Figure Rating Scale (Pulvers et al., 2004). In all models tested, body image flexibility partially mediated the associations between body dissatisfaction and body appreciation. Results were retained controlling for BMI. Preliminary findings suggest that at this developmental juncture, bolstering body image flexibility affect regulation skills may be an optimal target for supporting body appreciation when body dissatisfaction is elicited by internal and external body image threats.

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1. Introduction

Affect regulation constitutes a widely accepted theoretical accounting of the functional association between negatively-valenced internal experiences and eating disturbances (e.g., Anestis, Selby, Fink, & Joiner, 2007; Heatherton & Baumeister, 1991; Polivy & Herman, 1993; Stice, Shaw, & Nemeroff, 1998). Indeed, considerable evidence has substantiated framing disordered eating as maladaptive behavioral strategies arising as attempts to control (e.g., suppress, avoid, escape) the aversive experience of stress, negative emotions and critical self-evaluations including those stemming from body dissatisfaction (e.g., Corstorphine, Mountford, Tomlinson, Waller, & Meyer, 2007; Heatherton & Baumeister, 1991; Whiteside et al., 2007). Such coping responses are sustained due to their ability to alleviate distress in the short-term at the expense of long-term impairments to health and well-being (Corstorphine et al., 2007). Recently, researchers have advanced this conceptualization towards enhancing our understanding of the relationship between aspects of negative and positive body

image (Cash, Santos, & Williams, 2005; Webb, Butler-Ajibade, & Robinson, 2014). Authors viewed this contribution as timely in the extant literature as current scholarship seeks to better clarify how dimensions of negative and positive body image unfold within persons (e.g., Atkinson & Wade, 2012; Svaldi, Naumann, Trentowska, Lackner, & Tuschien-Caffier, 2013) and by extension how positive body image may attenuate risk for eating pathology as predicted by body dissatisfaction (e.g., Ferreira, Pinto-Gouveia, & Duarte, 2011).

These contemporary affect regulation models propose to offer a theoretically-driven approach to explaining how and why negative and positive body image operate synergistically within individuals (as an alternative to viewing these dimensions of body image as simply de-contextualized polar opposites; Tylka, 2011). Adopting this modern perspective holds promise in identifying targets for promoting more adaptive ways of relating to one's body which in turn could yield additional benefits in the realms of eating (e.g., Avalos & Tylka, 2006; Sandoz, Wilson, Merwin, & Kellum, 2013; Schoenfeld & Webb, 2013; Wendell, Masuda, & Le, 2012), exercise (e.g., Homan & Tylka, 2014), and other health-protective behaviors (Andrew, Tiggemann, & Clark, 2014; Gillen, 2015). Aligned with this nascent perspective, the current preliminary investigation aimed to evaluate an extension of Webb et al.'s (2014) affect

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regulation model of positive body image. Specifically, this analysis sought to ascertain whether a newly-introduced form of positive body image (i.e., body image flexibility; Sandoz et al., 2013) mediated the associations between body size discrepancy metrics of body dissatisfaction and another more well-established facet of positive body image (i.e., body appreciation; Avalos, Tylka, & Wood-Barcalow, 2005; Tylka & Wood-Barcalow, 2015a) in a sample of White older adolescent females on the developmental cusp of preparing to transition to early college life.

Webb et al.'s (2014) affect regulation model of positive body image proposed combining conceptual features from Cash et al.'s (2005) coping with body image threats framework and from psychological flexibility theory derived from Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999). The core components of each are briefly outlined here. Drawing upon Lazarus and Folkman's (1984) earlier appraisal-based stress and coping model, Cash et al. (2005) described three potential affect regulation strategies to capture how individuals may typically respond in the face of everyday affronts to body image. These coping styles include: (a) *avoidance* (e.g., cognitive or overt behaviors designed to distract, remove oneself from or otherwise disconnect from the ongoing experience of body image-related distress), (b) *appearance fixing* (e.g., attempts to hide, camouflage or conceal aspects of one's physical appearance to mitigate distress), and (c) *positive rational acceptance* (e.g., internal self-talk intended to remind the individual of their other non-appearance-based positive attributes or to reassure oneself that the distressing experience is temporary and will subside; Cash et al., 2005). Research has shown that higher levels of avoidant and appearance fixing coping correspond with higher levels of self-objectification, body shame, depressive symptoms, and disordered eating attitudes in conjunction with lower subjective well-being in college women (Choma, Shove, Busseri, Sadava, & Hosker, 2009). Conversely, positive rational acceptance coping tended to demonstrate an opposite pattern of effects (Choma et al., 2009) and was also shown to attenuate the link between body image concerns and depressive symptoms in a large adolescent community sample (Hughes & Gullone, 2011).

While psychological flexibility serves as the cornerstone of ACT's *functional contextualism* philosophy (i.e., to understand the behavior one must be able to deconstruct its associations with situational reinforcers) for promoting human flourishing (Ciarrochi, Kashdan, & Harris, 2013). It is characterized by an open, receptive mindset that is intentionally deployed to support the individual's capacity to actively persist towards living a meaningful, values-congruent life when encountering the normative human experiences of pain and suffering (Hayes et al., 1999). Possessing similar qualities to the aforementioned positive rational acceptance coping response style (Cash et al., 2005), this mindful and compassionate stance contrasts *experiential avoidance* (akin to Cash et al.'s 2005 avoidant coping strategy) or the general tendency to want to avert, modify, or otherwise create distance from thoughts, feelings, bodily sensations, and emotions one perceives as intolerable or unacceptable to experience (Callaghan, Sandoz, Darrow, & Feeney, 2015; Hayes et al., 1999).

Therefore, rigidly engaging in experiential avoidance runs counter to being able to act consistently with one's most deeply held values while cultivating greater psychological flexibility serves as the antidote (Hayes et al., 1999). Additionally, research indicates that high experiential avoidance (or psychological inflexibility) corresponds with higher levels of negative emotionality, reported psychopathology along with poorer quality of life in both patient and non-clinical adult samples (Gamez et al., 2014). In fact, evidence now suggests that it would be advantageous to consider viewing experiential avoidance/psychological inflexibility as a potent transdiagnostic factor influencing the development

and course of a broad range of clinical disorders (e.g., Spinhoven, Drost, de Rooij, van Hemert, & Penninx, 2014).

Drawing together these theoretical foundations within an integrative framework in the particular experiential domain of body image, Webb and colleagues' (2014) adapted model explained that individuals encounter myriad daily opportunities to confront threats to how they experience their bodies (Cash et al., 2005). Consequently, these internally- or externally-generated body image stressors activate self-evaluative social/body comparison processes (Festinger, 1954) relevant to noting self-discrepancies (Higgins, 1987) between their current body size and those of an internalized personal ideal standard, a typical ethnic peer referent, and/or for example a cultural (e.g., media) ideal (Webb et al., 2014). These perceptions may then simultaneously trigger body dissatisfaction in the form of harsh self-critical thoughts and negative emotions (e.g., shame, sadness, anxiety). As an alternative to engaging in experiential avoidance coping (Cash et al., 2005; Hayes et al., 1999), these authors suggested that more adaptive responses to body dissatisfaction as it is unfolding involved willingly embracing this aversive body image content with mindful and compassionate awareness (i.e., body image flexibility; Sandoz et al., 2013) and engaging in more frequent values-consistent behavior specifically with respect to adaptively relating to one's body (i.e., body appreciation; Avalos et al., 2005; Tylka & Wood-Barcalow, 2015a).

Body image flexibility shares conceptual foundations with ACT's (Hayes et al., 1999) more broad-based psychological flexibility construct as applied to the context of body image (Sandoz et al., 2013). Relatedly, it holds conceptual overlap with elements of a positive rational acceptance style in coping with body image-related stressors (Cash et al., 2005). Specifically, body image flexibility reflects openly engaging painful or unwanted thoughts and emotions regarding one's body size, shape or weight with mindful acceptance in the service of maintaining motivation to pursue and attain values-driven goals (e.g., going on an interview for a highly desirable job with the potential for increased income despite having serious concerns about one's weight; Sandoz et al., 2013). Experts have framed body image flexibility as a potential therapeutic change mechanism in the treatment of eating disturbances (Sandoz et al., 2013), which was corroborated in a naturalistic study of factors associated with reductions in eating pathology among women participating in an intensive residential eating disorder treatment program (Butryn et al., 2013). Moreover, a series of published findings supports the adaptive self-regulatory qualities of body image flexibility in the contexts of eating and embodiment (see Webb et al., 2014 for a brief summary and discussion). Recently, authors have proposed consideration of body image flexibility as a modern form of positive body image (Webb et al., 2014; Webb, Wood-Barcalow, & Tylka, 2015) that complements the experience of body appreciation (Avalos et al., 2005).

As its rapidly mounting scholarship base attests, *body appreciation* is widely recognized as the leading component of contemporary positive body image (Avalos et al., 2005; Tylka & Wood-Barcalow, 2015a, 2015b; Webb et al., 2015). It reflects an internalized mindset and behavioral orientation marked by proactively: (a) accepting one's body with all of its flaws and imperfections regardless of size, (b) respecting the body by attending to its needs, (c) protecting the body by resisting unrealistic and narrowly-defined standards of beauty and attractiveness promulgated in the media, and (d) by taking care of and nurturing the body's vitality through practicing health-promoting behaviors (Avalos et al., 2005; Tylka & Wood-Barcalow, 2015a). A host of cross-cultural evidence supports body appreciation's positive links with multiple aspects of well-being (e.g., self-compassion, intuitive eating, optimism, life satisfaction, positive affect, and physical activity) and its inverse associations with disturbances in

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